

Table 2: EW PCG Membership¹

ERC Role	Position	Individual
Chair	CHS Project Lead	TBA
Interim Chair	Deputy CEO, Strategy, Policy & Planning (CHS)	Dave Pepper
Member	Chief Operating Officer (CHS)	Liz Chatham
Member	Executive Director of Medical Services (CHS)	Paul Dugdale
Member	Executive Director Nursing & Midwifery and Patient Support Services (CHS)	Denise Patterson
Member	Executive Director – Allied Health (CHS)	Kerry Boyd
Member	Chief Financial Officer (CHS)	Andrew Gay
Member	EGM Infrastructure and Health Service Support (CHS)	Colm Mooney
Member	EGM Quality Safety Innovation and Improvement (CHS)	Denise Lamb
Member	EGM People and Culture (CHS)	Janine Hammat
Attendee	Project Director –SPIRE (MPC)	Lloyd Esau
Attendee	EGM Strategic Planning & Infrastructure (HD)	Liz Lopa
Attendee	EGM Health System Planning & Evaluation (HD)	Jacinta George
Attendee	Design Director (MPC)	TBA
Attendee	Health Facility Planner (MPC)	Sally-anne Kinghorne
Secretariat	Project Administration Officer (MPC)	MPC SPIRE officer

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

3.2 The Chair

The Chair is a member of the group and is the official representative and spokesperson for the group and will:

1. provides strategic leadership of the group; and
2. ensure the efficient organisation and conduct of the group.

Where the Chair is unable to attend a meeting, the Chair can delegate the role to a member of the group. If the Chair is unable to nominate a member prior to the meeting the members at the meeting must elect one of their number to act as Chair for that meeting.

3.3 Secretariat Function

The CRG is supported by the secretariat. The secretariat is to receive requests for agenda items 2 weeks before the meeting. Unless otherwise advised, agenda requests will be scheduled for the following meeting.

Papers to be circulated with the agenda must be submitted at least 5 working days before the meeting.

The secretariat's responsibilities include:

- circulating the CRG agenda;

¹ NB: The members listed are an initial suggestion by MPC. CHS will determine the appropriate mix of members and attendees for this group.

- recording minutes and actions from each meeting;
- coordinating the collection and distribution of all documentation for meetings; and
- maintaining, updating and ensuring all CRG members have an up to date copy of the CRG Terms of Reference.

3.4 The Role of Members

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

3.5 Use of proxies

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

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

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

4 Meeting Principles

4.1 Decision Making

CRG decisions will typically take the form of one of the following:

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

Decisions will be made by a general consensus of the meeting quorum. If a general consensus cannot be reached the Chair will either:

- make a determination on the issue;
- raise an action item to be addressed by one or more of the CRG members; or
- refer the issue to the PCG or Project Board for guidance and/or determination.

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

4.2 Quorum

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

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

4.3 Meeting Frequency

The CRG will meet at a frequency to be determined by the Chair. It is anticipated that this may be monthly during key stages (e.g. planning and design development, operational mobilisation planning, etc.) and less frequently or as required during other periods.

4.4 Minutes and Meeting Papers

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

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

4.5 Decisions and Actions Register

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

DRAFT

Lowes, Shannon (Health)

From: Mooney, Colm (Health)
Sent: Monday, 30 September 2019 9:29 AM
To: McDonald, Bernadette (Health)
Subject: FW: Government Procurement Board
Attachments: Signed GPB Papers.pdf

Follow Up Flag: Follow up
Flag Status: Flagged

UNCLASSIFIED For-Official-Use-Only

Bernadette

See attached papers for GPB presentation on Tuesday morning.

As I will be attending this meeting I will be late for HSEC meeting.

Please call me if you have any questions with the attached paperwork.

Thanks

Colm

From: Stellios, George <George.Stellios@act.gov.au>
Sent: Friday, 27 September 2019 10:01 AM
To: Mooney, Colm (Health) <Colm.Mooney@act.gov.au>
Cc: Esau, Lloyd <Lloyd.Esau@act.gov.au>
Subject: Government Procurement Board

Hi Colm

FYI – attached are the documents for the SPIRE Government Procurement Board meeting:

- Date: **Tuesday, 01 October**
- Time: **8.45am**
- Location: **Ground Floor, 220 Northbourne Avenue**

Please give me a call if you have any questions.

Regards,
 George

George Stellios | a/g Executive Branch Manager, Commercial
 SPIRE & ACT Law Courts
Major Projects Canberra | ACT Government
 T 02 6207 8705 | M [REDACTED]
 GPO Box 158, Canberra ACT 2601



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Two-Pass Review Clearance Sheet

Project Title	Surgical Procedures, Interventional Radiology and Emergency (SPIRE) project
Type of Review	Strategic
Proposed Board meeting date	Tuesday, 01 October 2019
Date considerations	<p>The SPIRE Project is scheduled to present the Invitation for Expression of Interest documentation (e.g. the IEOI and the associated Evaluation Plan) to the Government Procurement Board on 29 October 2019, for endorsement prior to their release to the market.</p> <p>The IEOI is scheduled to be released to the market in mid-November 2019.</p>
Procurement Contact Officer	Lloyd Esau SPIRE Project Director, Major Projects Canberra ph: 6205 3552
TRIM reference	TBC

Endorsement		
Client	Duncan Edghill, Chief Projects Officer, Major Projects Canberra	[Redacted Signature]
		Date: 26/9/19
SPIRE Project Director	Lloyd Esau SPIRE Project Director, Major Projects Canberra	[Redacted Signature]
		Date: 25/9/19



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GOVERNMENT PROCUREMENT BOARD

STRATEGIC REVIEW SUBMISSION

SUBMISSION OVERVIEW	
Name of Procurement	Procurement of a contractor to design and construct the Surgical Procedures, Interventional Radiology and Emergency (SPIRE) project. Project number: 21477
Purpose	The proposed procurement activity is being presented to the Board as it is a goods and services procurement valued \$5m and over. This Submission seeks the Board's endorsement of the proposed procurement strategy to source head contractor services to design and construct the SPIRE project. The design and construct services will be delivered via an Early Contractor Involvement (ECI) form of delivery.
Estimated value (\$)	The government has approved the SPIRE project be developed to a budget of [REDACTED] (GST incl).
Procurement Risk	The procurement risk is identified as medium

SUBMISSION DETAILS	
Background	ACT Health and Canberra Health Services manage the Territory's public health system, providing a wide range of critical services to the community. The Canberra Hospital is the largest public hospital and tertiary referral centre in the region, providing care for more than 500,000 people per year through a range of services. The Canberra Hospital has the Territory's largest emergency department and perioperative complex (perioperative comprises the operating theatres and the associated pre and post care facilities). The Canberra Hospital is also the principal teaching hospital in the Territory, in partnership with the Australian National University medical school and other universities. In the lead-up to the 2016 ACT election, the government announced if re-elected it would build a new SPIRE centre on The Canberra Hospital campus.
Strategic Vision	In response to the forecast increase in demand for health services, caused in part by the Territory and surrounding region's growing and ageing population, the government is investing significantly in new and expanded health infrastructure through the Building Health Services Program (BHSP). In line with the BHSP, the SPIRE project will future-proof hospital facilities for Canberra and its region by transforming the acute health services delivered at The Canberra Hospital.
Objectives	The procurement process will identify the party (e.g. a contractor and its team of sub-contractors and sub-consultants) that is best placed to deliver the SPIRE project. Under the ECI process, the contractor will develop the design ahead of submitting a fixed price offer to deliver the project. As part of that process, the head contractor will refine the operational requirements of the key medical

Strategic Review Submission

	and user stakeholders, then translate them into the overall design. The head contractor will then be responsible for the procurement, delivery and commissioning of the associated capital works.																			
Scope	<p>The SPIRE project will deliver state-of-the-art facilities, including a 114-bed emergency department, 60-bed intensive care unit, 22 theatres (including hybrid theatres and interventional radiology suites), a 24-bed coronary care unit, cardiac catheterisation and electrophysiology laboratories, and a 64-bed inpatient unit. The SPIRE project also includes a series of enabling works (e.g. provision of temporary accommodation and car parking, demolition of existing structures, relocation of existing services, etc).</p> <p>The SPIRE project will be located at the eastern end of the Canberra Hospital campus. The government has publicly announced that construction is forecast for completion in 2023-24.</p>																			
Imperatives	<p>Key dates for this procurement are:</p> <table border="1"> <thead> <tr> <th></th> <th>Event</th> <th>Proposed Date</th> </tr> </thead> <tbody> <tr> <td rowspan="3">Stage 1</td> <td>Issue of Invitation for Expression of Interest (IEOI)</td> <td>Tuesday, 12 November 2019</td> </tr> <tr> <td>Closure of IEOI</td> <td>Thursday, 12 December 2019</td> </tr> <tr> <td>Announce shortlisted parties</td> <td>February 2020</td> </tr> <tr> <td rowspan="4">Stage 2</td> <td>Issue Select Request for Proposal (RFP)</td> <td>March-April 2020</td> </tr> <tr> <td>Close Select RFP</td> <td>June 2020</td> </tr> <tr> <td>Complete RFP evaluation</td> <td>July-August 2020</td> </tr> <tr> <td>Tender Award</td> <td>August 2020</td> </tr> </tbody> </table>		Event	Proposed Date	Stage 1	Issue of Invitation for Expression of Interest (IEOI)	Tuesday, 12 November 2019	Closure of IEOI	Thursday, 12 December 2019	Announce shortlisted parties	February 2020	Stage 2	Issue Select Request for Proposal (RFP)	March-April 2020	Close Select RFP	June 2020	Complete RFP evaluation	July-August 2020	Tender Award	August 2020
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Territory WhoG arrangement	No																			
Discovery	<p>The proposed procurement strategy was informed by:</p> <ul style="list-style-type: none"> - commercial and legal consultants that the Territory engaged as part of the SPIRE business case process; - Territory consultations with local and interstate contractors; - similar approaches adopted by other jurisdictions in Australia, in their delivery of major infrastructure projects; and - the experiences of senior Territory project directors, with considerable experience in the delivery of major infrastructure projects. 																			
Collaboration	<p>The size of the SPIRE project warrants that it be procured and delivered as a standalone project. However, the SPIRE project scope (and the underpinning SPIRE business case) has taken into account the appropriate programme of activities required to achieve the government's objectives for the provision of services at The Canberra Hospital.</p>																			

Strategic Review Submission

Procurement Strategy Options	<p>██████████ They included typical procurement strategy options for a project of this nature.</p>
Preferred Procurement Strategy	<p>The preferred procurement option is to deliver the SPIRE project via a 2 Stage procurement process (IEOI & RFP), with an ECI delivery.</p> <p><u>Stage 1:</u> An open IEOI comprising:</p> <ul style="list-style-type: none"> - Receipt of IEOI responses from pre-qualified contractors or joint ventures, to be shortlisted to tender for the ECI phase; and - Evaluation of IEOI responses to short-list two or three Tenderers to submit tenders in Stage 2. <p><u>Stage 2:</u> Short-listed Request for Proposal (RFP) for the ECI role:</p> <ul style="list-style-type: none"> - Short-listed Tenderers will be required to: <ul style="list-style-type: none"> o demonstrate their approach to the project including the submission of how they will approach the design of the facility to achieve the required programme and meet the requirements of the Territory; o submit a target budget and program for the works based on the current scope and preliminary designs; and o commit to fixed pricing for overheads, margins and preliminaries and provide an elemental cost plan for the works to be treated as a not-to-exceed budget for the project. - A Tenderer may also propose departures from the Territory's output and reference tender documentation (which may result in the inclusion of interactive engagements with bidders during the tender period) which will be considered in the context of benefits to the Territory and local community; - Evaluation of Tender responses to identify a preferred Tenderer; - Subject to Delegate approval, negotiations will then commence to award an ECI contract (two phases). <p>ECI Phase 1: the head contractor is engaged to progress design with the Territory. The head contractor is responsible for identifying and incorporating key user requirements into the design process and for submitting the Development Application.</p> <p>ECI Phase 2: involves a design and construct model. The Territory does not have to engage with the head contractor and instead can competitively tender the works to another contractor (e.g. if there have been significant concerns with head contractor performance, or if the project budget and program have materially exceeded (without cause attributable to the Territory) those that the head contractor submitted as part of the RFP process).</p>
Procurement Governance	<p>A tender evaluation team (TET) will be established to assess each stage of the Two Stage process. The TET will be chaired by the Major Projects Canberra (SPIRE Project Director) and it will include representatives from Canberra Health Services and ACT Health. Relevant experts will provide advice to the TET in regard to compliance aspects of the tender submissions, in addition to</p>

Strategic Review Submission

	technical and financial aspects of the submissions. Sub-committees may be formed to assess certain compliance and technical aspects of the submissions.
Contract Management Strategy	The head contractor will be engaged under a design and construct delivery methodology. The SPIRE Project Team is working with its legal adviser (Clayton Utz) to confirm the appropriate contractual form of delivery. Details will be provided to the Board for consideration, as part of seeking approval to release the RFP documentation to the shortlisted bidders.

PROJECT DETAILS											
Executive Director	Lloyd Esau, SPIRE Project Director, Major Projects Canberra										
Project Owner	Duncan Edghill, Chief Projects Officer, Major Projects Canberra										
Section / Division	Major Projects Canberra, SPIRE Project team										
Stakeholder(s)	<table border="1"> <thead> <tr> <th>Stakeholder</th> <th>Proposed role(s)</th> </tr> </thead> <tbody> <tr> <td>Duncan Edghill, Chief Projects Officer, Major Projects Canberra</td> <td>Delegate</td> </tr> <tr> <td>Bernadette McDonald, Chief Executive Officer, Canberra Health Services</td> <td>Chair of the SPIRE Project Board</td> </tr> <tr> <td>Colm Mooney, Executive Group Manager, Canberra Health Services</td> <td>SPIRE Project Board Member</td> </tr> <tr> <td>Michael De'Ath, Director-General, ACT Health Directorate</td> <td>SPIRE Project Board Member</td> </tr> </tbody> </table>	Stakeholder	Proposed role(s)	Duncan Edghill, Chief Projects Officer, Major Projects Canberra	Delegate	Bernadette McDonald, Chief Executive Officer, Canberra Health Services	Chair of the SPIRE Project Board	Colm Mooney, Executive Group Manager, Canberra Health Services	SPIRE Project Board Member	Michael De'Ath, Director-General, ACT Health Directorate	SPIRE Project Board Member
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Other responsible officer(s)	<table border="1"> <tbody> <tr> <td>Procurement Officer</td> <td>Lloyd Esau, SPIRE Project Director, Major Projects Canberra</td> </tr> <tr> <td>Other Officers</td> <td>George Stellios, A/g Executive Branch Manager Commercial, SPIRE</td> </tr> </tbody> </table>	Procurement Officer	Lloyd Esau, SPIRE Project Director, Major Projects Canberra	Other Officers	George Stellios, A/g Executive Branch Manager Commercial, SPIRE						
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RELEVANT DOCUMENTS (ATTACHED)	
Supporting Document(s)	Attachment A: Risk Identification Attachment B: SPIRE - Project Overview

Strategic Review Submission

Project Details			
Project	Procurement of head contractor services to design and construct the Surgical Procedures, Interventional Radiology and Emergency (SPIRE) project.		
Project Objectives	The procurement process will identify the party (e.g. a head contractor and its team of sub-contractors and sub-consultants) that is best placed to deliver the SPIRE project. Under the Early Contractor Involvement (ECI) procurement process, the head contractor will lead the design development process based on a Project Brief and Reference Design provided by the Territory. This work will be performed under a bespoke planning and development agreement and following completion of the design the contractor will make a firm price offer to deliver the project. If the offer is accepted by the Territory, the contractor will deliver the project under a fixed price D&C contract.		
Contact Details:			
Directorate	Major Projects Canberra	Business Unit (If applicable)	SPIRE Project Team
Name of Contact	Lloyd Esau, SPIRE Project Director, Major Projects Canberra		Phone no. 6205 3552
Name of Decision Maker / Authority Holder	Duncan Edghill, Chief Projects Officer, Major Projects Canberra		

Created by: George Stellios (Major Projects Canberra)

Date: 23 September 2019

Reviewed by: Lloyd Esau (Major Projects Canberra)

Date: 25 September 2019

Approved by: Duncan Edghill, Chief Projects Officer, Major Projects Canberra

Date: 26 September 2019

Signature: _____

Internal and External [Name and Agency/Organisation]	Level of Influence [Ability to influence project outcomes]	Level of Interest [Level of interest in the project outcome]
SPIRE Project Team - Major Projects Canberra (MPC) on behalf of Canberra Health Services and ACT Health	Development of briefed scope of work and agreement of the proposed procurement strategy.	Very High
Canberra Health Services (CHS)	The end user of the facility and member of the Project Board.	Very High
ACT Health	Policy & strategic oversight and member of the Project Board	Very High
MPC	MPC also delivers projects on behalf of Directorate partners; provides advice on procurement, project	Very High

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	delivery methodologies	
Tenderers	Quality of services (design and construction) as well as personnel offered for the proposed contract amount	Very High



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Procurement Risk Management Plan

Risk Register

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

Risk Ref. No.	Risk Description (source/ Cause) The risk event, source and cause What can happen (that will affect our ability to meet our objectives) and how it comes about.	Describe the consequence If what can happen does happen what is the impact or outcome? (In its most 'normal' form – not an extreme form)	Risk controls – what is in place to manage the risk. How are risks to be Managed? What ordinary policies, procedures and actions (BAU) are to be taken to manage the risk?	Risk Owner (person or entity who manages the risk)	Consequence	Likelihood	Current risk rating	Control effectiveness
Tender Process								
1	Unethical tender process or inadequate tender and evaluation leads to a breach of probity	<ul style="list-style-type: none"> • Legal or political challenge to tender process; and • Delay in engaging the EOI Contractor. 	Pre-contract: <ul style="list-style-type: none"> • MPC to conduct the tender process in accordance with probity guidelines (note: the Territory has engaged the legal firm Maddocks, to provide probity advisory services for the SPIRE Project); • Appoint experienced representatives on the Tender Evaluation Team; • Tender Evaluation Team to conduct evaluation in accordance with the approved Tender Evaluation Plan; and • Probity Adviser (Maddocks) to be consulted as required. 	TET	Moderate	Unlikely	Medium	Adequate


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2	<p>A shortlisted Tenderer fails to adequately participate or withdraws from Stage 2 of the tender process</p>	<ul style="list-style-type: none"> • Delays the project and critical milestones; and • Disrupts the performance of other tenderer(s) working on the project. 	<ul style="list-style-type: none"> • Robust Invitation for Expression of Interest (IEOI) process to ensure all shortlisted Tenderers have capacity, present a strong commitment to the process, and are genuinely competitive at the IEOI point; • MPC decisions and approvals need to be promptly made to ensure project remains on schedule; • Depending on time constraints - obtain legal advice in relation to engaging another party to the head contractor role (e.g. seeking offer from highest ranked non-shortlisted contractor from the IEOI process). 	TET	Moderate	Unlikely	Medium	Adequate
3	<p>The IEOI and RFT evaluation criteria and methods of evaluation are unsuitable</p>	<ul style="list-style-type: none"> • Reduced value for money for the Territory. • Tenderer claims probity breaches by the Territory. • Diminishes market confidence in the evaluation process. • The Secure Local jobs Code (SLJC) criteria are not fully understood by Tenderers. 	<ul style="list-style-type: none"> • Evaluation criteria and methodology to be based on recent successful procurement methodologies for comparable design and construct procurement processes; and • The Territory to ensure the tender evaluation team is comprised of appropriately experienced staff. • Reinforce SLJC criteria to Tenderers during the tender period (including at the proposed EOI industry briefing). 	TET	Moderate	Unlikely	Medium	Adequate



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4	The relationship between the Territory and the Tenderers becomes unworkable	<ul style="list-style-type: none"> • Delay to the tender process. • Reduced quality or value-for-money offered by Tenderers. 	<ul style="list-style-type: none"> • Clear communication process between the Territory and Tenderers to be established; • Established timeframes to be adhered to - especially in regards to responding to Requests for Information (RFI); • Stakeholders to be managed - with their engagement to be limited to their subject area; • Effective management of probity through the Tender process with continuing participation the project's probity adviser (Maddocks), as required. 	TET	Moderate	Unlikely	Medium	Adequate
5	Tender documentation contains errors or does not adequately detail requirements and results in excessive changes and/or prolongation of the procurement process	<ul style="list-style-type: none"> • The Tenderer's response does not demonstrate understanding of the required works and services and project methodology. • The ECI objectives are not met resulting in variations and/or delays. 	<ul style="list-style-type: none"> • Discussions may be undertaken with the tenderer, prior to engagement, to clarify uncertainties and briefed scope of work; • Review by key SPIRE Project Team parties [MPC, CHS and commercial and legal advisers] of review of Tender documentation prior to issue; and • RFIs during the Tender period to be managed in a timely manner and 	TET	Moderate	Possible	Medium	Adequate
6	A shortlisted Tenderer's major sub-contractor withdraws from Stage 2 of the tender process	<ul style="list-style-type: none"> • Tenderer's bid is compromised by a lack of cost and quality certainty. • Tenderer is unable to identify a suitable replacement sub-contractor, that is 	<div style="background-color: black; height: 20px; width: 100%;"></div> <ul style="list-style-type: none"> • Territory to shortlist up to three parties for the Stage 2 process, to provide depth in 	TET	Moderate	Possible	Medium	Adequate



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		<p>acceptable to the Territory.</p> <ul style="list-style-type: none"> • May delay the tender process while a new sub-contractor is briefed. 	<p>the tenderers.</p>					
7	<p>A tenderer's sub-contractor does not have the requisite resources and/or expertise to support the ECI procurement methodology and subsequent contract</p>	<ul style="list-style-type: none"> • Tenderer's bid is compromised by a lack of cost and quality certainty. • Tenderer is unable to identify a suitable replacement sub-contractor that is acceptable to the Territory. • May delay the Tender process while a new sub-contractor is briefed. 	<ul style="list-style-type: none"> • Territory briefings, at the commencement of the commencement of the IEOI and RFP stages, are to clear detail Territory's expectations of the 2 Stage process and the key evaluation criteria /requirements of the ECI process. <div style="background-color: black; height: 100px; width: 100%;"></div> <ul style="list-style-type: none"> • Territory to shortlist up to three parties for the Stage 2 process, to provide depth in the tenderers. 	TET	Moderate	Possible	Medium	Adequate
8	<p>An unsuitable design solution is generated through the RFP</p>	<ul style="list-style-type: none"> • Results in higher operating costs and/or disruption to health care services (e.g. leaking roofs, higher power consumption). • Efficient workflows are not achieved, resulting in disrupted health services. • Project technical/output specification not achieved. 	<div style="background-color: black; height: 100px; width: 100%;"></div> <ul style="list-style-type: none"> • TET to provide timely feedback to tenderers through the course of the RFP. 	TET	Major	Possible	High	Adequate

Procurement Risk Management Plan

<p>9</p>	<p>Key stakeholders (e.g. medical/clinical practitioners and service providers) identify a late requirement or perceived issue and apply pressure for significant increase in project scope after the RFP (or late in the RFP process)</p>	<ul style="list-style-type: none"> • Loss of cost control over scope, budget and program. • Delay to tender process and overall project time schedule. • Costs to redesign and potential loss of interest by tenderers. • Potential probity issues and/or reduced competitive tension between tenderers that results in a reduced value-for-money outcome. 	<div style="background-color: black; width: 100%; height: 100%;"></div> <ul style="list-style-type: none"> • Two phase design and construct engagement, will allow stakeholder input during the design development phase. 	<p>TET</p>	<p>Major</p>	<p>Possible</p>	<p>High</p>	<p>Adequate</p>
<p>10</p>	<p>There is a change of government policy or political direction (e.g. carbon neutrality, target waiting periods, community facilities, parking and disability standards)</p>	<ul style="list-style-type: none"> • Loss of cost control of the project scope. • Delay to tender process and the overall project time schedule. • Frustrate some tenderers, so they become less competitive in the tender process. 	<ul style="list-style-type: none"> • ACT Health to maintain regular communications with the minister/government, to understand any potential material policy changes. • TET to provide timely advice of brief changes to tenderers through the course of the RFP; and • Adjust the RFP time schedule, if required to provide time for Tenderers to incorporate changes. 	<p>CHS</p>	<p>Moderate</p>	<p>Unlikely</p>	<p>Medium</p>	<p>Adequate</p>


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11	<p>The relationship between Canberra Health Services (CHS), and the broader SPIRE project team) and a key stakeholders (e.g. clinicians): breaks down; becomes dysfunctional; and results in delays or disruption to the project time schedule</p>	<ul style="list-style-type: none"> • Delay to tender process and project time schedule. • Costs to redesign and loss of interest by tenderers. • Operational requirements are not adequately captured, resulting in a sub-optimal design solution. 	<ul style="list-style-type: none"> • Ensure adequate and timely communication with key stakeholders and ensure roles, responsibilities and timeframes are understood by participants; • Escalate to Canberra Health Services Executive and the broader SPIRE project team, as required, to engage with senior stakeholders and reach resolution; and • Two phase design and construct engagement, will allow stakeholder input during the design development phase. 	CHS	Major	Possible	High	Adequate
Statutory Approvals								
12	<p>Delay to DA approval</p>	<ul style="list-style-type: none"> • Delay to project time schedule. • Potential need to develop a new design. 	<ul style="list-style-type: none"> ▪ Ensure adequate and timely communication with key stakeholders (public, clinicians, etc); and ▪ Allow sufficient time, including contingency, for DA process in the project time schedule – including the community referral period. 	MPC	Major	Possible	High	Adequate

Agency Capacity and Capability								
13	Canberra Health Services (CHS) may not have the capacity to turnaround decisions/documents in a time frame necessary to meet the project program	<ul style="list-style-type: none"> Delay to the overall project program. Additional capital and potentially operating costs. 	<ul style="list-style-type: none"> Ensure adequate resourcing is allocated to the project. Governance structure to be established and monitor progress and performance. 	CHS	Major	Possible	High	Adequate
14	SS ICT do not deliver requirements in time	<ul style="list-style-type: none"> SSICT do not understand Canberra Health Services' requirements for the SPIRE project. Delays finalising the Contractor's design documents. 	<ul style="list-style-type: none"> Ensure adequate SSICT resourcing is allocated to the project. Governance structure to be established and progress and performance monitored; and SSICT to be engaged through PCG meetings and design workshops. 	MPC	Major	Possible	High	Adequate
15	Changes to key personnel occur (CHS, MPC and key advisers)	<ul style="list-style-type: none"> Loss of corporate memory regarding the procurement methodology details and contract arrangements. 	<ul style="list-style-type: none"> Governance structure to be established and monitor progress and performance; Ensure succession arrangements are developed in the Project Management arrangements; and Escalate to Executive level if delays arise. 	MPC	Major	Possible	High	Adequate

Time Schedule								
16	Insufficient time for tenderers to complete a suitable design	<ul style="list-style-type: none"> • Unsuitable tender submission received. • Reduced value-for-money outcome for the Territory. • Potential stakeholder dissatisfaction due to a reduced level of consultation. • Contemporary health services are not achieved. 	<ul style="list-style-type: none"> • Progressive review of tenderers documentation if possible to minimise disruption to the project time schedule; • Include sufficient allowances in the project program for reviews • Communication of roles and responsibilities through the RFP process for all participants. 	TET	Major	Possible	High	Adequate
Project Budget								
17	The project budget does not cover the required scope of work	<ul style="list-style-type: none"> • Potential need to negotiate scope reduction with the Preferred Tenderer. • Potential need to seek increased Budget funding. • Delay to project. 	<ul style="list-style-type: none"> • Develop QS indicative estimate from scope of work in the functional brief to confirm alignment of the scope and budget 	MPC	Major	Possible	High	Adequate
18	The scope of work increases significantly after submission of the shortlisted tenderer's tender	<ul style="list-style-type: none"> • Potential loss of cost control. • Reduced opportunity for competitive tension in the negotiation of additional scope of work. • May need to request supplementary 	<ul style="list-style-type: none"> • Prioritise additional work items to assist negotiations with the Tenderer. 	MPC	Major	Unlikely	High	Adequate

Procurement Risk Management Plan

		appropriation if the scope cannot be adjusted to meet the budget.						
19	Escalation or exchange rates, in excess of those factored into the SPIRE project appropriation, impact on prices and the stresses the budget	<ul style="list-style-type: none"> • Potential loss of cost control. • May need to request supplementary appropriation if the scope cannot be adjusted to meet the budget • Need to negotiate scope reduction with the Preferred Tenderer. 	<div style="background-color: black; height: 20px; width: 100%;"></div> <ul style="list-style-type: none"> • Tender phase. • Identify original scope items that may be negotiated out of the original scope of work to provide budget offsets. 	MPC	Major	Unlikely	High	Adequate
20	There are significant latent conditions that are undetected prior to the commencement of the Tender process	<ul style="list-style-type: none"> • Delays start and/or progress of construction works with consequential capital costs for contract prolongation. • Results in the need to re-design building structures after. • Contract award resulting in significant additional cost and loss of cost control. 	<div style="background-color: black; height: 20px; width: 100%;"></div>	MPC	Major	Possible	High	Adequate
21	Head contractor (or key sub-contractors or sub-consultants) goes into receivership or has period of financial hardship	<ul style="list-style-type: none"> • Delays start and/or progress of construction works. • Additional unforeseen costs arising from replacement of head contractor. • Claims from sub- 	<div style="background-color: black; height: 20px; width: 100%;"></div> <ul style="list-style-type: none"> • Timely processing of claims to prevent 	TET	Major	Possible	High	Adequate



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Procurement Risk Management Plan

		<p>contractors.</p> <ul style="list-style-type: none"> • Delay in operational commencement date. • Negative publicity. 	<p>delays in contractor payments.</p>					
22	Commissioning shows deficiencies and requires significant rework resulting in delays	<ul style="list-style-type: none"> • Delay in the works being operational. • Impact on the budget for addition re-works. 	<ul style="list-style-type: none"> • Monitor quality of works on an ongoing basis. • MPC to engage a Territory commissioning agent, to oversee (and report upon) the head contractor's quality and commissioning of works. 	MPC	Major	Possible	High	Adequate
23	Work place injury	<ul style="list-style-type: none"> • Injury to workers, contractors, visitors or consultants working on-site. 	<ul style="list-style-type: none"> • Ensure head contractor has WHS procedures in place and actively manages safety in accordance with those procedures. • Check contractor's Active Certification history and ensure ongoing audits. • Encourage a safety culture at the worksite. 	MPC	Major	Possible	High	Adequate
24	Contractor does not understand its obligations under the Secure Local Jobs Code	<ul style="list-style-type: none"> • Uncertainty around processes and responsibilities leading to industrial issues. 	<ul style="list-style-type: none"> • Review preferred tenderer processes and methodologies to ensure they are able to comply with the Secure Local Jobs Package. 	MPC	Moderate	Unlikely	Low	Adequate



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Procurement Risk Management Plan



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**Risk Matrix
Program /
Project**

		Consequences				
		Insignificant	Minor	Moderate	Major	Catastrophic
People	Injuries or ailments not requiring medical treatment.	Minor Injury or First Aid Treatment Case.	Serious injury causing hospitalisation or multiple medical treatment cases.	Life threatening injury or multiple serious injuries causing hospitalisation.	Death or multiple life threatening injuries.	
Reputation & Image	Internal Review	Scrutiny required by internal committees or internal audit to prevent escalation.	Scrutiny required by external committees or ACT Auditor General's Office, or Inquest, etc.	Intense public, political and media scrutiny. Eg: front page headlines, TV, etc.	Assembly Inquiry or Commission of Inquiry or adverse national media.	
Environmental	Limited effect to something of low significance	Transient, minor effects	Moderate, short-term environmental harm	Significant, medium-term environmental harm	Long term environmental harm	
Cultural & Heritage	Low-level repairable damage to commonplace structures	Mostly repairable damage	Permanent damage to items of cultural significance	Significant damage to structures or items of cultural significance	Irreparable damage to highly valued items of cultural significance	
Business Processes & Systems	Minor errors in systems or processes requiring corrective action, or minor delay without impact on overall schedule.	Policy procedural rule occasionally not met or services do not fully meet needs.	One or more key accountability requirements not met. Inconvenient but not client welfare threatening.	Strategies not consistent with Government's agenda. Trends show service is degraded.	Critical system failure, bad policy advice or ongoing non-compliance. Business severely affected.	
Financial	1% of Budget	2.5% of Budget	> 5% of Budget	> 10% of Budget	>15% of Budget	

Likelihood	Description	Frequency	Matrix					
			1	2	3	4	5	
Almost Certain	Is expected to occur in most circumstances	Once a quarter or more	>1 In 10	5	Medium	High	High	Critical
Likely	Will probably occur	Once a year or more	1 in 10 - 100	4	Medium	High	High	Critical
Possible	Might occur at some time in the future	Once every 1 - 5 years	1 in 100 - 1,000	3	Low	Medium	High	Critical
Unlikely	Could occur but doubtful	Once every 5 - 20 years	1 in 1,000 - 10,000	2	Low	Medium	High	High
Rare	May occur but only in exceptional circumstances	Once every 20 - 100 years	1 in 10,000 - 100,000	1	Low	Low	Medium	High

Priority for Attention

Priority	Suggested Timing of Treatment	Authority for continued tolerance of risk	
		Program	Enterprise
Extreme	Short term – normally within one month** Detailed action plan required		Director- General Under-Treasurer
High	Medium term – normally within three months Needs senior management attention		Senior Executive
Medium	Normally within 1 year Specify management responsibility		Managers
Low	Ongoing control as part of a management system Manage by routine procedures		All staff

Control Effectiveness Rating

Control Effectiveness	Guide
Adequate	Nothing more to be done except review and monitor the existing controls. Controls are well designed for the risk, are largely preventative and address the root causes and Management believes that they are effective.
Room for improvement	Most Controls are designed correctly and are in place and effective however there are some controls that are either not correctly designed or are not very effective. There may be an over-reliance on reactive controls. Some more work to be done to improve operating.
Inadequate	Significant control gaps or no credible control. Either controls do not treat root causes or they do not operate effectively. Controls if they exist are just reactive. Management has no confidence that any degree of control is being achieved due to poor control design and/or very limited operational effectiveness.

Priority for Attention - Action

Every care should be taken to act as soon as possible to implement risk control measures where ever possible or to take action to fix the problem. Extreme Risks and High Risks, especially where the risk relates to people & personal injury require us to act immediately to take steps to fix the problem.

** The suggested timing of treatment does not mean that immediate action ought not be taken or that the timing can not be completed sooner than suggested.

Notes:
When identifying, analysing and rating risk consideration should be given, but not necessarily limited to, the attached categories of risk and the suggested examples of frequency and consequences.



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SPIRE – Project Overview

Government Procurement Board

24 September 2019

Background

The Canberra Hospital:

- is the largest public hospital and tertiary referral centre in the region, providing care for more than 500,000 people per year.
- has the Territory's largest emergency department and perioperative complex.
- is also the principal teaching hospital in the Territory, in partnership with the Australian National University medical school and other universities.

In the lead-up to the 2016 ACT election, the government announced if re-elected it would build a new SPIRE centre on The Canberra Hospital campus.

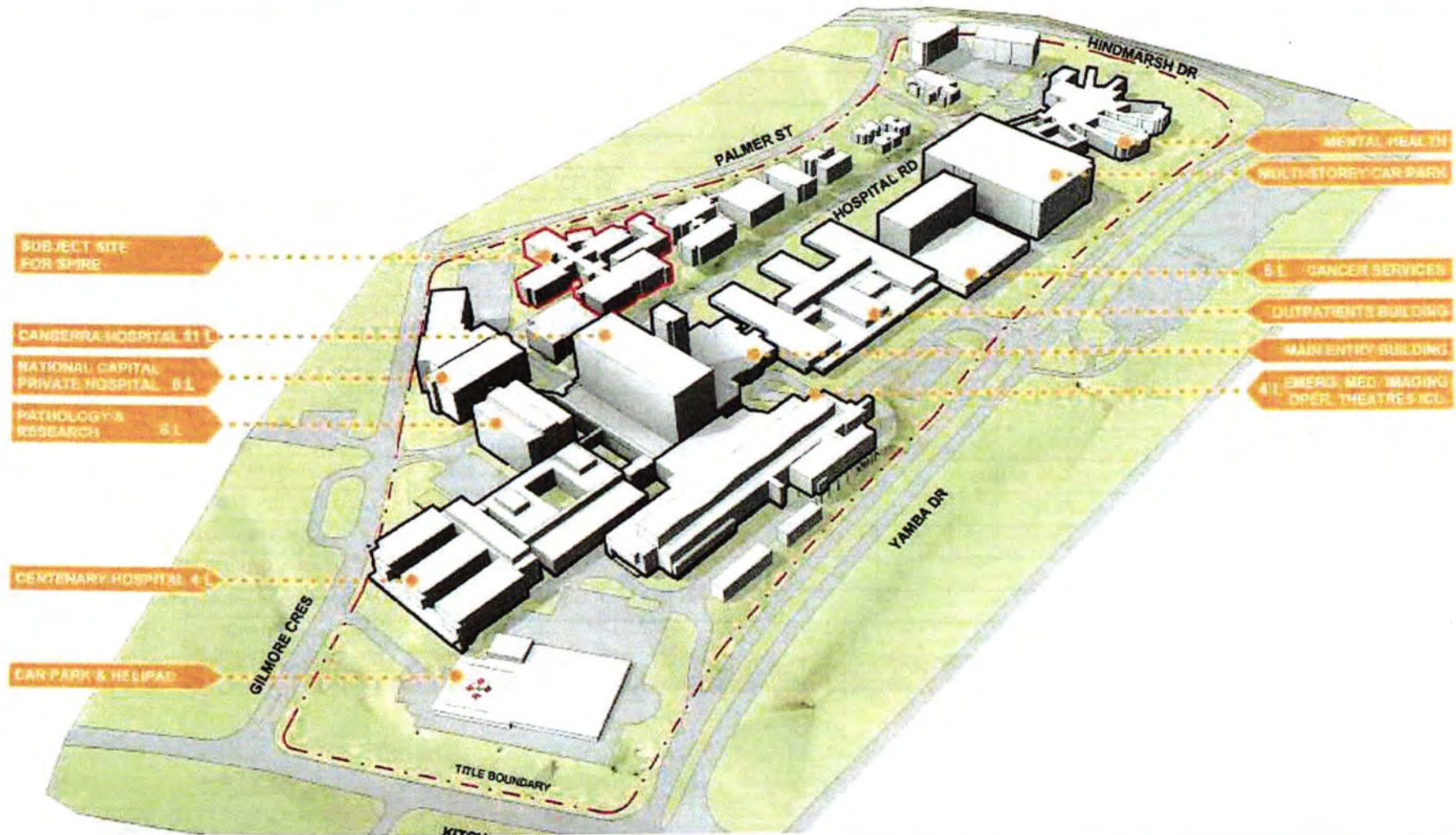
In Q2 2019, the government approved the SPIRE project based on a defined clinical scope and a P50 budget of [REDACTED] (GST incl).

The government has publically forecast construction completion in 2024.

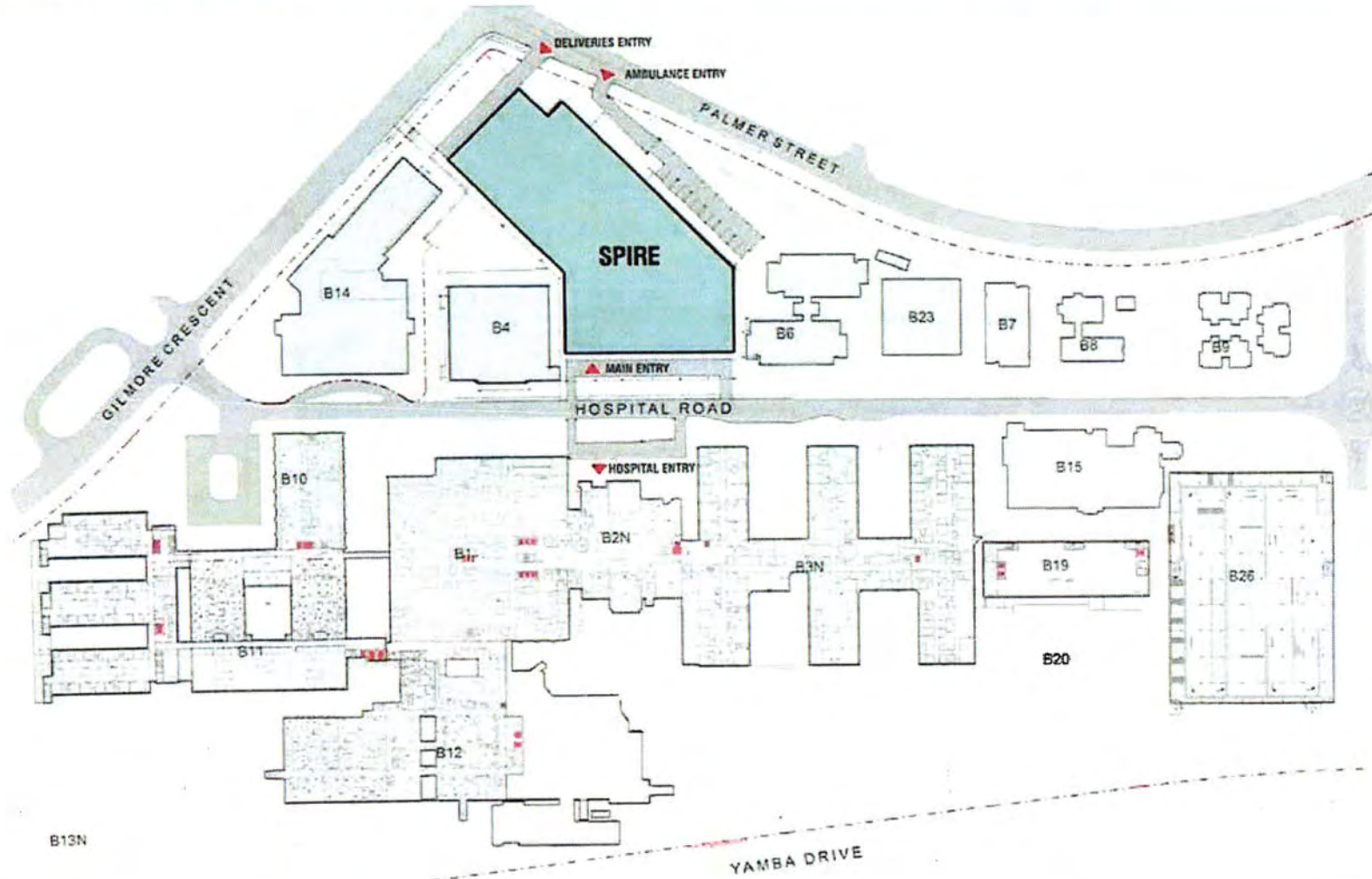
Functional Areas Scope

Functional Area	Approved Scope
Inpatient Unit Beds	64
Intensive Care Unit Beds (incl. 4x Paediatric ICU beds)	60
Coronary Care Unit Beds	24
Total Beds	148
Operating Theatres (OTs) (incl. 2x Hybrid Theatres)	22
Interventional Radiology Suites	4 (incl. in OTs above)
Total Operating Theatres	22
Day Surgical Beds	55
Emergency Department (ED) Spaces	114
Short Stay Mental Health Unit	10
Cardiac Catheterisation Laboratories (1 x shell only)	2
Hybrid Cardiac Catheterisation Laboratories	1
Electrophysiology Laboratories	1
Ambulance Bays	12
Central Sterilising Services Department (CSSD)	1,122 m ²
Loading Dock	492 m ²
Helipad	1
Total Build Area (m²)	38,286 m

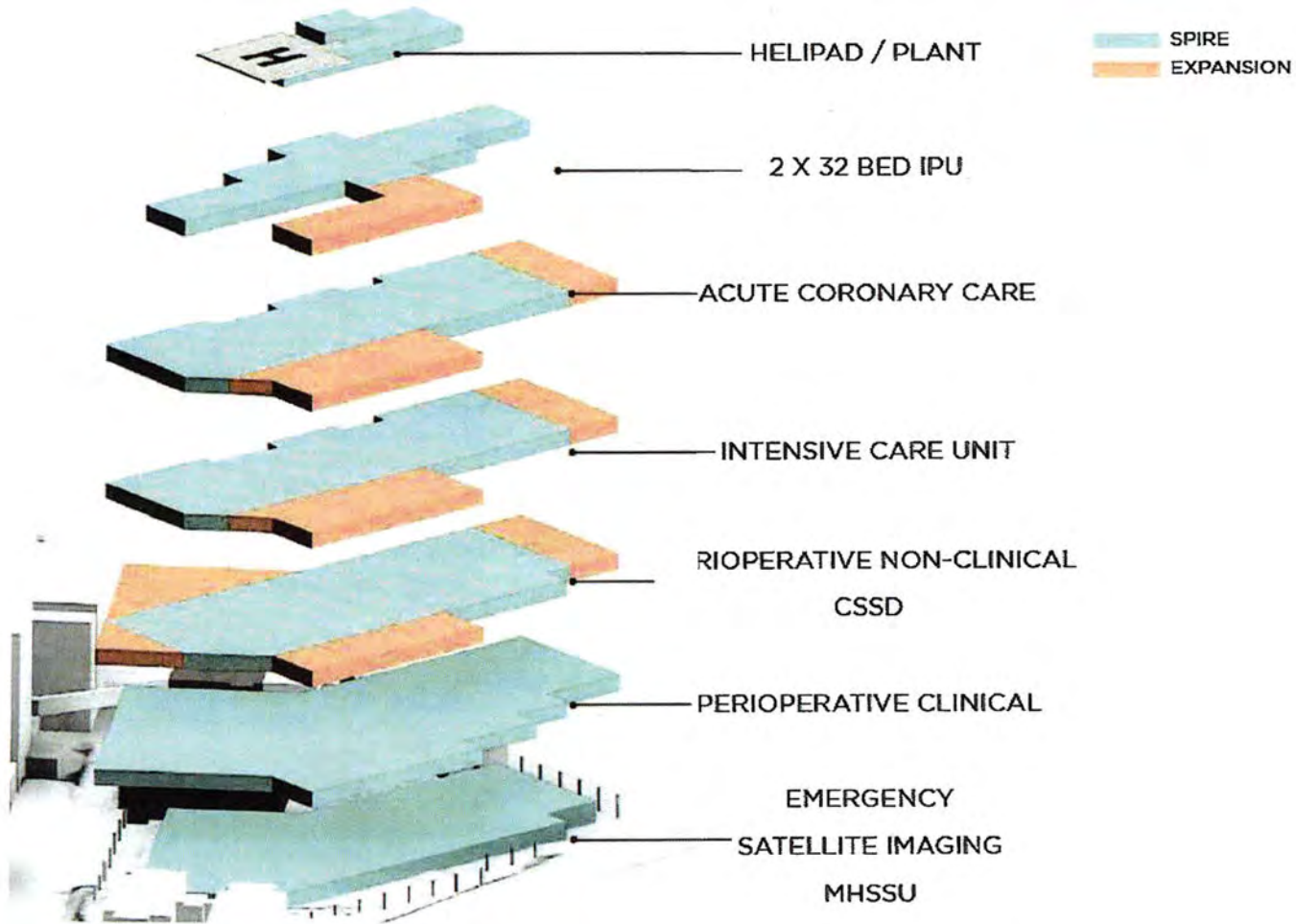
The Site



Building Footprint



Concept Design - Stacking





Artist's impression: aerial view of the new surgical, emergency and critical healthcare facility on the Canberra Hospital campus



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Artist's impression: view from Palmer Street



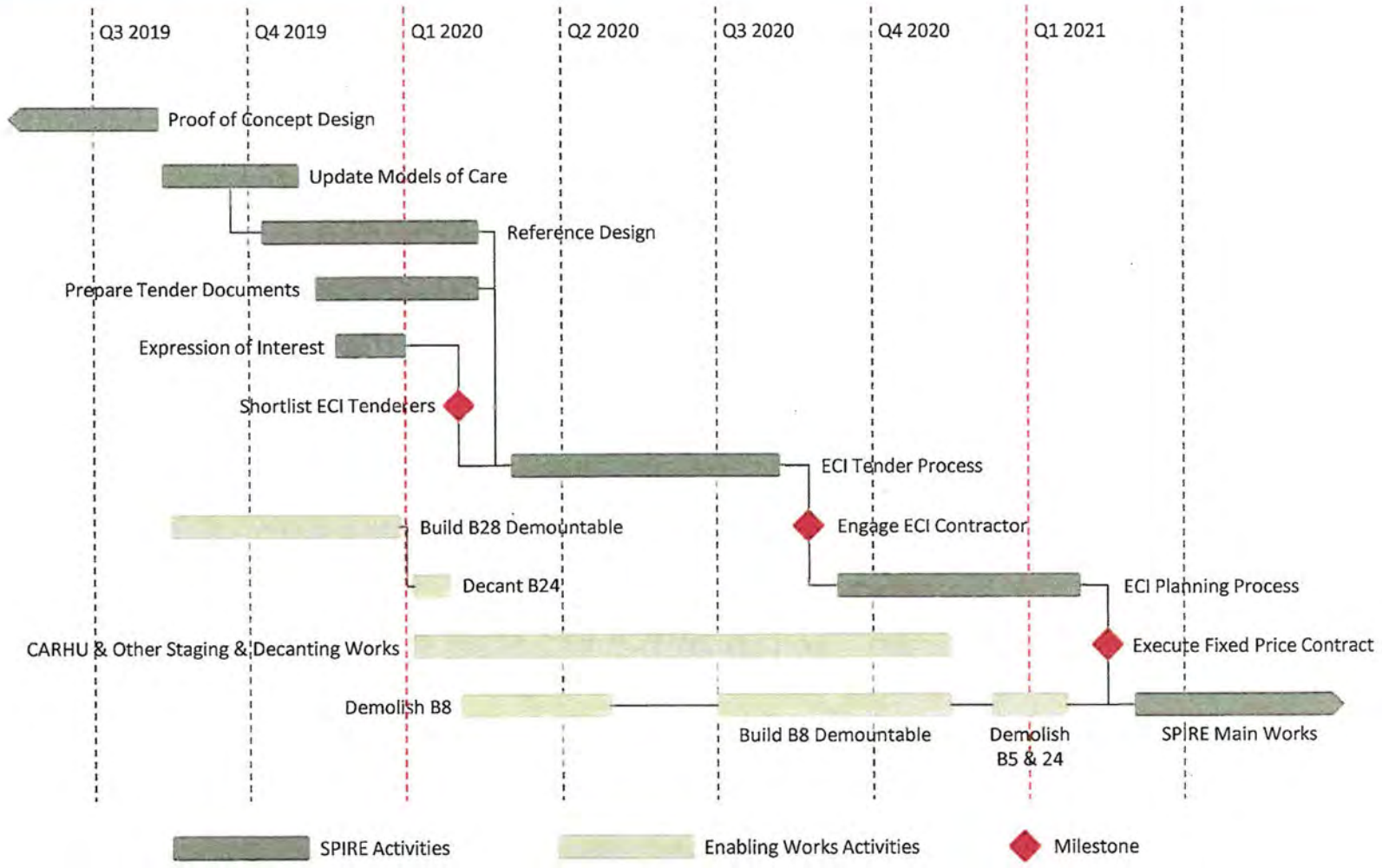
Objective of the Procurement Process...

To identify the party that is best placed to deliver the SPIRE project.

Under the Early Contractor Involvement (ECI) procurement process, the head contractor will lead the design development process with a design team appointed and managed by them. (Planning Stage)

The head contractor will then be responsible for the delivery and commissioning of the project based on the approved design and a final fixed price offer. (Delivery Stage)

Indicative timeline



Lowes, Shannon (Health)

From: Edghill, Duncan
Sent: Wednesday, 2 October 2019 6:54 PM
To: McDonald, Bernadette (Health); De'Ath, Michael (Health)
Cc: Esau, Lloyd; Lopa, Liz (Health); Peffer, Dave (Health); Mooney, Colm (Health)
Subject: FW: Industry Briefing
Attachments: 19567 MP SPIRE Project Press Ad V4.pdf

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Bernadette, Michael,

FYI, please find attached the SPIRE industry briefing ad that will run in the Fin Review this Friday and next Friday.

The team will liaise with your offices on roles for the day, materials and so forth. A diary invite will go out shortly.

Kind Regards
Duncan

Duncan Edghill | Chief Projects Officer
Major Projects Canberra

T 02 6205 3842 | M [REDACTED] | E duncan.edghill@act.gov.au
GPO Box 158, Canberra ACT 2601





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SPIRE PROJECT

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SPIRE PROJECT INDUSTRY BRIEFING 24 OCTOBER 2019 - CANBERRA, ACT

Over the next five years the ACT Government is investing almost \$1 billion in new and improved healthcare infrastructure.

Sitting at the heart of this investment is the SPIRE Project - a new state-of-the-art emergency, surgical and critical health care facility at Canberra Hospital. This 40,000m² addition to the existing hospital campus will deliver a significant increase in acute services capacity. It will also support Canberra Hospital's role as the region's principal referral hospital.

The ACT Government will host an industry briefing for parties interested in designing and constructing this new facility. The session will outline the project scope, technical requirements and details of the ECI delivery model.

To be held in Canberra, please join us from 12:30pm-2:30pm on 24 October, 2019. A site tour will also be made available.

For more information and to register attendance, email SPIRE@act.gov.au

Lowes, Shannon (Health)

From: Mooney, Colm (Health)
Sent: Thursday, 3 October 2019 2:24 PM
To: McDonald, Bernadette (Health)
Cc: Chatham, Elizabeth (Health); Pepper, Dave (Health); Gay, AndrewD (Health)
Subject: FW: Government Procurement Board held 1 October 2019 - feedback

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Bernadette

See correspondence below received from GPB following yesterday's presentation.

A key point to follow out of this session is highlighted below relating to ICT integration. I have briefly discussed with Andrew and Sandra Cook from DSD.

DSD current program of works needs to be considered as part of SPIRE design development works. I will follow up with Lloyd Esau to ensure sufficient and adequate involvement by DSD during SPIRE design development.

Please call me if you have any questions

Thanks

Colm

From: Stellios, George <George.Stellios@act.gov.au>
Sent: Thursday, 3 October 2019 1:44 PM
To: Government Procurement Board <GovernmentProcurementBoard@act.gov.au>
Cc: Wilson, Ocean <Ocean.Wilson@act.gov.au>; Esau, Lloyd <Lloyd.Esau@act.gov.au>; Mooney, Colm (Health) <Colm.Mooney@act.gov.au>
Subject: RE: Government Procurement Board held 1 October 2019 - feedback

Many thanks Charlotte.

George Stellios | a/g Executive Branch Manager, Commercial
 SPIRE & ACT Law Courts
Major Projects Canberra | ACT Government
 T 02 6207 8705 | M [REDACTED]
 GPO Box 158, Canberra ACT 2601

From: Smith, Charlotte **On Behalf Of** Government Procurement Board
Sent: Thursday, 3 October 2019 1:09 PM
To: Esau, Lloyd <Lloyd.Esau@act.gov.au>; Stellios, George <George.Stellios@act.gov.au>; Mooney, Colm (Health) <Colm.Mooney@act.gov.au>
Cc: Government Procurement Board <GovernmentProcurementBoard@act.gov.au>; Wilson, Ocean

<Ocean.Wilson@act.gov.au>

Subject: Government Procurement Board held 1 October 2019 - feedback

UNCLASSIFIED Sensitive

Good Afternoon,

Thank you for your presentation to the Government Procurement Board (the Board) on 1 October 2019.

Please note the below from the Board:

4.2 SPIRE Procurement Strategy (8.45am)

Attendees:

- Lloyd Esau, Executive Group Manager, MPC
- George Stellios, A/g Executive Branch Manager, MPC
- Colm Mooney, Executive Group Manager, Infrastructure and Health Support Services, Canberra Health Services (CHS)

The Board thanks the proponents for the papers and the overview provided.

The Board:

- **Noted** that the procurement is to engage an Early Contractor Involvement (ECI) for SPIRE.
- **Noted** the proponents intend to return to the Board in late October ahead of releasing the EOI and again in the new year before releasing the RFT.
- **Noted** this project commenced in 2016 and has been through various iterations. The current status of the project is the selection of a site at the hospital campus and the provision of funding in the Budget.
- **Noted** the current procurement strategy is to advance the design over the next three to four months in consultation with CHS. The proponents will also be consulting with clinicians and health care consumers during this period to develop requirements and a design.
- **Noted** once the requirements and design have gone to market, tenderers will have the opportunity to make suggestions to the design if the requirements are still met, as part of the interactive bidding process. The Board **noted** that interactive bidding was used as part of the University of Canberra Hospital process and received positive feedback.
- **Noted** the proponent anticipates awarding a contract in August 2020 (the risk plan takes into consideration the Caretaker Period in 2020).
- **Noted** the contractor will be responsible for submitting a Development Application(s) once the design and requirements have progressed further.
- **Suggested** the Procurement Plan minute is updated to reflect the project timeframes. The Board noted the timeline is tight.
- **Noted** a Project Board has been established which includes the following representatives: Director-General, Health Directorate; Director-General, Environment, Planning and Sustainable Development Directorate; Director-General, Justice and Community Safety Directorate; the Under Treasurer; and the Chief Executive Officer CHS (as Chair).
- **Noted** two project control groups have been established. The first is responsible for the design and requirements. The second is responsible for readying the site for construction. The Board also **noted** that there will be a Clinical Reference Group and a Consumer Reference Group (chaired by a member of the Health Care Consumer Association).
- **Noted** the proponents have been consulting with the Government Solicitor Office (GSO) in the early stages of this project, including on probity arrangements. GSO advised to engage an external firm to assist with probity arrangements, the proponents have engaged Maddocks Legal Services.

- **Noted** that to clarify issues, the proponents will publish a question and response for all tenderers to see (any propriety information will not be shared).
- **Suggested** the risk plan:
 - is updated to reflect the governance arrangements and probity arrangements outlined by the proponents at the meeting;
 - is reviewed to ensure each of the risks are tailored to the project and no 'generic' risks are included; and
 - is updated to review the extent to which ICT will influence project outcomes. The Board **noted** there are several health ICT upgrades occurring at the moment and **requested** clarification about how the ICT upgrades will interact with a new building.
- **Noted** that the position at this point is not to provide a payment to unsuccessful tenderers (noting no paper on this has yet been provided to the Project Board to obtain their position).

Should you require clarification about this message, please contact me. If you wish to speak with a Board member about this decision, please contact Ms Meredith Whitten (Chair).

NOTE: It is the responsibility of the Project Officer to:

- Ensure that you are familiar with the Part 3 Notifiable Contracts requirements of the *Government Procurement Act 2001* including Section 26 Meaning of notifiable amendment, Division 3.3 Availability of notifiable contracts, and Division 3.4 on Confidential Text, and have planned to include the required information on the Contracts Register within 21 days after the contract is made. Refer to Procurement Circular PC16 Notifiable and Reportable Contracts at http://www.procurement.act.gov.au/About/procurement_circulars and the Contracts Register at <http://www.procurement.act.gov.au/contracts>
- Seek clarification immediately from the sender on the meaning of this message, if not absolutely clear;
- Advise all appropriate staff associated with the project of the Board's decision and any additional actions resultant from this advice;
- Should the process outlined above not commence within 3 months of this notice, provide a revised timetable;
- Complete all actions associated with this decision.

Kind Regards,

Charlotte Smith | Government Procurement Board Secretariat

Phone: 02 6207 0254 | Email: charlotte.smith@act.gov.au

Procurement ACT | Chief Minister, Treasury and Economic Development Directorate | ACT Government

GPO Box 158, Canberra City | act.gov.au

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

Lowes, Shannon (Health)

From: Harding, Nikki
Sent: Monday, 14 October 2019 8:28 AM
To: McDonald, Bernadette (Health)
Cc: Tzavalas, Olivia (Health)
Subject: For Clearance - SPIRE draft minutes [SEC=UNCLASSIFIED]
Attachments: DRAFT SPIRE ESC Minutes 20191002.docx

Bern,
I have printed for you.
Thanks
Liv

Hi Bernadette

Please find attached draft SPIRE Project Board minutes for your comment and consideration.

Can these please be returned to me with changes by COB Wednesday 16 October?

Regards,

Nikki Harding | Governance Officer

Phone: (02) 6205 1757

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GPO Box 158 Canberra ACT 2601 | www.act.gov.au

Please consider the environment before printing this email - or if printing is necessary, please print double-sided.

Lowes, Shannon (Health)

From: McDonald, Bernadette (Health)
Sent: Monday, 14 October 2019 4:27 PM
To: Harding, Nikki
Cc: Tzavalas, Olivia (Health)
Subject: RE: For Clearance - SPIRE draft minutes [SEC=UNCLASSIFIED]

UNCLASSIFIED

Nikki, I have no changes.
Thanks
Bernadette

From: Harding, Nikki <Nikki.Harding@act.gov.au>
Sent: Monday, 14 October 2019 8:28 AM
To: McDonald, Bernadette (Health) <Bernadette.McDonald@act.gov.au>
Cc: Tzavalas, Olivia (Health) <Olivia.Tzavalas@act.gov.au>
Subject: For Clearance - SPIRE draft minutes [SEC=UNCLASSIFIED]

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Phone: (02) 6205 1757

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GPO Box 158 Canberra ACT 2601 | www.act.gov.au

Please consider the environment before printing this email - or if printing is necessary, please print double-sided.

Lowes, Shannon (Health)

From: SPIRE Project Team
Sent: Friday, 18 October 2019 10:36 AM
Subject: SPIRE Project Industry Briefing
Attachments: 19567 MP SPIRE Project Press Ad V4.pdf

Categories: For Bern to read then file

Bern,
FYI – You wont be here for this but I will check whether Colm &/or Liz and Dave are attending.
Thanks
Liv

UNCLASSIFIED

Good morning All

As you may be aware, SPIRE Industry Briefing will be held on Thursday 24 October from 12.30pm-2.30pm, at the QT Hotel in Civic (1 London Cct, Canberra). Please RSVP to SPIRE@act.gov.au if you are interested in attending.

For more information please refer to the attached flyer.

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

Regards

Natalia Fraszczak
Phone: 02 6205 3401 | Natalia.Fraszczak@act.gov.au
SPIRE Project
Major Projects Canberra | ACT Government
GPO Box 158 Canberra ACT 2601
www.act.gov.au



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



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SPIRE PROJECT

BUILDING FOR BETTER
HEALTHCARE

SPIRE PROJECT INDUSTRY BRIEFING 24 OCTOBER 2019 - CANBERRA, ACT

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For more information and to register attendance, email SPIRE@act.gov.au

Lowes, Shannon (Health)

From: SPIRE Project Team
Sent: Wednesday, 23 October 2019 9:50 AM
To: McDonald, Bernadette (Health); De'Ath, Michael (Health); Chatham, Elizabeth (Health); Miners, Stephen; Ponton, Ben; Edghill, Duncan; Esau, Lloyd; Mooney, Colm (Health); Slater, Amanda (Health); Kinghorne, Sally-Anne (Health); Evans, Kate (Health); Tarbuck, Chris (Health)
Cc: Fraszczak, Natalia; Tzavalas, Olivia (Health); Elfving, Regan; Pulford, Nikki; Ross, Carolina; Rucinski, Gul (Health); Cameron, Susan; Vest, Petra; Cant, Amanda; Lopa, Liz (Health)
Subject: SPIRE Project Board Papers - 25 October 2019 [SEC=UNCLASSIFIED]
Attachments: SPIRE Project Board meeting papers 25 Oct 2019.pdf; 5.0_Att B SPIRE_EOI Evaluation Plan_cabinet in confidence_DRAFTv3.0.pdf

Good morning all

Please find attached papers for Friday's SPIRE Project Board meeting.

Please note paper 5.0 Att B requires a password which will be provided separately to your EA's.

Regards,

Nikki Harding | Governance Officer

Phone: (02) 6205 1757

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Please consider the environment before printing this email - or if printing is necessary, please print double-sided.

Agenda

SPIRE Board Meeting #2

Date	Friday, 25 October 2019
Time	14.00 -15.30
Location	Canberra Hospital, Building 24, Level 1, Meeting Room 1
Chair	Michael De'Ath (interim)

Members

Bernadette McDonald	BMD	Chief Executive Officer, Canberra Health Services (CHS)
Michael De'Ath	MDA	Director-General, ACT Health Directorate (ACTHD)
Elizabeth Chatham	EC	A/g Chief Operating Officer, Clinical Services (CHS)
Stephen Miners	SM	Deputy Under Treasurer
Ben Ponton	BP	Director-General, EPSDD

Attendees

Duncan Edghill	DE	A/g Chief Projects Officer (MPC)
Lloyd Esau	LE	A/g SPIRE Project Director (MPC)
Colm Mooney	CM	EGM, Infrastructure and Health Support Services (CHS)
Amanda Cant	AC	Senior Director, Communications and Engagement (MPC)
Amanda Slater	AS	Senior Health Facility Planner, SPIRE Project Team (MPC)
Sally-anne Kinghorne	SAK	Senior Health Facility Planner, SPIRE Project Team (MPC)
Kate Evens	KE	Clinical Liaison, SPIRE Project Team (MPC)
Chris Tarbuck	CT	Facilities Director, Infrastructure and Health Support Services (CHS)
Nikki Harding		Secretariat

Agenda Item	Time	Lead	Item	Action
1. Acceptance of Previous Minutes (SPIRE Board #1)	14.00	MDA	Paper	Approval
2. Review Outstanding Actions	14.05	MDA	Paper	Review
3. Review of Decisions Register	14.20	MDA	Paper	Review
4. Project Director's Report 4.1 Key outstanding issues 4.2 Industry briefing debrief (verbal)	14.25	LE	Paper	Noting
5. Draft Invitation for Expression of Interest (IEOI) Documentation	14.45	DE / LE	Paper	Endorsement

Agenda Item	Time	Lead	Item	Action
6. Early Contractor Involvement (ECI) Commercial Principles	15.00	LE	Paper	Noting
7. Public Release of Redacted Business Case	15.10	DE	Paper	Endorsement
8. Independent Chair Recommendation	15.15	DE / NP	Paper	Noting
9. Communications & Media Update/Report	15.20	AC	Verbal	Noting
10. Other Business	15.25	MDA	n/a	n/a

Agenda

SPIRE Board Meeting #3

Date	Tuesday, 26 November 2019
Time	13.00 -14.30
Location	Canberra Hospital, Building 24, Level 1, Meeting Room 1
Chair	Bernadette McDonald (interim)

Members

Bernadette McDonald	BMD	Chief Executive Officer, Canberra Health Services (CHS)
Michael De'Ath	MDA	Director-General, ACT Health Directorate (ACTHD)
Elizabeth Chatham	EC	A/g Chief Operating Officer, Clinical Services (CHS)
Stephen Miners	SM	Deputy Under Treasurer
Ben Ponton	BP	Director-General, EPSDD

Attendees

Duncan Edghill	DE	A/g Chief Projects Officer (MPC)
Lloyd Esau	LE	A/g SPIRE Project Director (MPC)
Colm Mooney	CM	EGM, Infrastructure and Health Support Services (CHS)
Amanda Cant	AC	Senior Director, Communications and Engagement MPC)
Amanda Slater	AS	Senior Health Facility Planner, SPIRE Project Team (MPC)
Sally-anne Kinghorne	SAK	Senior Health Facility Planner, SPIRE Project Team (MPC)
Kate Evens	KE	Clinical Liaison, SPIRE Project Team (MPC)
Chris Tarbuck	CT	Facilities Director, Infrastructure and Health Support Services (CHS)
Nikki Harding		Secretariat

Agenda Item	Time	Lead	Item	Action
1. Acceptance of Previous Minutes (SPIRE Board #2)	13.00	BMD	Paper	Approval
2. Review Outstanding Actions	13.02	BMD	Paper	Review
3. Review of Decisions Register	13.12	BMD	Paper	Review
4. Project Director's Report	13.15	LE	Paper	Noting
5. Concept Design – Footprint and Traffic Flows	13.30	DE / LE	Paper	Endorsement
6. Request for Tender - Document Structure	13.50	LE	Paper	Approval
7. SPIRE Quarterly Progress Update as at 30 Sept 2019	14.00	LE	Paper	Endorsement

**ACT**
Government

Major Projects Canberra

Agenda Item	Time	Lead	Item	Action
8. Independent Chair Recommendation	14.10	DE	Paper	Endorsement
9. Communications & Media Update/Report	14.20	AC	Verbal	Noting
10. Other Business	14.25	BMD	n/a	n/a

Lowes, Shannon (Health)

From: Flood, Ben (Health)
Sent: Thursday, 24 October 2019 2:20 PM
To: Linton, Steven (Health); Chatham, Elizabeth (Health); Gay, AndrewD (Health); Mooney, Colm (Health); Patterson, Denise (Health); Warylo, Melissa (Health); Peffer, Dave (Health); [REDACTED]
[REDACTED]
Consen-Lynch, Soelily (Health); Dugdale, Paul (Health); Boyd, Kerry (Health); [REDACTED]
Cc: McDonald, Bernadette (Health); Hammat, Janine (Health); McDonnell, Sean (Health); Flood, Ben (Health); Canberra Health Services People and Culture; Canberra Health Services Workforce Relations
Subject: CHS Union Forum - Minutes
Attachments: 20191018_Minutes - CHS Union Forum 0.2jb - DRAFT.docx
Categories: For Bern to read then file

UNCLASSIFIED

Good Afternoon Everyone,

Please find attached the draft minutes from the inaugural CHS Union Forum.

If you have any comments and/or feedback, please send it through by COB Thursday 31st of October.

Regards

Ben Flood

Assistant Advisor

Workforce Relations, People and Culture

p. 5124 9610

e. ben.flood@act.gov.au

“CREATING EXCEPTIONAL HEALTH CARE TOGETHER”

Canberra Health Services Union Forum

Meeting Date

Thursday 10th October 2019
Women, Youth & Children- Building 11
Level 3, Meeting room 3&4
2:30-4:00

Subject

Minutes

Source

People & Culture, Workforce Relations

Acknowledgement of Country

Canberra Health Services acknowledges the traditional custodians of the land we are meeting on, the Ngunnawal people. Canberra Health Services acknowledges and respects their continuing culture and connections to the land. Canberra Health Services also acknowledges and welcomes Aboriginal and Torres Strait Island peoples who may be meeting in this venue.

1. Attendees & Apologies

Organisation	Initials	Name	Attendance
Canberra Health Services	BM	Bernadette McDonald	✓
	DPe	Dave Pepper	✓
	JH	Janine Hammat	✓
	SM	Sean McDonnell	Apology
	BF	Ben Flood	Apology
	MW	Melissa Warylo	✓
	LC	Liz Chatham	✓
	AG	Andrew Gay	✓
	CM	Colm Mooney	✓
	DPa	Denise Patterson	✓
	PD	Paul Dugdale	Apology
	KB	Kerry Boyd	Apology
	SL	Steve Linton	✓
Australian Manufacturing Workers Union	GB	Gavin Bubb	x
Australian Nursing & Midwifery Federation ACT	MD	Matthew Daniel	✓
	CF	Carlyn Fidow	x
Australian Medical Association ACT	TC	Tony Chase	x
Australian Salaried Medical Officers Federation	SR	Steven Ross	✓
Construction Forestry Mining & Energy Union	CH	Cameron Hardy	x
Communication, Electrical & Plumbing Union of Australia	MK	Mick Koppie	x
	CT	Con Tsiakoulas	x
Community & Public Sector Union	BH	Brenton Higgins	Apology
	RT	Ryan Tyler	✓
Health Services Union	AL	Ayshe Lewis	x
	BE	Brendan Edghill	x
Professionals Australia	DB	Dale Beasley	x

Media, Entertainment & Arts Alliance	TBA	TBA	-
National Union of Workers	SR	Sam Roberts	x

2. Previous Minutes

This is a new series of meetings, as such there are no previous minutes to be discussed and/or approved.

3. Outstanding Actions

#	Action Item	Responsible
-	Nil outstanding actions	

4. General Business

#	Item	Responsible
4.1	<p>Terms of Reference</p> <p>Feedback of changes requested to the Terms of Reference:</p> <ul style="list-style-type: none"> • Include record of attendance • Include allocation of time for agenda items • Distinguish difference between member and observer • Conflict of interest- the committee could make a decision that the member doesn't need to step out of room or be excused whilst the matter is discussed and/or deliberated. <p>ACTION: Secretariat to update TOR and have distributed for endorsement, to be circulated and agreed to out of session</p> <p>RESP: BF (In collaboration with CEO Office)</p>	JH
4.2	<p>Vision, Role Values</p> <p>Our Vision: Creating exceptional health care together, 5,000 staff had input into this Vision. Our role: <i>To be a health service that is trusted by our community</i>, 2,000 staff had input into the values.</p> <p>ACTION: Send Video out with meeting minutes</p> <p>RESP: BF (In collaboration with CEO Office)</p>	BM
4.3	<p>Strategic Plan</p> <p>Not complete- still under consultation, wanting to send out to all staff and stakeholders.</p>	BM

	<p>ACTION: Send Strategic Plan to members of this Forum and set up a time to discuss</p> <p>RESP: BF</p>	
4.4	<p>Infrastructure Briefing</p> <p>Name change from Business & Infrastructure (under ACT Health) to Health Support Services Group (under Canberra Health Services)</p> <p>CM update:</p> <ul style="list-style-type: none"> • Projects- total project value is [REDACTED] active projects approximately [REDACTED] 111 projects in total. Example of current project work: Accommodation project, WY&C expansion, SPIRE and ongoing plant and equipment work. • There are approximately 180 new construction workers on site and this number will increase with SPIRE and other projects over time. • Staging and decanting work: <ul style="list-style-type: none"> – Building 5 & Building 24 (February next year) – Building 5 demolition (next year) – Building 8, currently vacant to be demolished • Program for SPIRE (June 24, 2020): <ul style="list-style-type: none"> – Model of Care consulting to commence- next stage of design. – Will go to tender next year. – Workforce planning (Model of care- clinical) • Women, Youth & Children work: <ul style="list-style-type: none"> – Will have an impact across campus – Expected to be complete by June 2022 – Will start to see procurement for major packages by the end of the year. • CHS is the 1st directorate to be an ACT SMART accredited recycler <p>A query was raised about the responsibility for IT systems. CM advised that Digital Solutions is responsible for this however Infrastructure and Health Support Services Group work closely with cabling.</p> <p>BM advised that work is being done between DSD and Canberra Health Services to ensure things are working as well as possible. Clear governance structure is required to improve outputs. BM advised that she is sits on the data governance group which meets monthly. DSD also report at the executive committee.</p>	CM
4.5	<p>Clinical Services Plan</p> <p>High level plan to guide planning of future:</p> <ul style="list-style-type: none"> • What is CHS? This is a key part • What is the service offering me now? • What is the patient demographic right now? • To be defined under Territory Wide • Define line by line what the service will provide in the future 	DP

	<ul style="list-style-type: none"> • Service profile will outline what the service will look like in ten years <p>Draft plan to be complete by December 2019, and will come to unions to consult and feedback</p> <p>Question: Will consultation draft go into NSW relationship and ACT projections/flows?</p> <p>Answer: CHS will consult where required with NSW to review what it means for our services.</p> <p>Question: will this feed into Clinical Services Territory Wide principles?</p> <p>Answer: Master plan for SPIRE, plan is to have the draft complete by the end of the year, Territory Wide are working with the Health Directorate.</p> <p>Questions relating to what's happening with vacated space (not sure yet if refurbishing)</p> <p>Questions relating to where and how to expand.</p> <p>This will be done as quickly as possible.</p> <p>ACTION: Forward draft Clinical Service plan when complete for feedback</p> <p>RESP: CEO Office</p>	
<p>4.6</p>	<p>Timely Care Strategy</p> <p>40 staff volunteered to be a part of a working group earlier this year. The offer to be involved was afforded to all CHS employees.</p> <p>Next stage is to change the model of care, looking at ED barriers to patient discharge.</p> <p>Working groups are using sprint methodology where the idea is trailed for a period of time and is embedded if it works or is tweaked or discarded if it fails.</p> <p>Key projects:</p> <ul style="list-style-type: none"> • Red to Green- this is to move patients from the red status to the green status, it makes them more visible for a decision to be made relating to discharge. • 1 before 9- is an initiative to try to have 1 patient discharged before 9am. • Simple fracture pathway: this has reduced treatment time from 2hrs and 30 mins to 80 minutes, good outcome for patients. • Capacity reporting: Ramped up- is there enough space? Do we have enough staff? Escalation is happening and it has assisted to remove barriers. <p>We have had an early, long winter. More patients & emergency surgery and this continues to rise.</p> <p>Communication Strategy for Staff: we are using social media, TV's and working groups.</p> <p>(Handout from COO) would like more doctors involved.</p>	<p>BM</p>

	<p>ACTION: Forward COO handout with meeting minutes</p> <p>RESP: BF</p>	
4.7	<p>Occupational Violence (OV) Strategy</p> <p>The working group for OV is a big group, currently developing a 3-year strategy which will outline the key priorities (looking to be Mental Health and Emergency Department).</p> <p>All comments have been reflected in the latest draft, looking for roll out for bedside difference.</p>	BM
4.8	<p>Positive Workplace Strategy</p> <p>Culture review occurred in March this year, there is important work being done to address issues that were raised.</p> <p>An Employee Advocate position has been created due to feedback from the review, Bec Clifford is in this position and has been very busy with staff coming forward.</p> <p>Bec refers staff to the appropriate areas/people (unions included).</p> <p>Janine and Bernadette are addressing individual issues and working towards shifting things to a sustainable, positive workplace.</p> <p>We are looking to create a working group to look at 5 key areas (positive perspectives)</p> <p>We are looking to have positive workplace champions, encouraging Unions to be part of this.</p> <p>Things won't change overnight, we have employed Ceinwyn Whittaker as the Director Positive Workplace Strategy.</p>	BM
4.9	<p>Culture Survey</p> <p>Reminder that the Culture Survey will commence on the 8th November 2019. There is more communication to come for staff in relation to this, it is confidential.</p> <p>The report will be ready by early in 2020, it is being conducted by Best Practice (the same company as last survey).</p> <p>Results will be shared with the Unions and staff, the Assembly has asked to table a version of the report when it is ready. Staff and unions be spoken to before this occurs.</p> <p>Bernadette has asked Unions to encourage their members to participate.</p> <p>ACTION: Unions to encourage members to participate in the Survey</p> <p>RESP: Unions</p>	JH
4.10	<p>Workforce Planning Activities</p> <p>Bottom up process- reviewing areas of critical need over the next few months.</p>	JH

	<p>Looking to modernize and align with clinical service planning and update our recruitment processes (review workforce plan data).</p> <p>Over the next 6 months will look at CHS workforce planning (2019-2020) then move to top down process.</p> <p>Question: Workforce planning (Midwifery) Will it be consulted on? What is being done to move forward?</p> <p>ACTION: Janine to discuss midwifery workforce planning with Cathy O'Neil and feedback</p> <p>RESP: JH</p>	
4.11	<p>Inclusion Activities</p> <p>Inclusion initiatives commenced in June, initially in the first 3-6 months will be focusing on Aboriginal and Torres Strait Islander inclusion following this will look at disability and LGBTIQ.</p> <p>Looking to form a employee network for Aboriginal and Torres Strait Islander employees for regular meetings and consultation.</p> <p>Workforce action plan will be developed.</p>	JH
4.12	<p>Aboriginal and Torres Strait Islander Steering Group</p> <p>A steering group has been created, to be oversee work including clinical, operational and workforce matters.</p> <p>Steve Ross Suggestion: Aboriginal and Torres Strait Indigenous Doctors Association to be included in this steering group.</p> <p>ACTION: Steve Ross to provide contact name and details to Janine Hammat</p> <p>RESP: Steve Ross (ASMOF)</p>	JH
4.13	<p>Insecure Work Task Force- CHS activities</p> <p>ACT wide initiative. CHS to review temporary and casual employment. Currently 21% of employees are on a temporary contract and 6% are on casual contract.</p> <p>Next intake of graduate nurses will be taken on permanent contracts and previous temporary contracts will also be looked at.</p> <p>Janine has data on this and will share with the group.</p> <p>ACTION: Distribute data to meeting attendees</p> <p>RESP: BF</p>	JH
4.14	<p>Review of Orientation Program</p>	JH

	<p>Karen O'Brien and SDU team are reviewing the current Orientation Program looking at the gaps and asking for feedback and suggestions on how to make it more engaging/interesting.</p> <p>New programs will commence in February, there is a lot going on in this space and we welcome union input.</p> <p>Question: Can we see the overview of what the training currently looks like?</p> <p>Response: Janine suggested this could be forwarded</p> <p>Question: How is Union information included into Orientation?</p> <p>Response: Need to look for initiative ways to include this information, perhaps membership forms and information could be placed on the Intranet.</p> <p>ACTION: Get information regarding current Orientation Program and send to members</p> <p>RESP: BF</p>	
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5. Other Business

#	Item	Responsible
5.1	<p>Announcements re current structure</p> <p>Bernadette advised that she will be sending out some changes to the current structure considering the difficulty in recruiting to some exec roles (Executive Director Allied Health and Chief Operating Officer) and recently appointed Deputy CEO . Update will be sent out Monday.</p>	BM
5.2	<p>Update regarding Ratios framework for nursing</p> <p>Ratio framework- Framework is with ministers for review, ANMF and government to before we start enterprise agreement negotiations.</p> <p>An overview of the work was provided.</p>	DP & MD
5.3	<p>Governance and Committees</p> <p>Question asked: what are the committees that exist and who is on them (including secretariat), is there a directory?</p> <p>Response: No there is no directory for committees, but it is a good idea.</p> <p>ACTION: Get a list of committees and do a stocktake, work out if they can be added to the Intranet and if so where they are to be listed</p> <p>RESP: DP</p>	SR



6. Next Meeting

10th of February 2020

DRAFT

Lowes, Shannon (Health)

From: Edghill, Duncan
Sent: Thursday, 24 October 2019 3:38 PM
To: #Major Projects Canberra_DL
Cc: De'Ath, Michael (Health); Mooney, Colm (Health); McDonald, Bernadette (Health); Chatham, Elizabeth (Health)
Subject: An Update on Major Projects Canberra - SPIRE Project Industry Briefing
Categories: For Bern to read then file

UNCLASSIFIED For-Official-Use-Only

The banner features the ACT Government logo on the left, the date "24 October 2019" on the right, and a central image of Duncan Edghill, A/g Chief Projects Officer. The text "AN UPDATE ON MAJOR PROJECTS CANBERRA" is prominently displayed in white on a blue background.

SPIRE Project Industry Briefing

Colleagues,

Today Major Projects Canberra (in conjunction with CHS and ACT Health) held an industry briefing for the SPIRE project. It was a successful event, with many attendees from across Australia here to learn about how we're going to deliver a new state-of-the-art emergency, surgical and critical healthcare facility for Canberra. Importantly, key potential industry partners were in attendance.

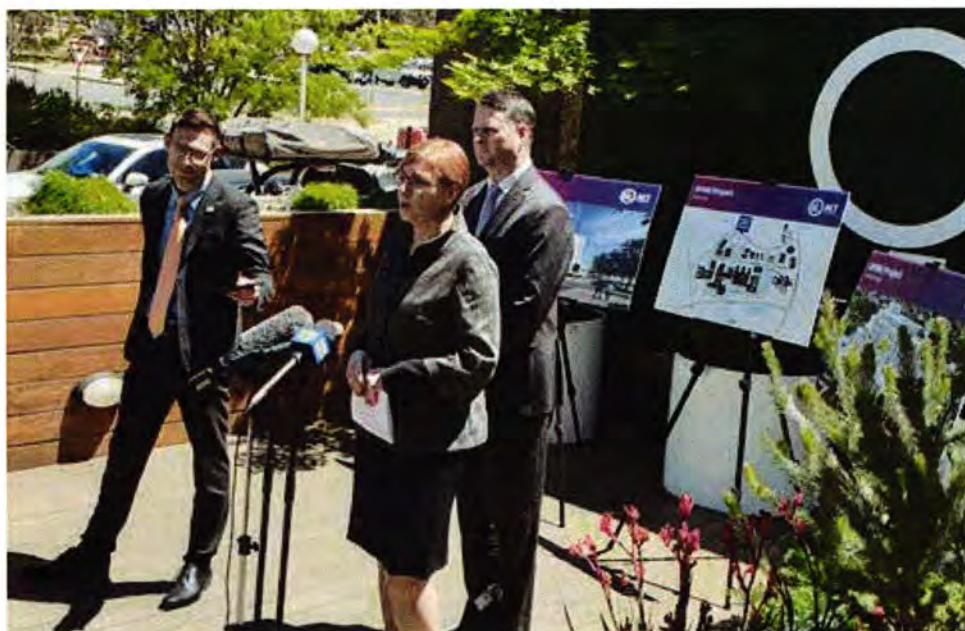
Both the Chief Minister and Minister for Health presented at the event, setting out the ACT Government's broad infrastructure plans and its commitment to health sector infrastructure in particular.

This was the first large industry event we've hosted since coming together as Major Projects Canberra and I'm very proud of the team for having delivered an event which generated substantial positive feedback.

Today was a success because of the efforts of our entire SPIRE project team, our communications team, our governance and ministerial team, our colleagues in CHS and Health, and to all others who have been involved. My sincere thanks to each of you.

I would also like to thank Michael De'Ath and Colm Mooney for showing the support of ACT Health and CHS for the event.

The Request for Expressions of Interest for the SPIRE project is due to be released to market on the 14th of November.







The presentation slides will be available on the Major Projects Canberra website shortly.

Thank you.

Duncan Edghill
Chief Projects Officer
Major Projects Canberra

Follow us on



 www.act.gov.au

RESPECT INTEGRITY
COLLABORATION
INNOVATION

SPIRE Project

EOI: 58208-PTC-001

Request for Expressions of
Interest for Early Contractor
Involvement
Industry Briefing

24 October 2019





George Stellios – Commercial Director, Major Projects Canberra

Housekeeping

*Presentation available to download following session.
act.gov.au/majorprojectscanberra*



Welcome to Country

Please welcome Elder Warren Daley

We acknowledge the Traditional Custodians of the ACT, the Ngunnawal people. We acknowledge and respect their continuing culture and the contribution they make to the life of this city and this region.

Purpose

- ➔ Provide background to the SPIRE Project
- ➔ Outline the procurement process for the main works package
- ➔ Answer questions from participants about the Request for Expressions of Interest (REOI) process.

Agenda

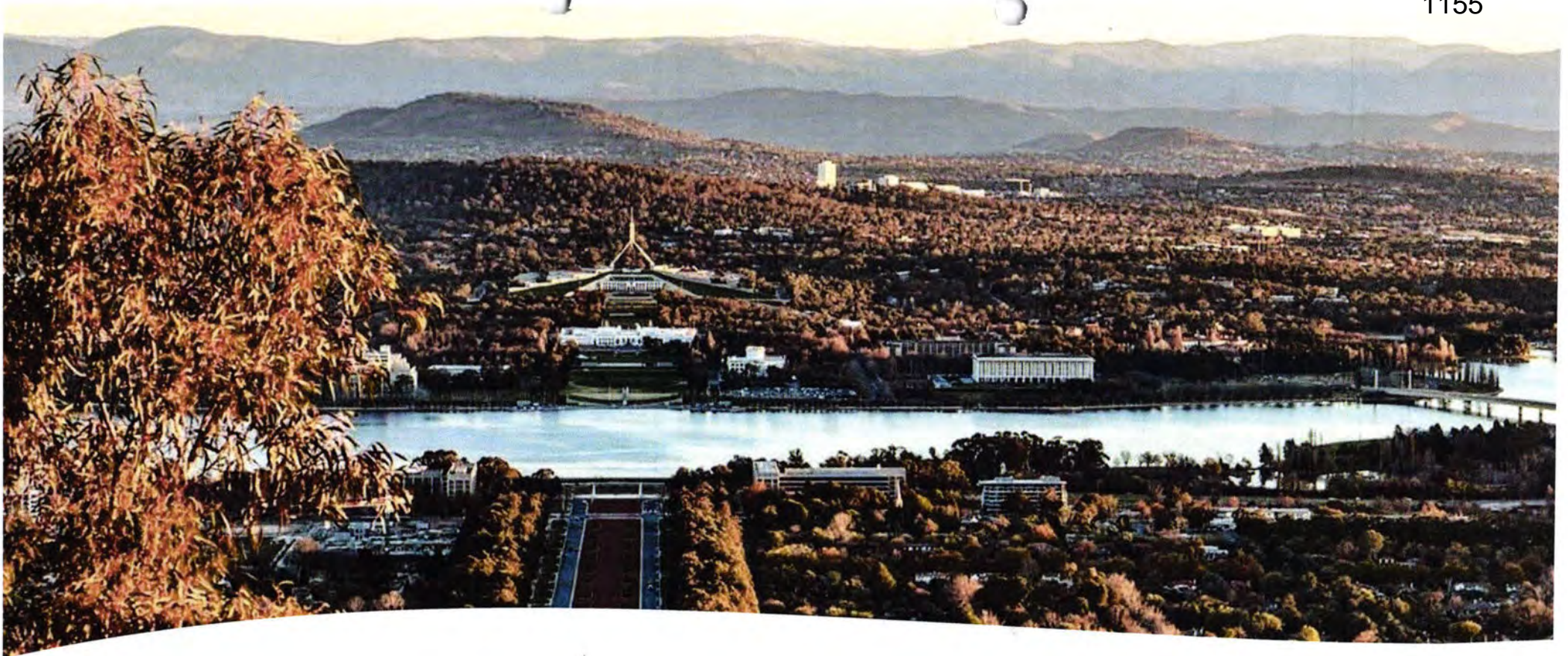
1	Andrew Barr, MLA	Chief Minister
2	Rachel Stephen-Smith, MLA	Minister for Health
3	Duncan Edghill	Chief Projects Officer, Major Projects Canberra
4	Lloyd Esau	SPIRE Project Director, Major Projects Canberra
5	Colm Mooney	Executive Group Manager, Canberra Health Services



Andrew Barr, MLA – Chief Minister



Rachel Stephen-Smith, MLA – Minister for Health



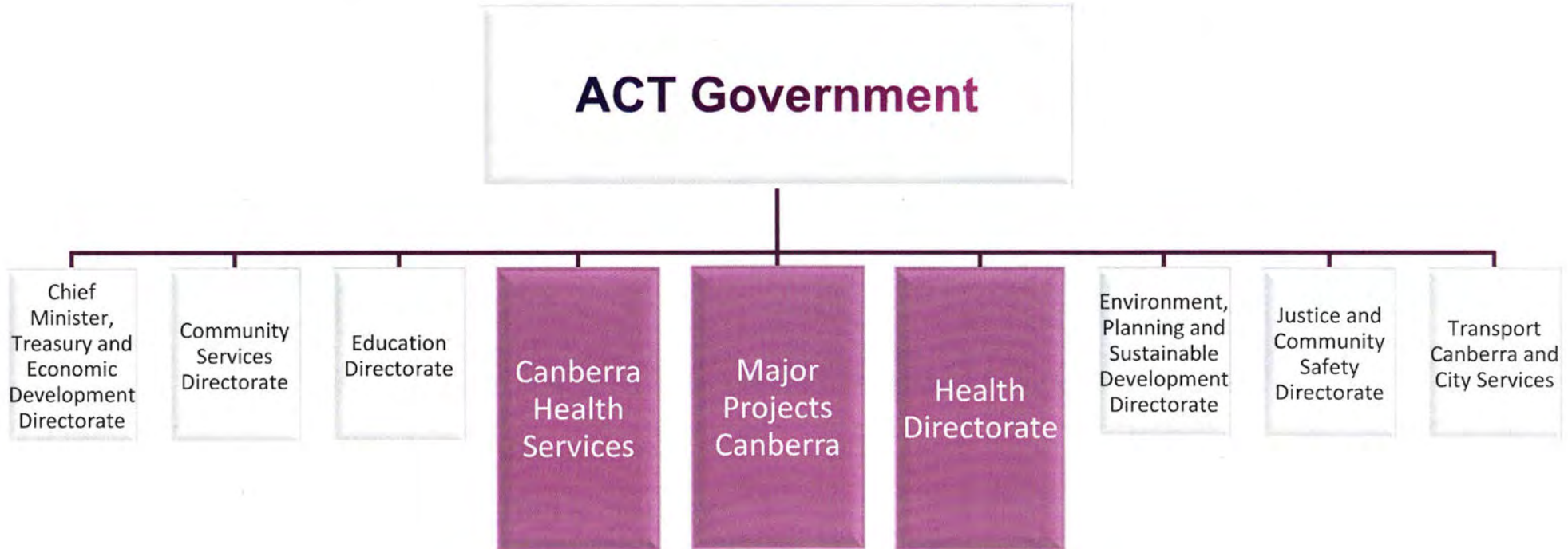
Duncan Edghill – Chief Projects Officer, Major Projects Canberra

Chief Projects Officer's Agenda

1	Introduction to ACT Government and Major Projects Canberra
2	Major Projects Canberra health infrastructure team
3	Local Industry Context
4	Project Objectives



Introduction to ACT Government



Health Infrastructure Team

Major Projects Canberra delivers health infrastructure across the ACT

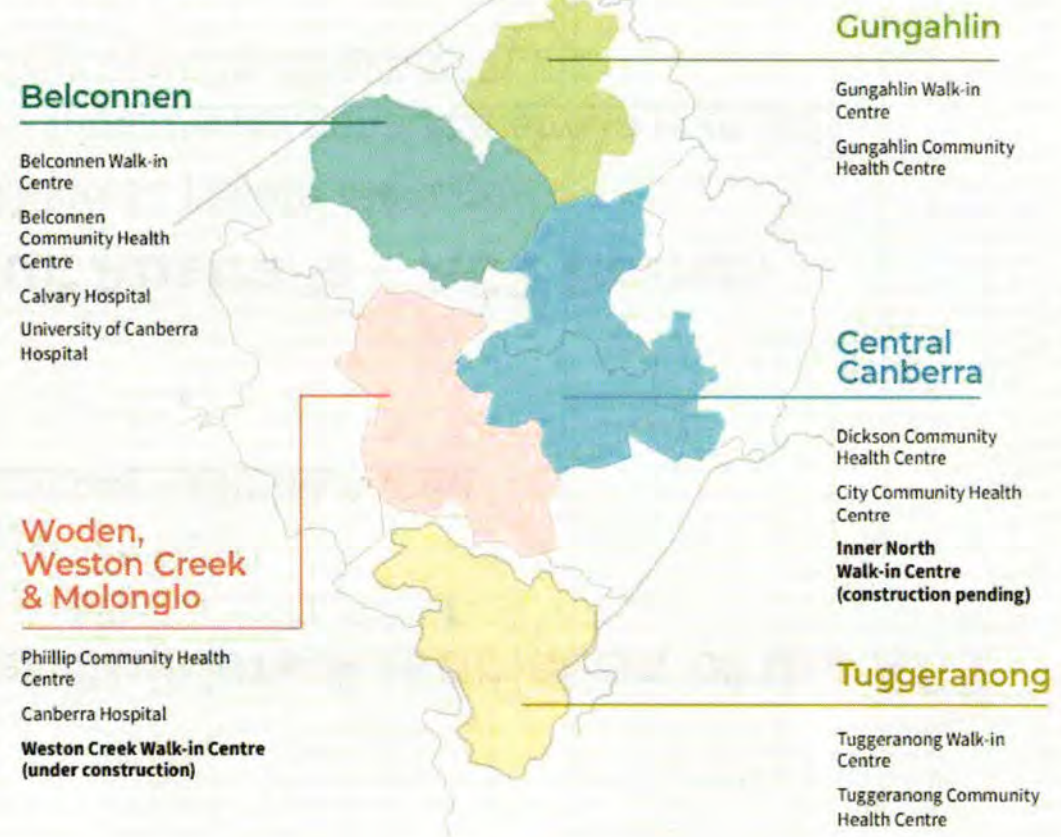
Priorities – the next five years:

- Future proof Canberra Hospital
- Centenary Hospital for Women and Children
- Strengthening Community Based Care
- Mental Health Supported Accommodation
- Culturally appropriate care

Priorities – longer term:

- Future northside hospital

Canberra's health care network



Local Industry Context



Master Builders Association of the ACT

Michael Hopkins | CEO

Tel: (02) 6175 5900

Email: canberra@mba.org.au



Consult Australia – ACT Branch

Caitlin Buttress | State Manager

Website: <https://www.consultaustralia.com.au/>

E. caitlin@consultaustralia.com.au

Project Objectives

KEY OBJECTIVES

COMPONENTS



EXCELLENCE IN PATIENT OUTCOMES

- Enhance acute tertiary services
- Facilitate patient centric Model of Care



EXCELLENCE IN DESIGN

- Optimisation of operational services
- Innovation and sustainability
- Environmentally sustainable design
- Exceptional urban realm outcomes
- Deep and responsive clinical engagement during design
- Excellence in accessibility and wayfinding



TIMELY AND AFFORDABLE DELIVERY

- Efficient contracting, construction and commissioning
- Value for money and affordable



GREAT COMMUNITY OUTCOMES

- Safety in design and delivery
- Local industry participation
- Workforce development
- Community and stakeholder engagement during design and delivery



Lloyd Esau - SPIRE Project Director, Major Projects Canberra

Project Director's Agenda

1	Design considerations
2	Project scope
3	Current status of project design
4	Procurement process



The SPIRE Project – Vision

To provide high quality medical services to Canberra and the surrounding NSW regions using state-of-the-art facilities for medical practice, teaching, training and research, incorporating the latest advances in technology and health infrastructure, enabling a person-centric model which will maximise patient satisfaction and operational efficiency.



MORE EMERGENCY, SURGICAL AND CRITICAL HEALTH CARE SERVICES



22

OPERATING
THEATRES



148

INPATIENT BEDS



114

EMERGENCY
TREATMENT
SPACES



55

DAY
SURGERY
BEDS



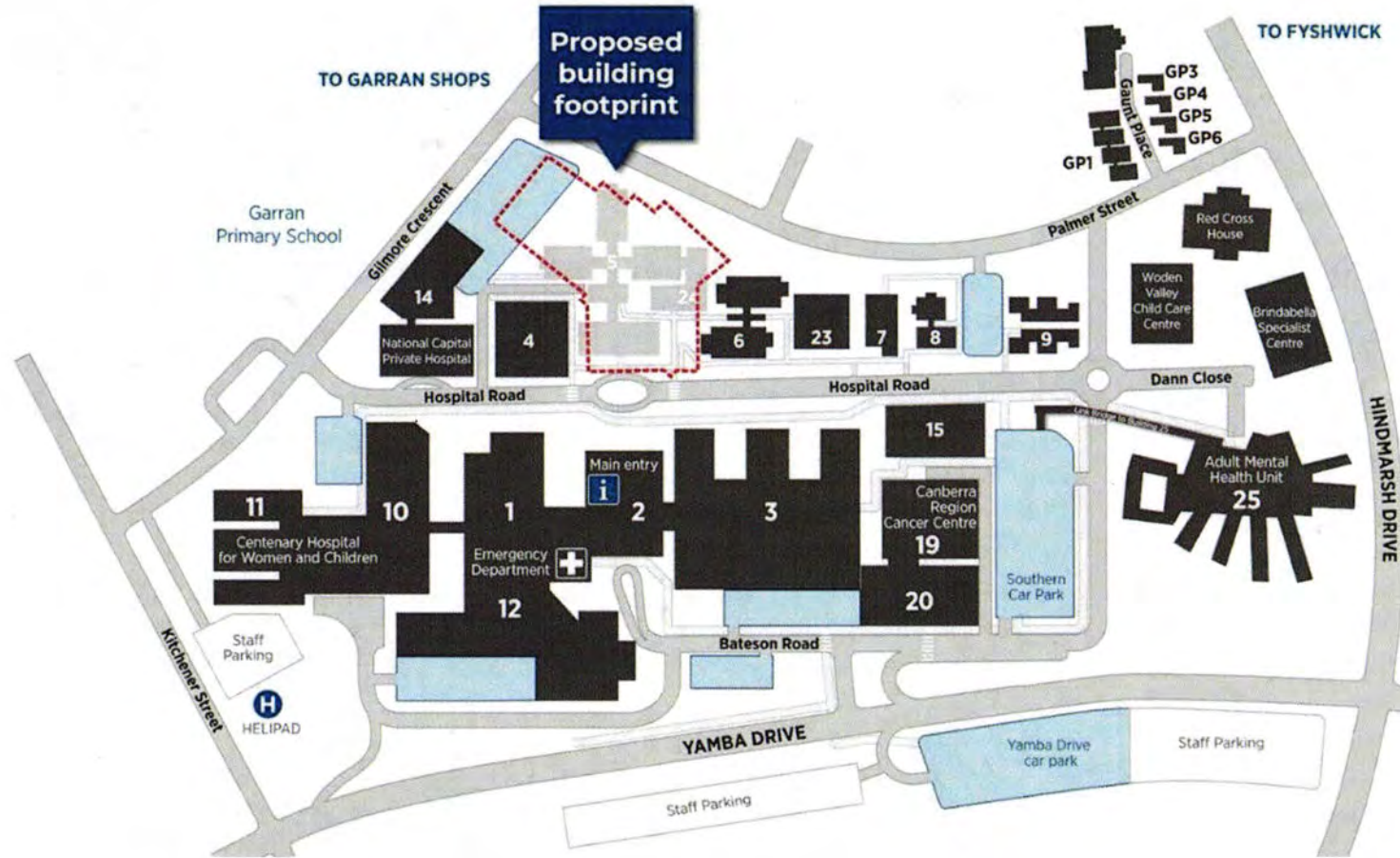
PATIENT, CARER
& STAFF SPACES

FOR REFLECTION,
LEARNING &
MEETING

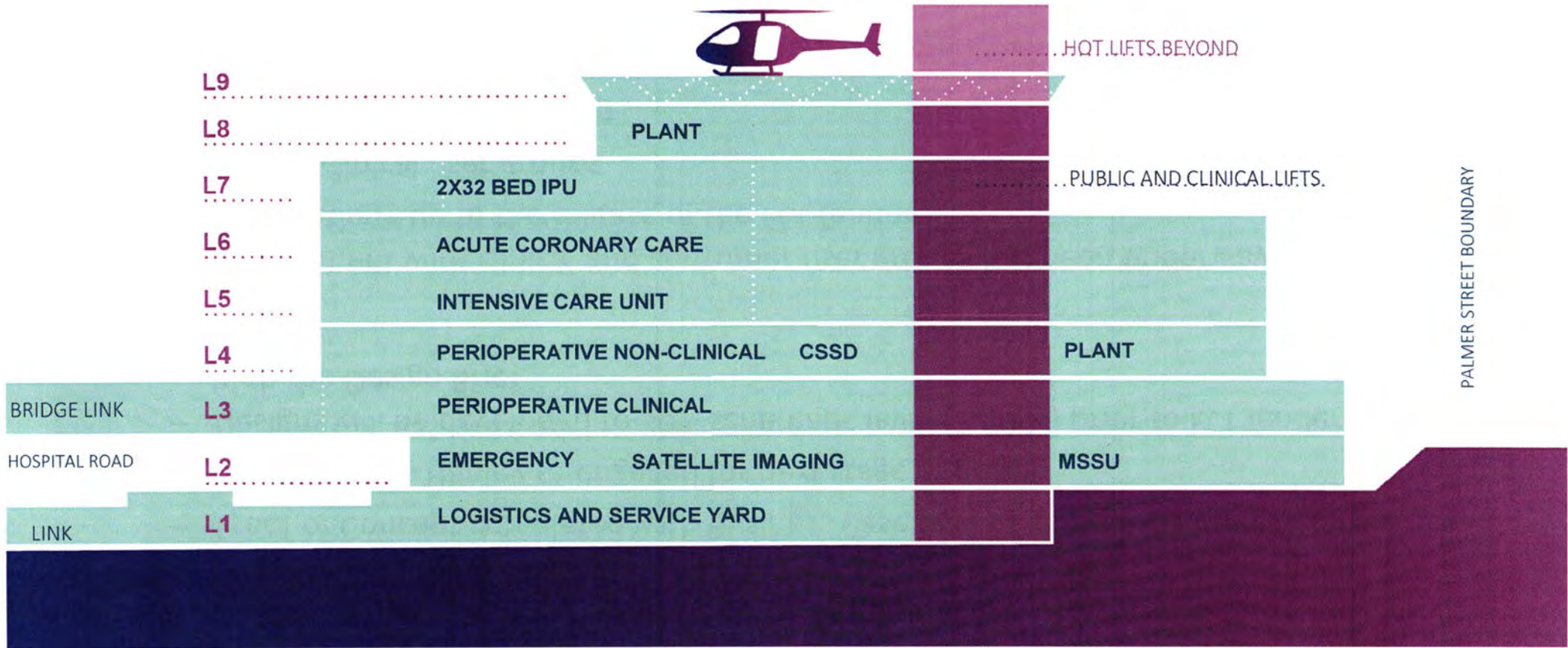


RADIOLOGY
& MEDICAL
IMAGING

The SPIRE Project – Location on the Campus



The SPIRE Project – Functional Stacking



Territory Design Progress

Design Status

- Proof of Concept completed with Business Case (will be provided during REOI process)
- Silver Thomas Hanley re-engaged for next stage of design
- Designs will be developed to 30% schematic level (1:200s) prior to ECI Tender together with the Design Brief

User Groups

- Engagement with clinical and consumer user groups has been underway for some time and will continue up to the release of the ECI Tender
 - 10 clinical user groups
 - Clinical Advisory Group
 - Consumer Reference Group

Designs are being progressed (despite ECI) to:

- Allow tenderers to progress design on the back of a clinically endorsed functional solution
- Allow Tenderers to submit robust cost plans as part of the ECI Tender

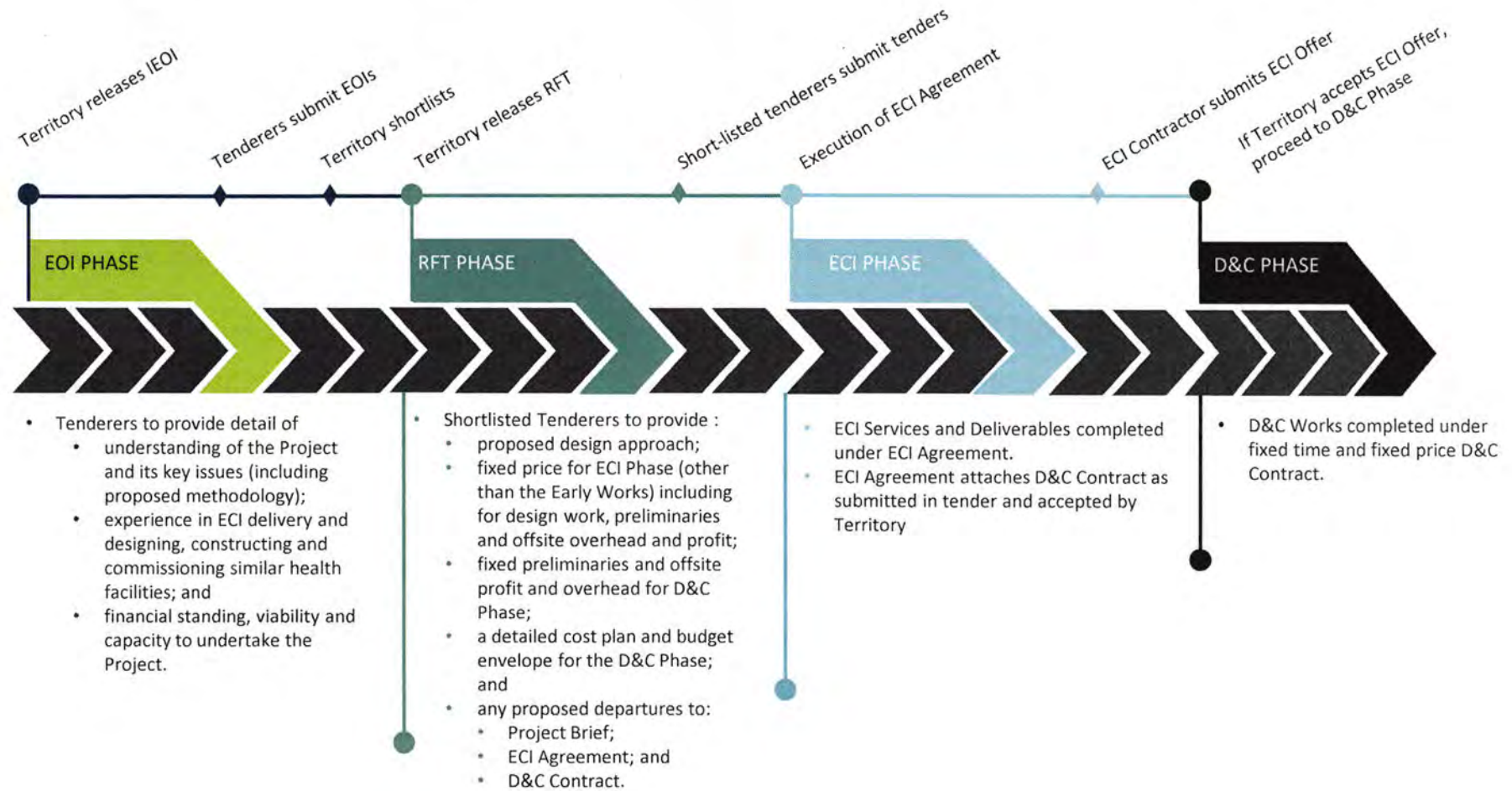
Procurement Packaging

- Territory will undertake Enabling Works to clear the site for the SPIRE Project (B24 and B5) by end-2020.
- Early Works may be undertaken during the ECI Phase. Likely to include:
 - Demolition of B24 and B5
 - Site establishment
 - Services diversions and excavation

Package	Delivery model
Enabling Works – B24 & B5	D&C
Schematic Design and DA – (ECI Phase)	
Early Works – (ECI Phase)	ECI
Main Works – (D&C Phase)	
Furniture, Fixtures & Equipment	
Soft Facilities Maintenance	Existing arrangements (by CHS)
Hard Facilities Maintenance	



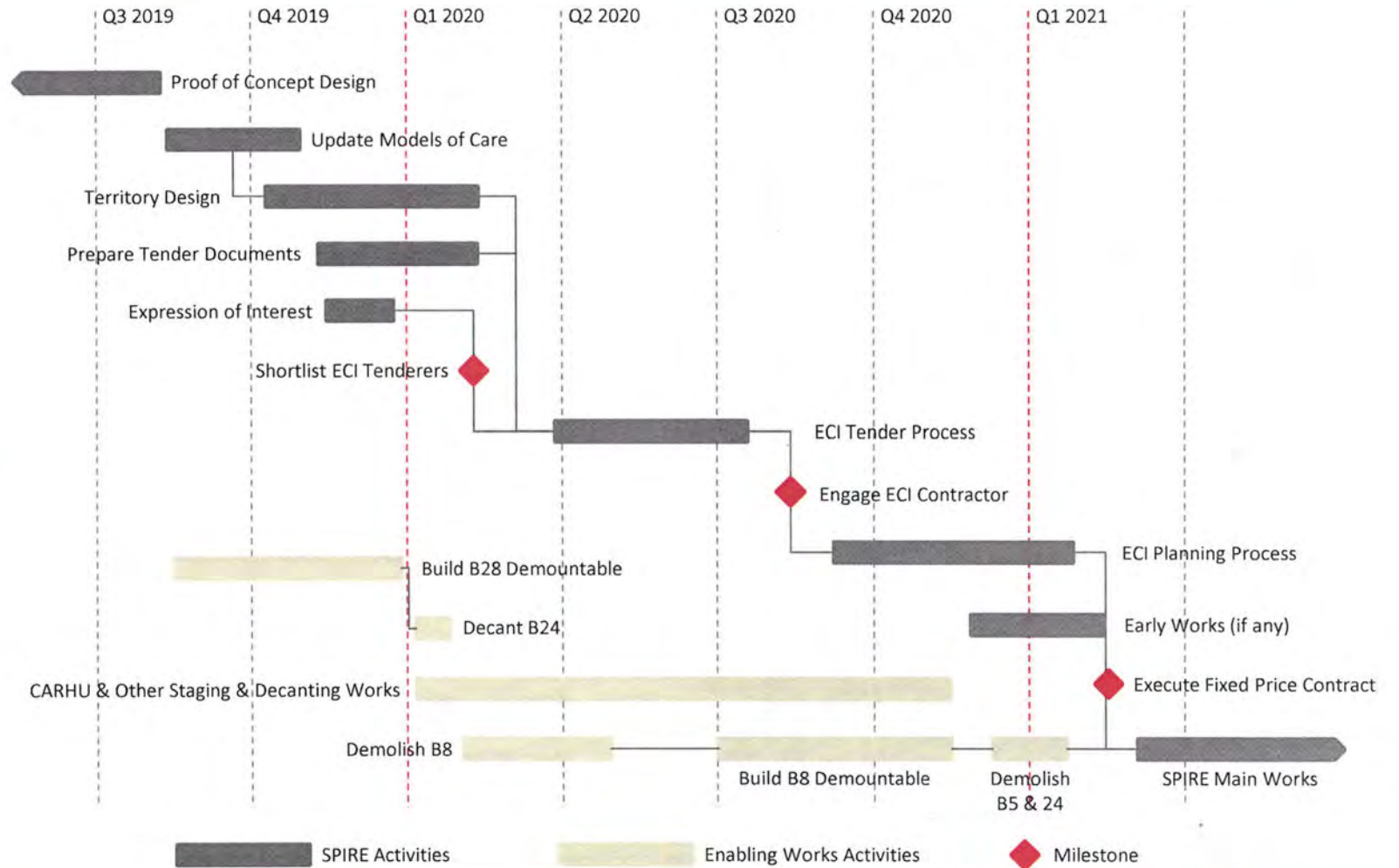
Early Contractor Involvement (ECI) Process



Indicative Timeline

**IEOI release:
14 November**

**EOI return date:
19 December**



Secure Local Jobs Code (SLJC)

- Project falls under the requirements of the SLJC
 - SLJC is a legislative requirement of Territory procurements
 - Parties **must** have SLJC Certification **before** they submit an EOI, otherwise the Territory is not permitted to assess the EOI response
- The tenderer will also be required to submit a completed 'Labour Relations, Training, and Workplace Equity Plan' as part of their EOI response, for assessment by the Territory
- Key information:
 - email: secureLocalJobs@act.gov.au
 - website:
<http://procurement.act.gov.au/securelocaljobs>





Colm Mooney – Executive Group Manager, Canberra Health Service

Executive Group Manager's Agenda

1	Canberra Health Service's values and vision
2	Role of Canberra Hospital across the region
3	Connections into Canberra Hospital Campus
4	Clinical Support for the project
5	Clinical and Stakeholder Engagement



Canberra Health Services

Our vision

Creating exceptional healthcare together

Our role

To be a health service that is trusted by our community

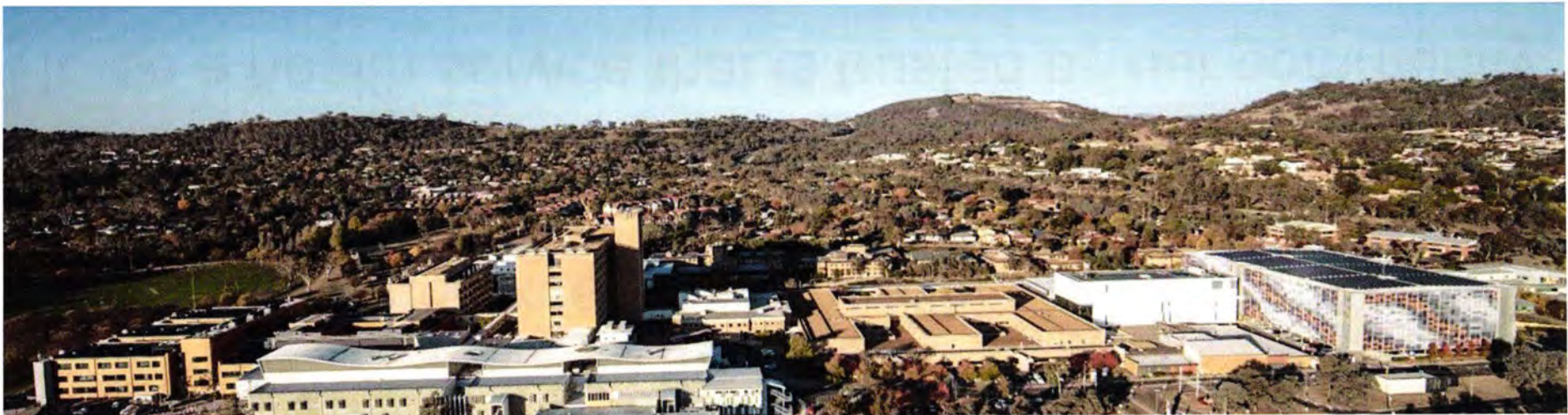
Our values

Reliable, Progressive, Respectful, Kind

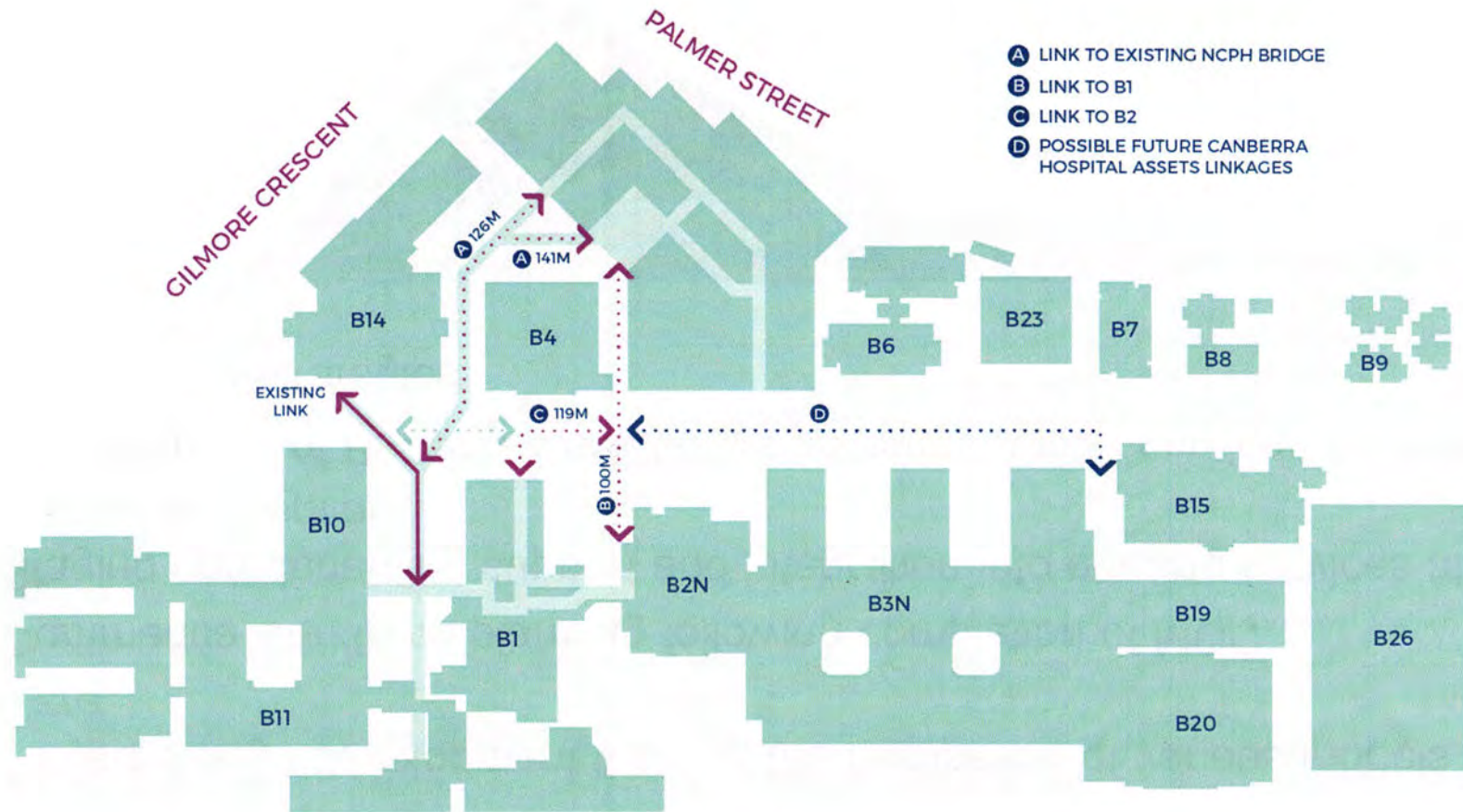


Role of Canberra Hospital

Major Trauma Centre for the ACT and the surrounding region serving a catchment population of around 650,000 people and is expected to grow significantly by 2050



Connections into Canberra Hospital Campus



Canberra Health Services – Clinical Support

- Project design development through the finalisation of various Models of Care
- Commence workforce planning following completion of MOC
- Staging and decanting support and integration into existing services at Canberra Hospital
- Development of Building 5 residential accommodation services solution(s)
- Car parking strategies



Clinical and Stakeholder Engagement

Canberra Health Service

- Clinicians
- Administrative staff
- Clinical support staff
- ACT Emergency Services

Consumers and Community

- Patients, carers and families
- Local residents
- Garran Primary School families and staff
- Carer organisations

Health Industry

- ANU Medical School
- External suppliers and contractors
- External health providers
- Non-Government Organisations
- Professional Associations

Reference groups

- Consumer Reference Group
- Clinical Reference Group
- Clinical User Groups (10)

Government

- Commonwealth Department of Health
- Australian Commission on Safety and Quality in Health Care
- NSW Department of Health

Project Oversight

- ACT Government
- Minister for Health
- Project Governance
 - Project Board
 - Project Control Group



Questions

Please state your name and company

Thank you for attending

Further contact details are contained in the REOI

If you have registered to join the site visit, please report promptly to the waiting ushers and please cross the road safely.



ACT
Government

Major Projects Canberra

From: [Flood, Ben \(Health\)](#)
To: [Linton, Steven \(Health\)](#); [Chatham, Elizabeth \(Health\)](#); [Gay, AndrewD \(Health\)](#); [Mooney, Colm \(Health\)](#); [Patterson, Denise \(Health\)](#); [Warylo, Melissa \(Health\)](#); [Peffer, Dave \(Health\)](#); [REDACTED]
[REDACTED]
[Consen-Lynch, Soelily \(Health\)](#); [Dugdale, Paul \(Health\)](#); [Boyd, Kerry \(Health\)](#); [REDACTED]
Cc: [McDonald, Bernadette \(Health\)](#); [Hammat, Janine \(Health\)](#); [McDonnell, Sean \(Health\)](#); [Flood, Ben \(Health\)](#); [Canberra Health Services People and Culture](#); [Canberra Health Services Workforce Relations](#)
Subject: [UPDATE] CHS Union Forum - Minutes
Date: Friday, 25 October 2019 10:22:11 AM
Attachments: [20191018_Minutes - CHS Union Forum 0.3b - DRAFT.docx](#)

UNCLASSIFIED

Good Morning Everyone,

Please find attached the **updated** draft minutes from the inaugural CHS Union Forum.

They have been updated following some feedback from attendees at the meeting.

If you have any comments and/or feedback, please send it through by COB Thursday 31st of October.

Please disregard the previously distributed minutes.

Regards

Ben Flood

Assistant Advisor

Workforce Relations, People and Culture

p. 5124 9610

e. ben.flood@act.gov.au

“CREATING EXCEPTIONAL HEALTH CARE TOGETHER”

Canberra Health Services Union Forum

Meeting Date

Thursday 10th October 2019

Women, Youth & Children- Building 11

Level 3, Meeting room 3&4

2:30-4:00

Subject

Minutes

Source

People & Culture, Workforce Relations

Acknowledgement of Country

Canberra Health Services acknowledges the traditional custodians of the land we are meeting on, the Ngunnawal people. Canberra Health Services acknowledges and respects their continuing culture and connections to the land. Canberra Health Services also acknowledges and welcomes Aboriginal and Torres Strait Island peoples who may be meeting in this venue.

1. Attendees & Apologies

Organisation	Initials	Name	Attendance
Canberra Health Services	BM	Bernadette McDonald	✓
	DPe	Dave Pepper	✓
	JH	Janine Hammat	✓
	SM	Sean McDonnell	Apology
	MW	Melissa Warylo	✓
	LC	Liz Chatham	✓
	AG	Andrew Gay	✓
	CM	Colm Mooney	✓
	DPa	Denise Patterson	✓
	PD	Paul Dugdale	Apology
	KB	Kerry Boyd	Apology
	SL	Steve Linton	✓
	SCL	Soelily Consen-Lynch	✓
Australian Manufacturing Workers Union	GB	Gavin Bubb	x
Australian Nursing & Midwifery Federation ACT	MD	Matthew Daniel	✓
	CF	Carlyn Fidow	x
Australian Medical Association ACT	TC	Tony Chase	x
Australian Salaried Medical Officers Federation	SR	Steven Ross	✓
Construction Forestry Mining & Energy Union	CH	Cameron Hardy	x
Communication, Electrical & Plumbing Union of Australia	MK	Mick Koppie	x
	CT	Con Tsiakoulas	x
Community & Public Sector Union	BH	Brenton Higgins	Apology
	RT	Ryan Tyler	✓
Health Services Union	AL	Ayshe Lewis	x
	BE	Brendan Edghill	x
Professionals Australia	DB	Dale Beasley	x

Media, Entertainment & Arts Alliance	TBA	TBA	-
National Union of Workers	SR	Sam Roberts	x

2. Previous Minutes

This is a new series of meetings, as such there are no previous minutes to be discussed and/or approved.

3. Outstanding Actions

#	Action Item	Responsible
-	Nil outstanding actions	

4. General Business

#	Item	Responsible
4.1	<p>Terms of Reference</p> <p>Feedback of changes requested to the Terms of Reference:</p> <ul style="list-style-type: none"> • Include record of attendance • Include allocation of time for agenda items • Distinguish difference between member and observer • Conflict of interest- the committee could make a decision that the member doesn't need to step out of room or be excused whilst the matter is discussed and/or deliberated. <p>ACTION: Secretariat to update TOR and have distributed for endorsement, to be circulated and agreed to out of session</p> <p>RESP: Ben Flood (In collaboration with CEO Office)</p>	JH
4.2	<p>Vision, Role Values</p> <p>Our Vision: Creating exceptional health care together, 5,000 staff had input into this Vision. Our role: <i>To be a health service that is trusted by our community</i>, 2,000 staff had input into the values.</p> <p>ACTION: Send Video out with meeting minutes</p> <p>RESP: Ben Flood (In collaboration with CEO Office)</p>	BM
4.3	<p>Strategic Plan</p> <p>Not complete- still under consultation, wanting to send out to all staff and stakeholders.</p>	BM

	<p>ACTION: Send Strategic Plan to members of this Forum and set up a time to discuss</p> <p>RESP: Ben Flood</p>	
4.4	<p>Infrastructure Briefing</p> <p>Name change from Business & Infrastructure (under ACT Health) to Health Support Services Group (under Canberra Health Services)</p> <p>CM update:</p> <ul style="list-style-type: none"> • Projects- total project value is [REDACTED] active projects approximately [REDACTED] 111 projects in total. Example of current project work: Ward 14A and B wards project, CHWC expansion, SPIRE and ongoing plant and equipment work. • There are approximately 180 new construction workers inducted to site per month and this number will increase with SPIRE and other projects over time. • Staging and decanting work: <ul style="list-style-type: none"> – Building 5 & Building 24 (February next year) – Building 5 demolition (next year) – Building 8, currently vacant to be demolished • Program for SPIRE (June 2024, Construction Completion): <ul style="list-style-type: none"> – Model of Care consulting underway to feed into Preliminary Sketch Plan development – Will go to tender this year, via an Expression of Interest process. – Workforce planning (Model of care- clinical) • Centenary Hospital Expansion work: <ul style="list-style-type: none"> – Will have an impact across campus – Expected to be complete by June 2022 – Will start to see procurement for major packages by the end of the year. • CHS is the 1st directorate to be an ACT SMART accredited recycler <p>A query was raised about the responsibility for IT systems. CM advised that Digital Solutions Division (DSD) is responsible for this however Infrastructure and Health Support Services Group work closely with DSD cabling.</p> <p>BM advised that work is being done between DSD and Canberra Health Services to ensure things are working as well as possible. Clear governance structure is required to improve outputs. BM advised that she sits on the data governance group which meets monthly. DSD also report at the executive committee.</p>	CM
4.5	<p>Clinical Services Plan</p> <p>High level plan to guide planning of future:</p> <ul style="list-style-type: none"> • What is CHS? This is a key part • What is the service offering me now? 	DP

	<ul style="list-style-type: none"> • What is the patient demographic right now? • To be defined under Territory Wide • Define line by line what the service will provide in the future • Service profile will outline what the service will look like in ten years <p>Draft plan to be complete by December 2019, and will come to unions to consult and feedback</p> <p>Question: Will consultation draft go into NSW relationship and ACT projections/flows?</p> <p>Answer: CHS will consult where required with NSW to review what it means for our services.</p> <p>Question: will this feed into Clinical Services Territory Wide principles?</p> <p>Answer: Master plan for SPIRE, plan is to have the draft complete by the end of the year, Territory Wide are working with the Health Directorate.</p> <p>Questions relating to what's happening with vacated space (not sure yet if refurbishing)</p> <p>Questions relating to where and how to expand.</p> <p>This will be done as quickly as possible.</p> <p>ACTION: Forward draft Clinical Service plan when complete for feedback</p> <p>RESP: CEO Office</p>	
<p>4.6</p>	<p>Timely Care Strategy</p> <p>40 staff volunteered to be a part of a working group earlier this year. The offer to be involved was afforded to all CHS employees.</p> <p>Next stage is to change the model of care, looking at ED barriers to patient discharge.</p> <p>Working groups are using sprint methodology where the idea is trailed for a period of time and is embedded if it works or is tweaked or discarded if it fails.</p> <p>Key projects:</p> <ul style="list-style-type: none"> • Red to Green- this is to move patients from the red status to the green status, it makes them more visible for a decision to be made relating to discharge. • 1 before 9- is an initiative to try to have 1 patient discharged before 9am. • Simple fracture pathway: this has reduced treatment time from 2hrs and 30 mins to 80 minutes, good outcome for patients. • Capacity reporting: Ramped up- is there enough space? Do we have enough staff? Escalation is happening and it has assisted to remove barriers. <p>We have had an early, long winter. More patients & emergency surgery and this continues to rise.</p>	<p>BM</p>

	<p>Communication Strategy for Staff: we are using social media, TV's and working groups.</p> <p>(Handout from COO) would like more doctors involved.</p> <p>ACTION: Forward COO handout with meeting minutes</p> <p>RESP: Ben Flood</p>	
4.7	<p>Occupational Violence (OV) Strategy</p> <p>The working group for OV is a big group, currently developing a 3-year strategy which will outline the key priorities (looking to be Mental Health and Emergency Department).</p> <p>All comments have been reflected in the latest draft, looking for roll out for bedside difference.</p>	BM
4.8	<p>Positive Workplace Strategy</p> <p>Culture review occurred in March this year, there is important work being done to address issues that were raised.</p> <p>An Employee Advocate position has been created due to feedback from the review, Bec Clifford is in this position and has been very busy with staff coming forward.</p> <p>Bec refers staff to the appropriate areas/people (unions included).</p> <p>Janine and Bernadette are addressing individual issues and working towards shifting things to a sustainable, positive workplace.</p> <p>We are looking to create a working group to look at 5 key areas (positive perspectives)</p> <p>We are looking to have positive workplace champions, encouraging Unions to be part of this.</p> <p>Things won't change overnight, we have employed Ceinwyn Whittaker as the Director Positive Workplace Strategy.</p>	BM
4.9	<p>Culture Survey</p> <p>Reminder that the Culture Survey will commence on the 8th November 2019. There is more communication to come for staff in relation to this, it is confidential.</p> <p>The report will be ready by early in 2020, it is being conducted by Best Practice (the same company as last survey).</p> <p>Results will be shared with the Unions and staff, the Assembly has asked to table a version of the report when it is ready. Staff and unions be spoken to before this occurs.</p> <p>Bernadette has asked Unions to encourage their members to participate.</p> <p>ACTION: Unions to encourage members to participate in the Survey</p> <p>RESP: Unions</p>	JH

<p>4.10</p>	<p>Workforce Planning Activities</p> <p>Bottom up process- reviewing areas of critical need over the next few months.</p> <p>Looking to modernize and align with clinical service planning and update our recruitment processes (review workforce plan data).</p> <p>Over the next 6 months will look at CHS workforce planning (2019-2020) then move to top down process.</p> <p>Question: Workload disputes (Midwifery) Will it come out to consult? What is being done to move forward?</p> <p>ACTION: Janine to discuss workload disputes with Cathy O’Neil and feedback</p> <p>RESP: Janine Hammat</p>	<p>JH</p>
<p>4.11</p>	<p>Inclusion Activities</p> <p>Inclusion initiatives commenced in June, initially in the first 3-6 months will be focusing on Aboriginal and Torres Strait Islander inclusion following this will look at disability and LGBTIQ.</p> <p>Looking to form a employee network for Aboriginal and Torres Strait Islander employees for regular meetings and consultation.</p> <p>Workforce action plan will be developed.</p>	<p>JH</p>
<p>4.12</p>	<p>Aboriginal and Torres Strait Islander Steering Group</p> <p>A steering group has been created, to be oversee work including clinical, operational and workforce matters.</p> <p>Steve Ross Suggestion: Aboriginal and Torres Strait Indigenous Doctors Association to be included in this steering group.</p> <p>ACTION: Steve Ross to provide contact name and details to Janine Hammat</p> <p>RESP: Steve Ross (ASMOF)</p>	<p>JH</p>
<p>4.13</p>	<p>Insecure Work Task Force- CHS activities</p> <p>ACT wide initiative. CHS to review temporary and casual employment. Currently 21% of employees are on a temporary contract and 6% are on casual contract.</p> <p>Next intake of graduate nurses will be taken on permanent contracts and previous temporary contracts will also be looked at.</p> <p>Janine has data on this and will share with the group.</p> <p>ACTION: Distribute data to meeting attendees</p> <p>RESP: Ben Flood</p>	<p>JH</p>

<p>4.14</p>	<p>Review of Orientation Program</p> <p>Karen O'Brien and SDU team are reviewing the current Orientation Program looking at the gaps and asking for feedback and suggestions on how to make it more engaging/interesting.</p> <p>New programs will commence in February, there is a lot going on in this space and we welcome union input.</p> <p>Question: Can we see the overview of what the training currently looks like?</p> <p>Response: Janine suggested this could be forwarded</p> <p>Question: How is Union information included into Orientation?</p> <p>Response: Need to look for initiative ways to include this information, perhaps membership forms and information could be placed on the Intranet.</p> <p>ACTION: Get information regarding current Orientation Program and send to members</p> <p>RESP: Ben Flood</p>	<p>JH</p>
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5. Other Business

#	Item	Responsible
5.1	<p>Announcements re current structure</p> <p>Bernadette advised that she will be sending out some changes to the current structure considering the difficulty in recruiting to some exec roles (Executive Director Allied Health and Chief Operating Officer) and recently appointed Deputy CEO . Update will be sent out Monday.</p>	BM
5.2	<p>Update regarding Ratios framework for nursing</p> <p>Ratio framework- Framework is with ministers for review, ANMF and government to before we start enterprise agreement negotiations.</p> <p>An overview of the work was provided.</p>	DP & MD
5.3	<p>Governance and Committees</p> <p>Question asked: what are the committees that exist and who is on them (including secretariat), is there a directory?</p> <p>Response: No there is no directory for committees, but it is a good idea.</p> <p>ACTION: Get a list of committees and do a stocktake, work out if they can be added to the Intranet and if so where they are to be listed</p> <p>RESP: DP</p>	SR

6. Next Meeting

10th of February 2020

DRAFT

Lowes, Shannon (Health)

From: Esau, Lloyd
Sent: Wednesday, 13 November 2019 2:48 PM
To: Edghill, Duncan; McDonald, Bernadette (Health); Mooney, Colm (Health); Chatham, Elizabeth (Health)
Cc: Evans, Kate (Health); Kinghorne, Sally-Anne; Stellios, George
Subject: SPIRE - Site Options Paper
Attachments: 10450_SPIRE_PoC_Entry_Review_20191113 (final 2).pdf

Bern,
I have added this to your papers for tomorrow.
Thanks
Liv

UNCLASSIFIED

Ahead of the meeting at 2.30 tomorrow, please see attached a paper from STH outlining some alternative approaches to the positioning of SPIRE. Given that the meeting is only scheduled for an hour, I thought that it would be worthwhile you having the chance to look at these options in advance.

Given that this work has been done to stimulate discussion on the relative merits of different approaches, and either 2 or all of the alternative options will not progress, it would be preferable for this paper to be kept to a tight group until a decision of the way forward has been reached. Accordingly, please be careful about who (if anyone) this is shared with.

Regards

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

T: +61 (0)2 6205 3552 | M: [REDACTED]
GPO Box 158, Canberra, ACT 2601

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SPIRE PROJECT

Building for better healthcare

18th November 2019





George Stellios Executive Branch Manager - Commercial Major Projects Canberra



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Government
Major Projects Canberra

MORE EMERGENCY, SURGICAL AND CRITICAL HEALTH CARE SERVICES



22

OPERATING THEATRES



148

INPATIENT BEDS *



114

EMERGENCY TREATMENT SPACES



55

DAY SURGERY BEDS



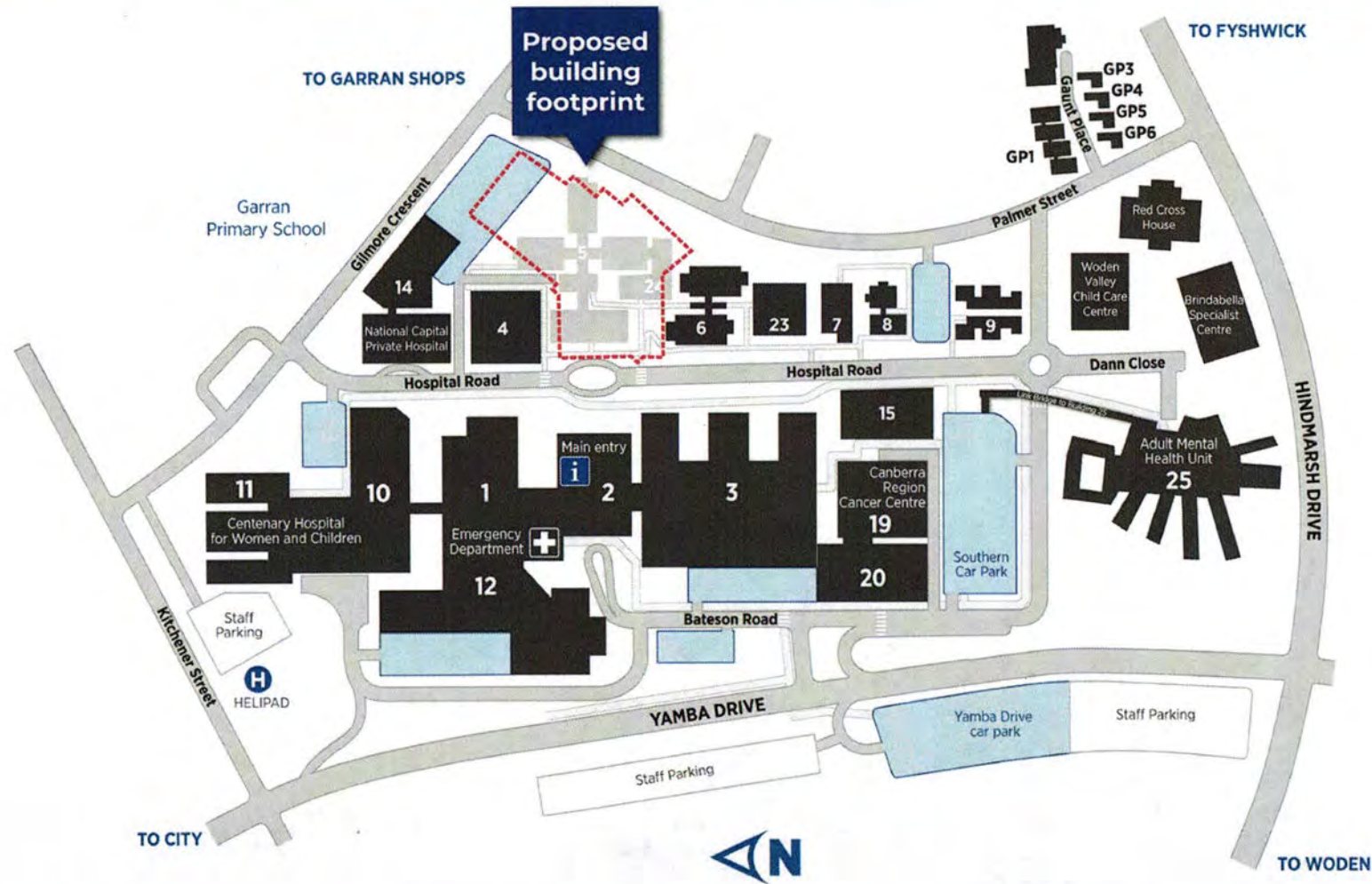
PATIENT, CARER & STAFF SPACES

FOR REFLECTION, LEARNING & MEETING

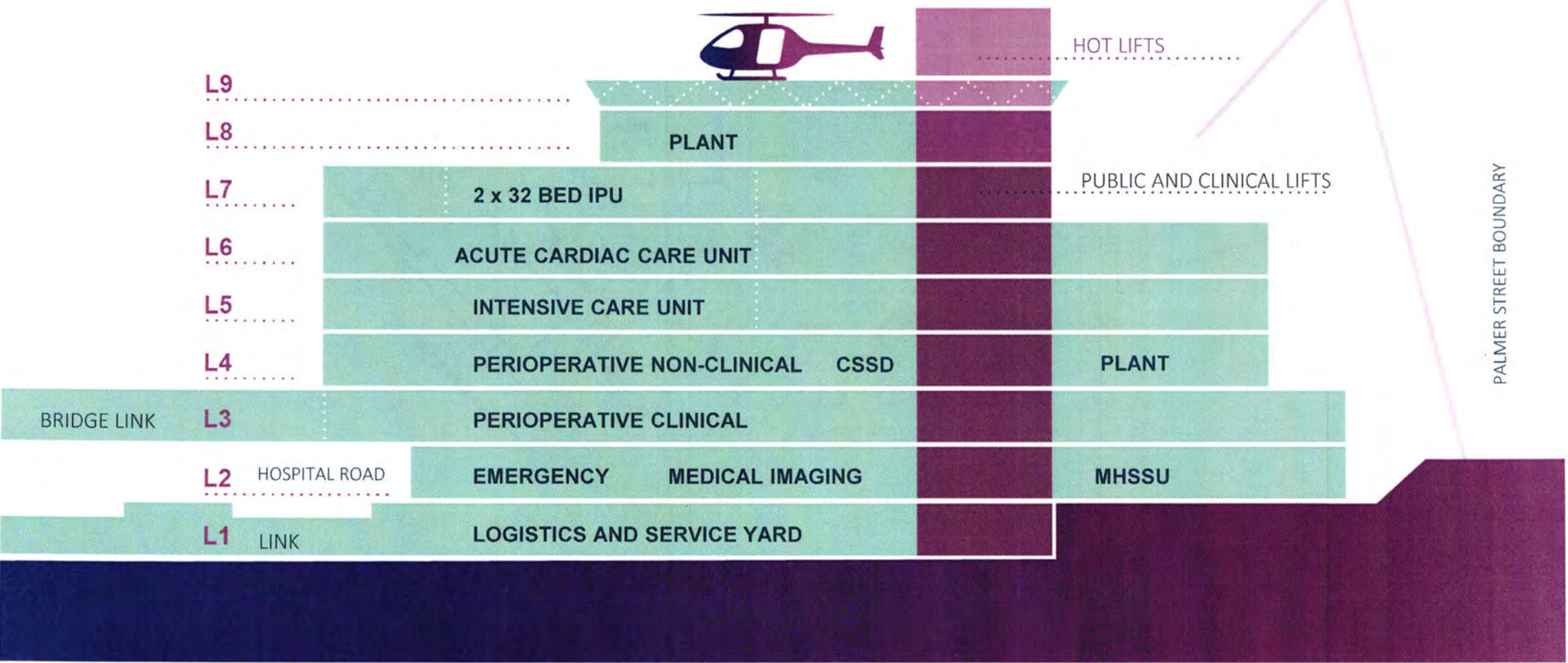


MEDICAL IMAGING

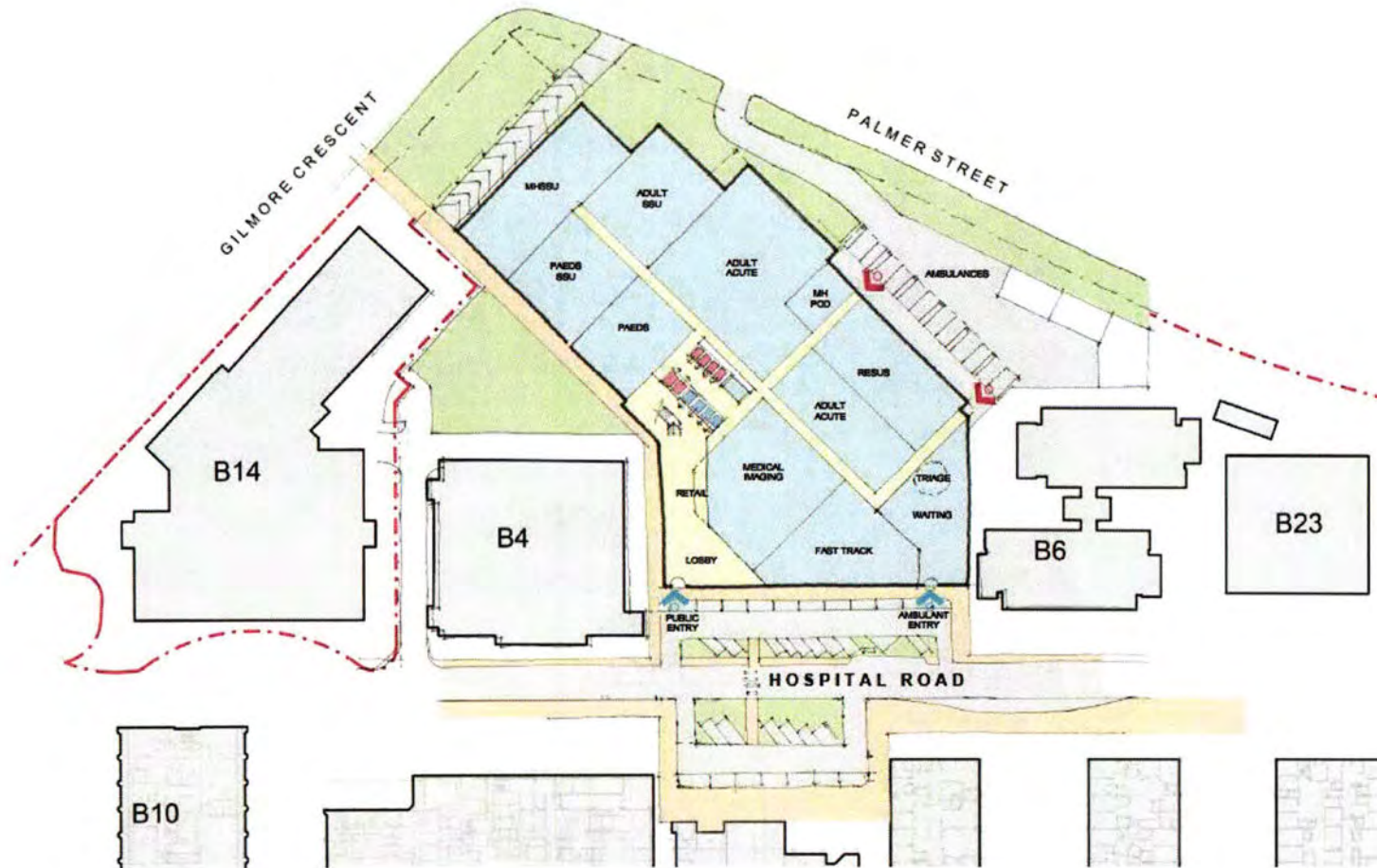
Site of the new emergency, surgical and critical care facility



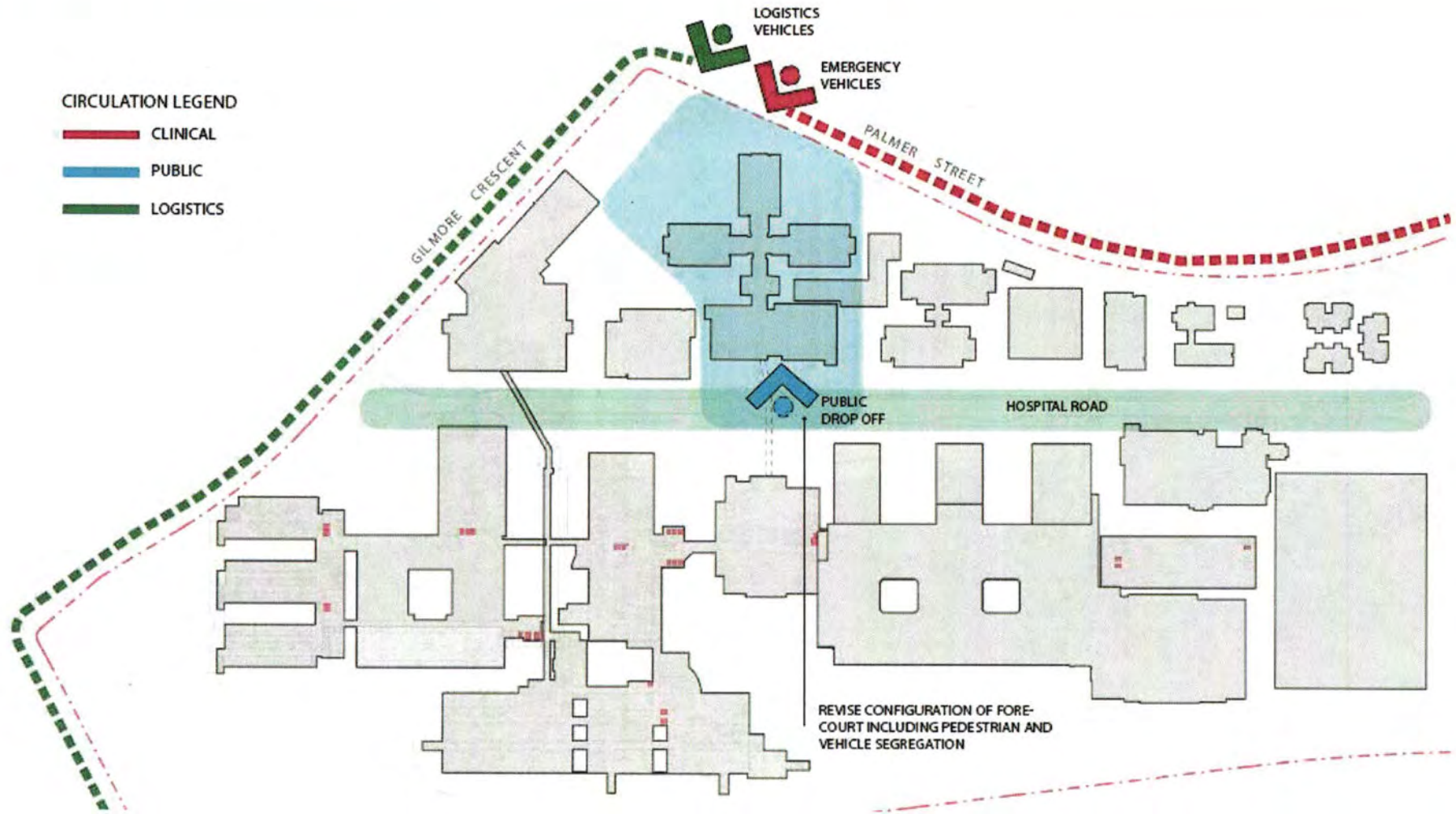
FUNCTIONAL STACKING



GREEN SPACES



Access



AERIAL VIEW



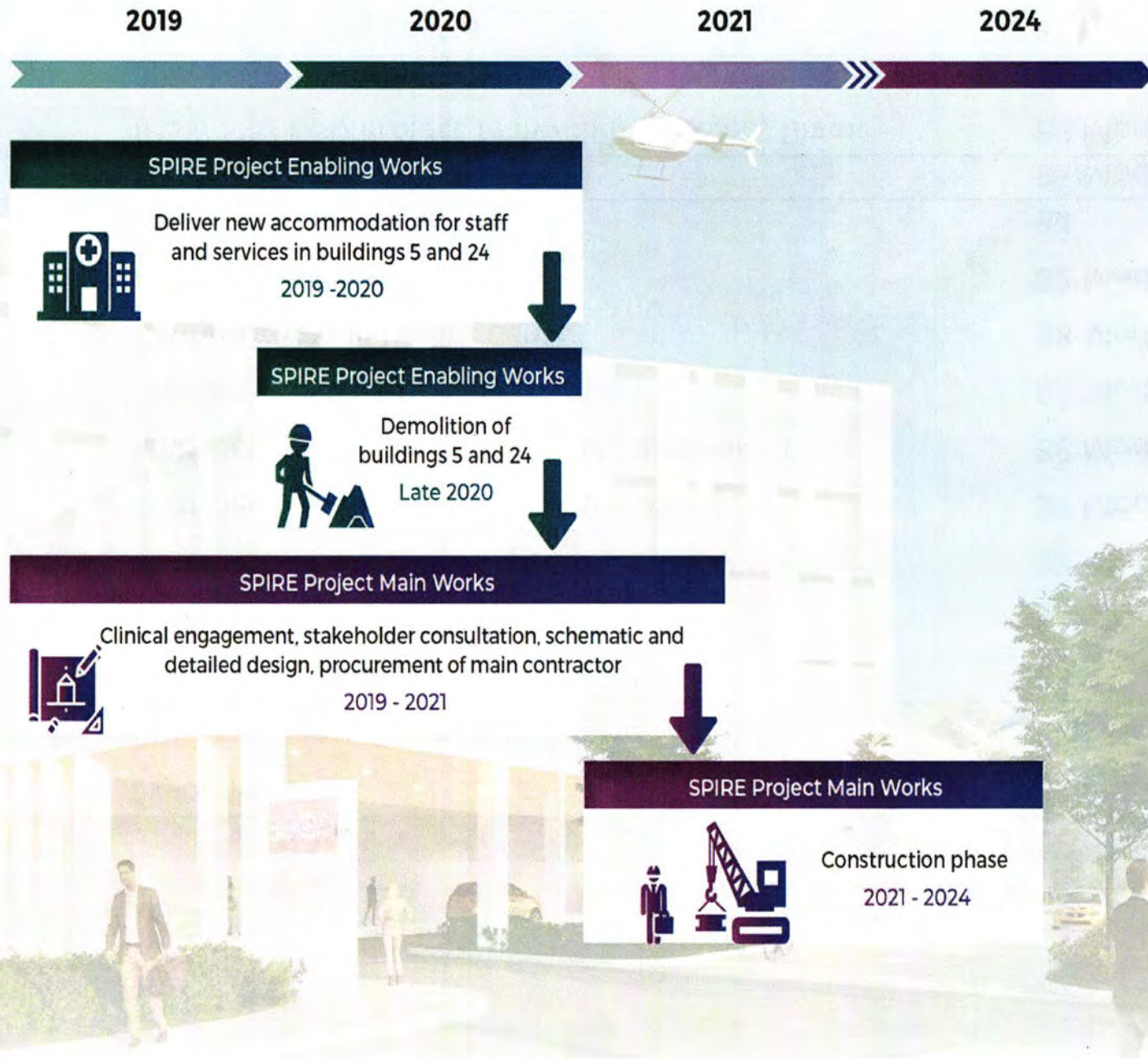
HOSPITAL ROAD VIEW



PALMER STREET VIEW



INDICATIVE TIMELINE

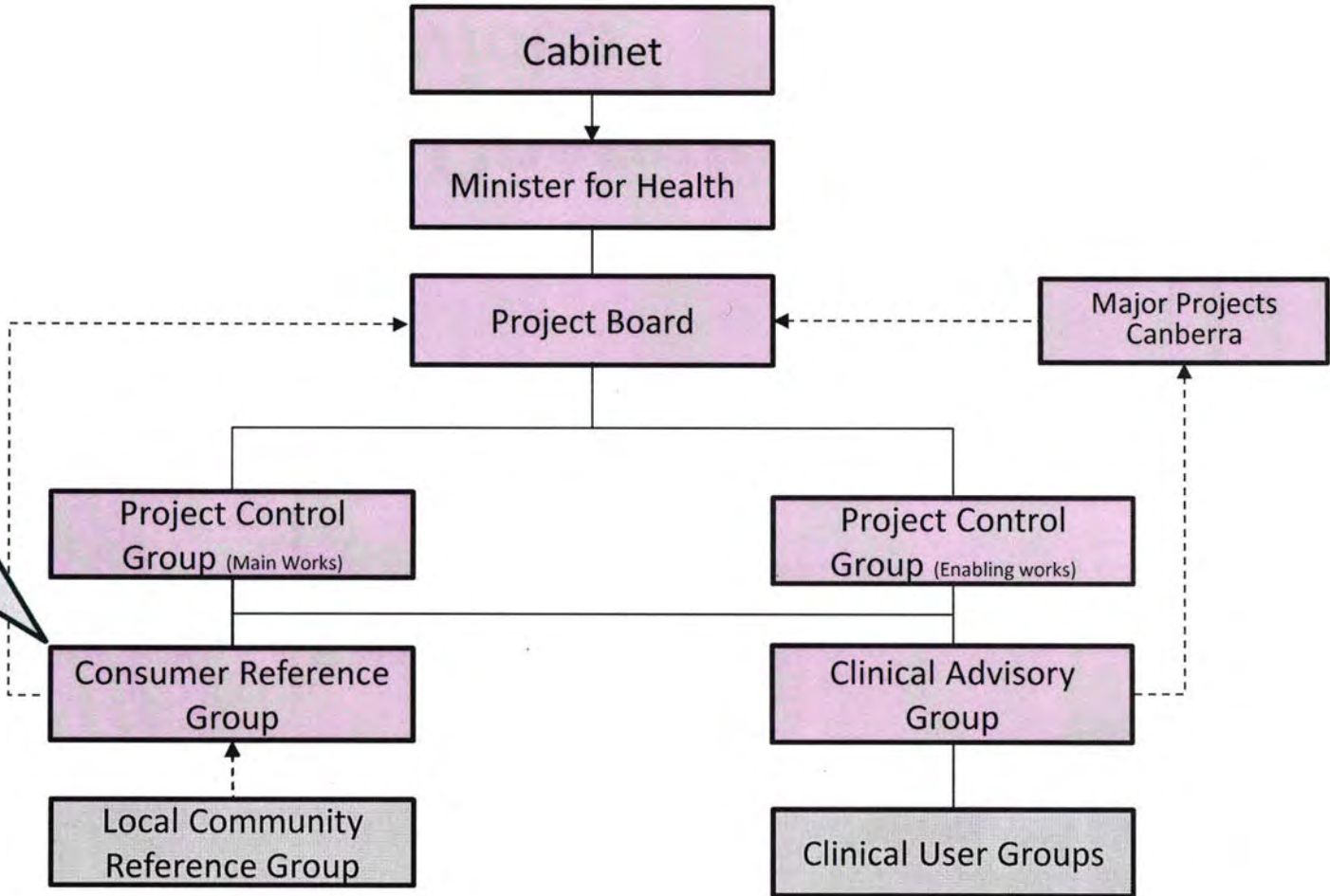


Enabling Works

Current Location	Service	Destination
B24	Executive	B28 Modular
	CHS Emergency Operations Centre	B28 Modular
B5	Child at Risk Health Unit	B3, L1
	Accommodation and Volunteers team	B3, L1
	Tissue viability team	B3, L1
	Staff Development Unit (administration)	B8 Modular
	Staff Development Unit (teaching & training)	B8 Modular
	Canberra University meeting room	B8 Modular
	Canberra Sexual Health Centre	B8 Modular
	ANU (administration)	B8 Modular
	ANU (teaching & training)	B4
B6	Synergy (Canberra University)	B8 Modular
B3 L1	IHSS/ SIB/ DSD Project Team/ SPIRE Project Team	B8 Modular
	Simulation Team	B8 Modular
NEW	Surgical Training Centre	B8 Modular

Governance Structure

- Members**
- Health Care Consumers Association
 - Mental Health Consumers Network
 - CHS Patient Experience Team
 - Carers ACT
 - Council of the Ageing
 - Aboriginal & Torres Strait Islander Elected Body
 - Multicultural Advisory Council ACT
 - People with Disabilities ACT





Liz Chatham – Chief Operating Officer, Canberra Health Services



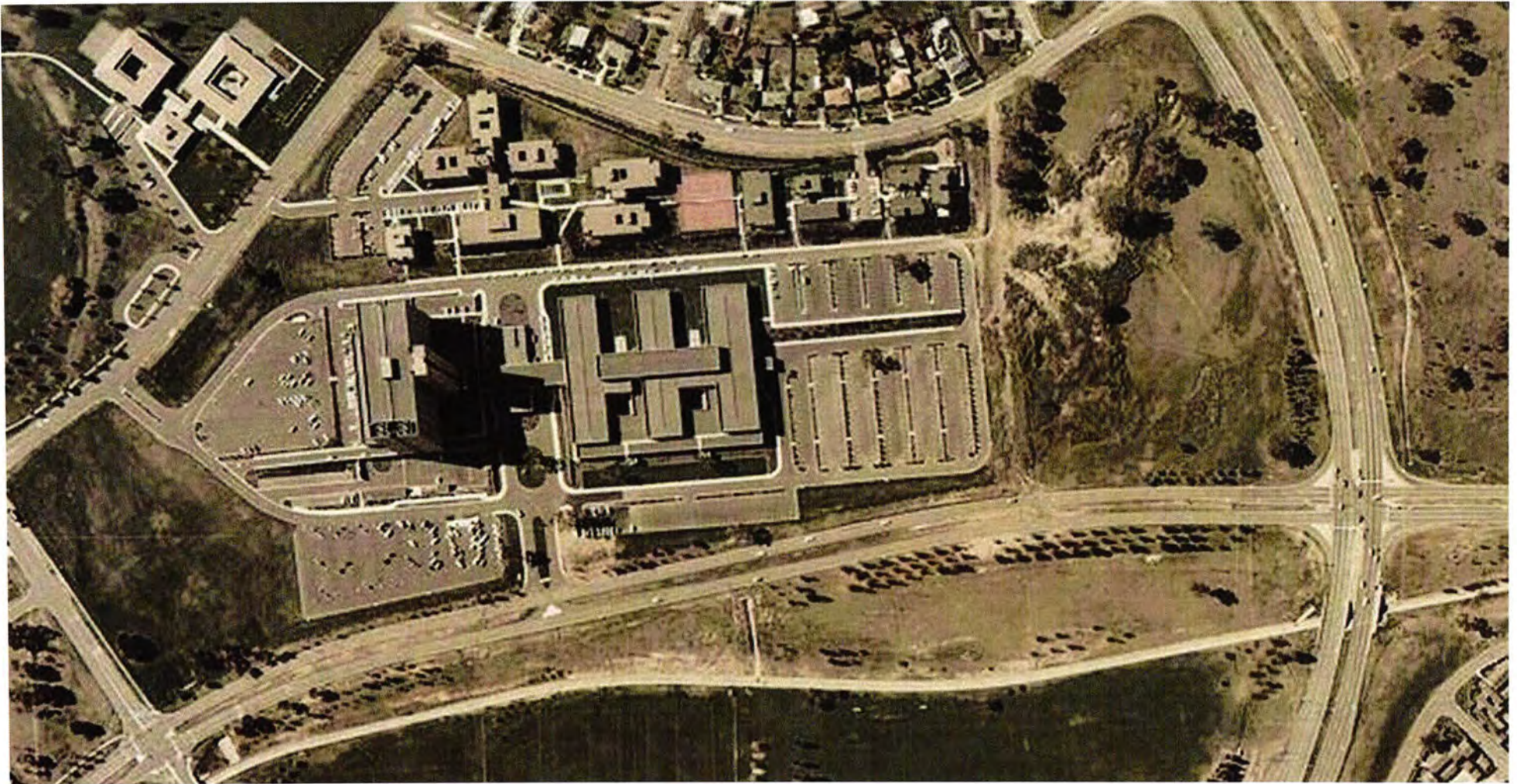
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Major Projects Canberra

Canberra Hospital Campus modernisation

- Tertiary Referral Centre for the ACT and the surrounding region serving a catchment population of around 650,000 people and is expected to grow significantly by 2050
- To meet this population growth Canberra Health Services are working with ACT Health Directorate to finalise key documents in parallel with SPIRE Project in the coming months:
 - Clinical Services Plan
 - Campus Master Plan

The early days of Canberra Hospital - 1975



Canberra Hospital - 2019



Canberra Health Services SPIRE Project Focus

- Project design development through finalisation of Model of Care (MOC).
- Commence workforce planning following completion of MOC
- Enabling works support and integration into existing services at the Canberra Hospital
- Development of Building 5 residential accommodation services solution(s)
- Car parking strategies

QUESTIONS?

Stay in touch by registering on our mail list.

See staff at the back of the room, or register online at:

www.act.gov.au/majorprojectscanberra



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Lowes, Shannon (Health)

From: McDonald, Bernadette (Health)
Sent: Tuesday, 19 November 2019 3:08 PM
To: Mooney, Colm (Health); Chatham, Elizabeth (Health)
Cc: Tzavalas, Olivia (Health)
Subject: Fwd: SPIRE Footprint Options
Attachments: 10450_SPIRE_PoC_Entry_Review_20191119.pdf

Dear Liz and Colm, please see options, can we do a quick catchup tomorrow so I can provide some guidance on our preferred options to Duncan this week. Maybe before the workshop tomorrow morning would be good.

Thanks

B

Get [Outlook for iOS](#)

From: Edghill, Duncan <Duncan.Edghill@act.gov.au>
Sent: Tuesday, November 19, 2019 2:22:39 PM
To: McDonald, Bernadette (Health) <Bernadette.McDonald@act.gov.au>
Cc: Esau, Lloyd <Lloyd.Esau@act.gov.au>
Subject: SPIRE Footprint Options

Bern,

Let me know if you need another meeting otherwise I will add this to your next catch up?

Thanks

Liv

UNCLASSIFIED Sensitive

Bernadette,

Thank you again for the time you and the team spent with ourselves and STH last week. It was very useful.

I apologise in advance for the length of this email.

Path Forward

Please find attached three revised footprint options for SPIRE. A few thoughts in relation to taking an option forward:

- As our timeframes are reasonably tight, we'd propose pressing forward with design work as soon as you and Minister are informally OK with one of the footprint options.
- Once we have your feedback we'd propose also flagging the options discussion with Health.
- For completeness, we will put a paper up to the next Board meeting on these options.
- We have our regular MPC catch-up with Minister tomorrow, so would propose flagging our discussions around the design in that meeting too.

- We'll need to separately think through how one of these options may feed into the community consultation process.

Further Design Principles

Our key take-aways from last week's meeting were:

- There should be one clear front entrance to the hospital
- People movement between SPIRE and building 2 is a key consideration (as is their comfort and safety when moving between the buildings – an enclosed structure rather than an awning is preferable)
- Hospital Rd does not necessarily need to be a thoroughfare – indeed, not having through traffic may be preferable

Although not a key clinical driver, traffic movements on Palmer and Gilmore will remain a Ministerial consideration.

Footprint Options and MPC Inclination

Please find attached three revised footprint options for SPIRE. Hopefully the main aspects are reasonably self-explanatory.

The inclination of Lloyd and myself is – subject to the views of yourself and Minister - to progress with Option 1. This is not to say that the design won't continue to evolve through the procurement and design process, but it will enable us to progress more detailed designs for bidder costing purposes during the RFP.

To our minds, Option 1 provides a number of advantages:

- It provides a hospital main entry that fronts onto Yamba Drive. This is consistent with the development of the hospital to date where the campus is oriented to that road. (Please note the comments in the drawing which go to how the wayfinding will make clear there is one main entrance)
- From a carparking perspective, the hospital main entry at the Yamba Drive side of B2 makes the most sense – cars can drop people at the front door then continue on to the carpark
- Retaining the main entry in B2 makes sense as a central point between SPIRE, B1 and B3.
- B2 could be internally reconfigured to improve this space as the main entry – slide 5 provides some initial thoughts to this end.
- Using this SPIRE footprint provides the most flexibility for future growth of the campus and the master planning activities. There would be a physical, enclosed connection between SPIRE and B2. However, this connection could be easily 'sacrificed' depending upon future development decisions at the hospital.

The detailed design process would need to ensure that the design and wayfinding makes clear there is one main entrance – this would be a matter to be dealt with under each of the options as there are multiple approach points under all options.

Option 1 though does carry some costs and risks which we would continue to work through:

- There are some constraints in providing a turn-back for the northern part of Hospital Rd. There could be an engineering solution between B1 and B14, or the road could loop back onto Gilmore between B14 and B4 (which is shown on the slide). Either way, this will need more design work and will have an associated cost;
- There will be a cost associated with (i) the enclosed structure between B2 and SPIRE, (ii) front entrance works to B2; and (iii) internal B2 reconfiguration works. We've not yet costed those elements;

- Although the enclosed structure between SPIRE and B2 may be less substantial than the other footprint options, it may still require further utilities works on Hospital Rd which were not anticipated or costed in the business case

Under all options which close Hospital Rd we'd need to work through fire brigade access and bus arrangements.

Next Steps

We'd be very happy to arrange another meeting or teleconference with STH if that would assist, and I'd of course be available to discuss this with you at your convenience. Otherwise we'd be very grateful for your views.

Kind Regards

Duncan

Agenda

SPIRE Project Board Meeting #1

Date	Tuesday, 24 September 2019
Time	13.00 -14.30
Location	Canberra Hospital, Building 24, Level 1, Meeting Room 2
Chair	Bernadette McDonald (interim)

Members		
Bernadette McDonald	BMD	Chief Executive Officer, Canberra Health Services (CHS)
Michael De'Ath	MDA	Director-General, ACT Health Directorate (ACTHD)
Elizabeth Chatham	EC	A/g Chief Operating Officer, Clinical Services (CHS)
Stephen Miners	SM	Deputy Under Treasurer
Ben Ponton	BP	Director-General, EPSDD

Attendees		
Duncan Edghill	DE	A/g Chief Projects Officer (MPC)
Lloyd Esau	LE	A/g SPIRE Project Director (MPC)
Colm Mooney	CM	E/GM, Infrastructure and Health Support Services (CHS)
Monica Lindemann	ML	Communications Officer, SPIRE Project Team (MPC)
Amanda Slater	AS	Senior Health Facility Planner, SPIRE Project Team (MPC)
Sally-anne Kinghorne	SAK	Senior Health Facility Planner, SPIRE Project Team (MPC)
Kate Evans	KE	Clinical Liaison, SPIRE Project Team (MPC)
Chris Tarbuck	CT	Facilities Director, Infrastructure and Health Support Services (CHS)
Nikki Harding		Secretariat

Agenda Item	Time	Lead	Item	Action
1. Acceptance of Previous Minutes (ESC #7)	13.00	BMD	Paper	Endorsement
2. Review Outstanding Actions	13.05	BMD	Paper	Review
3. Review of Decisions Register	13.20	BMD	Paper	Review
4. Governance Structure &	13.25			
4.1 Project Team & PCG TORs		LE	Paper	Endorsement
4.2 Independent Board Chair		DE	Verbal	Discussion
5. Staging & Decanting Strategy	13.35	LE/AS	Paper	Endorsement
6. Project Director's Report	13.50	LE	Paper	Noting

Agenda Item	Time	Lead	Item	Action
7. Invitation for Expressions of Interest - Framework	14:05	LE	Paper	Discussion
8. Matters for Cabinet	14:15			
8.1 [REDACTED]		LE	Paper	Endorsement
8.2 Assembly report on SPIRE milestones		DE/LE	Paper	Endorsement
9. Communications & Media Update/Report	14:25	ML	Paper	Noting
9.1 Public Release of Business Case				
10. Other Business	14.30	BMD	n/a	n/a



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Major Projects Canberra

SPIRE

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

Enabling Works PCG - Terms of Reference



Prepared by:

MAJOR PROJECTS CANBERRA

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

September 2019

DOCUMENT CONTROL

Contact for enquiries and proposed changes

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

Contact officer George Stellios
 Title Commercial Director
 Phone 02 6207 8705

Version History

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

Endorsement

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

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

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1 Introduction

1.1 The Purpose of This Document

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

1.2 The Project

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

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

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

Table 1: Project Phases and Project Stages

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

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

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

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

1.3 Relationship to other Governance bodies

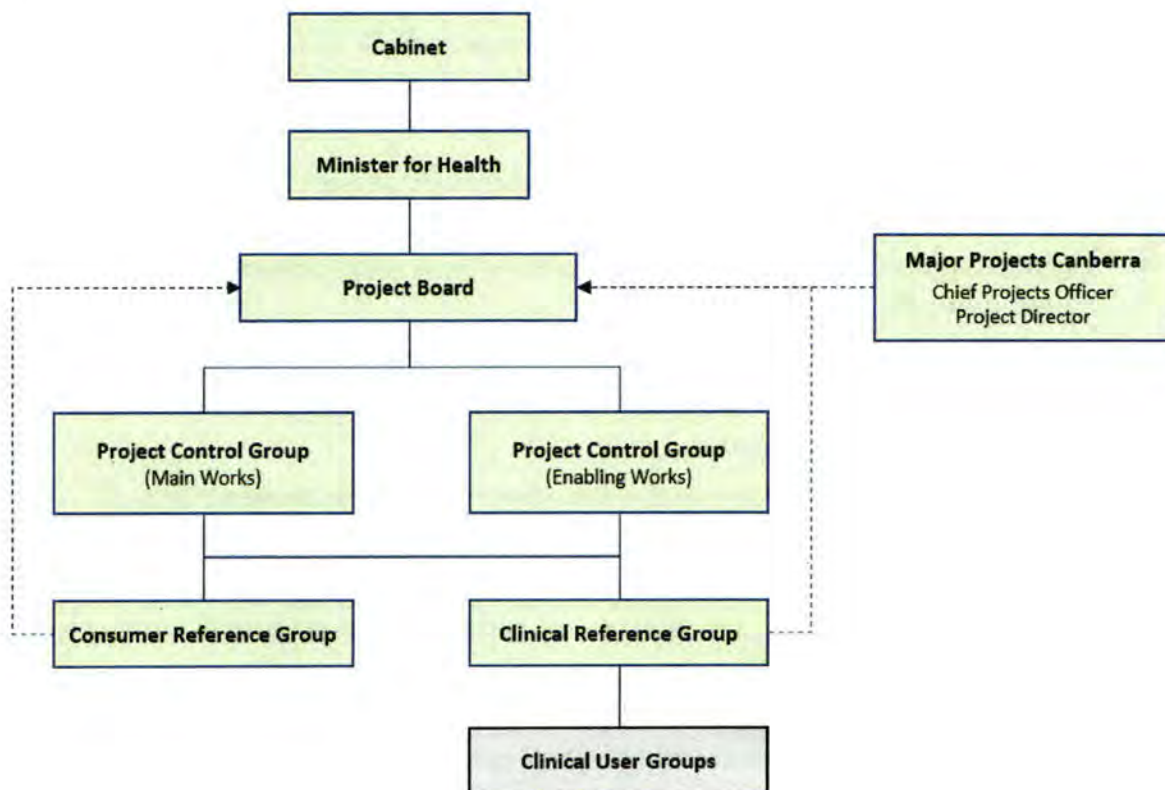
To ensure that appropriate focus is placed on both streams of activity, a PCG is established for both aspects of the SPIRE Project, Enabling Works and Main Works. The Project Director will ensure that issues which overlap these two areas of focus are understood by both PCGs.

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

1.4 Project Governance Structure

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

Figure 1: Project Governance Structure



2 Function of the Early Works Project Control Group

2.1 Purpose of the EW PCG

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

2.2 Role of the EW PCG

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

Specific functions of the EW PCG include:

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

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

2.3 Conflicts of Interest

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

Members and other participants must:

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

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

2.4 Working Groups

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

3 Membership, Roles and Responsibilities

3.1 Members and Proxies

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

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

Table 2: EW PCG Membership

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

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

3.2 Secretariat Function

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

1. circulate the EW PCG agenda;
2. record minutes and actions from each meeting;

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

3.3 The Role of Members

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

3.4 Use of proxies

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

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

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

4 Meeting Principles

4.1 Decision Making

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

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

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

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

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

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

4.2 Quorum

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

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

4.3 Meeting Frequency

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

4.4 Minutes and Meeting Papers

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

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

4.5 Decisions and Actions Register

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

SPIRE

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

Main Works PCG - Terms of Reference



Prepared by:

MAJOR PROJECTS CANBERRA

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

September 2019

DOCUMENT CONTROL

Contact for enquiries and proposed changes

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

Contact officer George Stellos
Title Commercial Director
Phone 02 6207 8705

Version History

Version No.	Date	Author	Comments
1.0	15 Sep 2019	Lloyd Esau	First draft

Endorsement

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1 Introduction

1.1 The Purpose of This Document

These Terms of Reference establish the SPIRE Main Works Project Control Group (MW PCG) and defines its authority, responsibility and composition.

1.2 The Project

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

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2. the SPIRE Enabling Works – the planning, design, procurement and delivery of multiple projects necessary to facilitate the decant from and demolition of Buildings 5 and 24.

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

1.3 Relationship to other Governance bodies

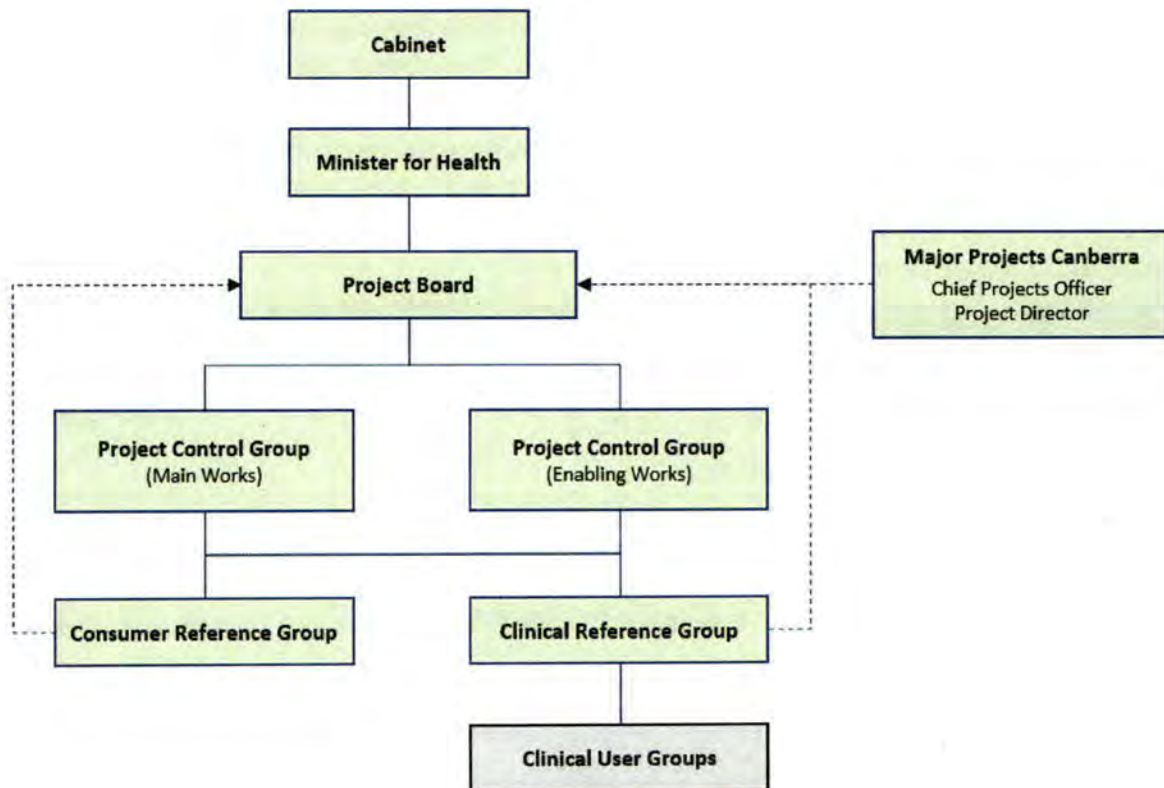
To ensure that appropriate focus is placed on both streams of activity, a PCG is established for both aspects of the SPIRE Project, Enabling Works and Main Works. The Project Director will ensure that issues which overlap these two areas of focus are understood by both PCGs.

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

1.4 Project Governance Structure

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

Figure 1: Project Governance Structure



2 Function of the Early Works Project Control Group

2.1 Purpose of the MW PCG

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

2.2 Role of the MW PCG

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