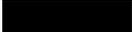




Dear 

DECISION ON YOUR ACCESS APPLICATION

I refer to your application under section 30 of the *Freedom of Information Act 2016* (FOI Act), received by ACT Health Directorate (ACTHD) originally on Monday 22 May 2023 and rescoped on **Tuesday 6 June 2023**.

This application requested access to:

'I would like to be supplied with all documents provided to or received from the ACT Health Minister's Office relating to the compulsory acquisition of Calvary Hospital.'

I am an Information Officer appointed by the Director-General of ACT Health Directorate (ACTHD) under section 18 of the FOI Act to deal with access applications made under Part 5 of the Act. ACTHD was required to provide a decision on your access application by **Wednesday 9 August 2023**.

I have identified **43 documents** holding the information within scope of your access application. These are outlined in the schedule of documents included at [Attachment A](#) to this decision letter.

Decisions on access

I have decided to:

- grant full access to one document;
- grant partial access to 38 documents; and
- refuse access to four documents.

My access decisions are detailed further in the following statement of reasons and the documents released to you are provided as [Attachment B](#) to this letter.

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

- The FOI Act;
- The contents of the documents that fall within the scope of your request;
- The views of relevant third parties; and
- The *Human Rights Act 2004*.

Full Access

I have decided to grant full access to one document at reference 10.

Refuse Access

I have decided to refuse access to four documents.

Documents at references 11, 17 and 23 are wholly comprised of information classified as Cabinet information, and under Schedule 1.6 (1) Cabinet Information, it is taken to be contrary to the public interest to release. Schedule 1.6 (1)(d) the disclosure of which would reveal any deliberation of Cabinet (other than through the official publication of a Cabinet decision).

Document at reference 26 is wholly comprised of information classified as cabinet information under Schedules 1.6 and competitive commercial activities of an agency. This document contains information that I consider, on balance, to be contrary to the public interest to disclose under the test set out in section 17 of the Act.

As part of this process ACTHD has consulted third parties involved in the identified information and has received objections to the release of the documents. The objections and considerations provided by third parties have formed part of my deliberation.

Public Interest Factors Favouring Disclosure

The following factors were considered relevant in favour of the disclosure of the documents:

- Schedule 2, 2.1 (a)(i) promote open discussion of public affairs and enhance the government's accountability;
- Schedule 2, 2.1 (a)(ii) contribute to positive and informed debate on important issues or matters of public interest;
- Schedule 2, 2.1 (a)(iv) ensure effective oversight of expenditure of public funds; and
- Schedule 2, 2.1 (a)(viii) reveal the reason for a government decision and any background or contextual information that informed the decision.

Public Interest Factors Favouring Non-Disclosure

The following factors were considered relevant in favour of the non-disclosure of the documents:

- Schedule 2, 2.2 (a)(xiii) prejudice the competitive commercial activities of an agency.

Partial Access

I have decided to grant partial access to 38 documents.

Documents at references 1, 7-8, 18, 30 and 32 are partially comprised of information classified as Cabinet information, and under Schedule 1.6 (1) Cabinet Information, it is taken to be contrary to the public interest to release. Schedule 1.6 (1)(d) the disclosure of which would reveal any deliberation of Cabinet (other than through the official publication of a Cabinet decision). These documents are also partially comprised of personal information such as email addresses and phone numbers of non-government employees and mobile numbers of ACT-Government employees in accordance with Schedule 2, 2.2 (a)(ii) prejudice the protection of an individual's right to privacy or any other right under the *Human Rights Act 2004* and information that would be contrary to the public interest in accordance with Schedule 2, 2.2 (a)(xiii) prejudice the competitive commercial activities of an agency.

Documents at references 2-3, 19, 20-22, 24-25, 27 and 35 are partially comprised of information classified as information subject to legal professional privilege information, and under Schedule 1.2, it is taken to be contrary to the public interest to release. Schedule 1.2 information that would be privileged from production or admission into evidence in a legal proceeding on the ground of legal professional privilege. This document is also partially comprised of cabinet information under Schedules 1.6, personal information under Schedule 2, 2.2 (a)(ii) privacy and information that would be contrary to the public interest in accordance with Schedule 2, 2.2 (a)(xiii) prejudice the competitive commercial activities of an agency.

Documents at references 4, 6, 9, 15-16, 28-29 and 33-34 are partially comprised of information classified as Cabinet information under Schedules 1.6 and personal information under Schedule 2, 2.2 (a)(ii) privacy.

Document at reference 5 is partially comprised of information classified as legal professional privilege information under Schedules 1.2, personal information under Schedule 2, 2.2 (a)(ii) privacy and also competitive commercial activities under Schedule 2, 2.2 (a)(xiii).

Documents at references 12 and 31 are partially comprised of information classified as legal professional privilege information and cabinet information under Schedules 1.2 and 1.6. This document also contains information that would be contrary to the public interest in accordance with Schedule 2, 2.2 (a)(ii) privacy.

Documents at references 13-14 are partially comprised of information classified as Cabinet information under Schedules 1.6 and competitive commercial activities under Schedule 2, 2.2 (a)(xiii).

Documents at references 36-39 and 41-43 are partially comprised of personal information under Schedule 2, 2.2 (a)(ii) privacy.

Document at reference 40 is partially comprised of information classified as legal professional privilege information under Schedules 1.2 and personal information under Schedule 2, 2.2 (a)(ii) privacy.

The above documents all contain partial information that I consider, on balance, to be contrary to the public interest to disclose under the test set out in section 17 of the Act.

Public Interest Factors Favouring Disclosure

The following factors were considered relevant in favour of the disclosure of the documents:

- Schedule 2, 2.1 (a)(i) promote open discussion of public affairs and enhance the government's accountability;
- Schedule 2, 2.1 (a)(ii) contribute to positive and informed debate on important issues or matters of public interest;
- Schedule 2, 2.1 (a)(iv) ensure effective oversight of expenditure of public funds; and
- Schedule 2, 2.1 (a)(viii) reveal the reason for a government decision and any background or contextual information that informed the decision.

Public Interest Factors Favouring Non-Disclosure

The following factors were considered relevant in favour of the non-disclosure of the documents:

- Schedule 2, 2.2 (a)(ii) prejudice the protection of an individual's right to privacy or any other right under the *Human Rights Act 2004*; and
- Schedule 2, 2.2 (a)(xiii) prejudice the competitive commercial activities of an agency.

In undertaking the public interest test, on balance, I determine the information identified is contrary to the public interest and I have decided to not disclose this information. As specified against each document in the schedule, disclosure of this information would have the detrimental effect of reducing the competitive ability of non-government organisations as well as reasonable expectation to reduce the ability of Government to engage external contractors and/or prejudice the right to privacy of the individuals involved.

Charges

Processing charges are not applicable to this request.

Disclosure Log

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

<https://www.health.act.gov.au/about-our-health-system/freedom-information/disclosure-log>.

Ombudsman review

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

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

The ACT Ombudsman
GPO Box 442
CANBERRA ACT 2601
Via email: ACTFOI@ombudsman.gov.au
Website: ombudsman.act.gov.au

ACT Civil and Administrative Tribunal (ACAT) review

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

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

Further assistance

Should you have any queries in relation to your request, please do not hesitate to contact the FOI Coordinator on (02) 5124 9831 or email HealthFOI@act.gov.au.

Yours sincerely



Liz Lopa
Deputy Director-General
Infrastructure and Engagement
ACT Health Directorate

09 August 2023

FREEDOM OF INFORMATION SCHEDULE OF DOCUMENTS

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

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

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

APPLICANT NAME	WHAT ARE THE PARAMETERS OF THE REQUEST	FILE NUMBER
	<i>'I would like to be supplied with all documents provided to or received from the ACT Health Minister's Office relating to the compulsory acquisition of Calvary Hospital.'</i>	ACTHDFOI22-23.53

Ref Number	Page Number	Description	Date	Status Decision	Factor	Open Access release status
1.	1 – 81	GBC21/810 (CAB21/804) Cabinet Submission and attachments	11 March 2022	Partial Release	Schedule 1.6 Cabinet, Schedule 2, 2.2 (a)(ii) Privacy and Schedule 2, 2.2 (a)(xiii) Commercial	YES
2.	82 – 88	MIN22/526 Ministerial Brief and attachment	07 April 2022	Partial Release	Schedule 1.2 Legal, Schedule 1.6 Cabinet, Schedule 2, 2.2 (a)(ii) Privacy and Schedule 2, 2.2 (a)(xiii) Commercial	YES
3.	89 – 118	MIN22/619 Ministerial Brief and attachments	13 May 2022	Partial Release	Schedule 1.2 Legal, Schedule 1.6 Cabinet, Schedule 2, 2.2 (a)(ii)	YES

					Privacy and Schedule 2, 2.2 (a)(xiii) Commercial	
4.	119 – 128	GBC22/256 Ministerial Brief and attachments	28 June 2022	Partial Release	Schedule 1.6 Cabinet and Schedule 2, 2.2 (a)(ii) Privacy	YES
5.	129 – 137	MIN22/872 Caveat Brief - Northside Hospital update June 2022 and attachment	07 July 2022	Partial Release	Schedule 1.2 Legal, Schedule 2, 2.2 (a)(ii) Privacy and Schedule 2, 2.2 (a)(xiii) Commercial	YES
6.	138 – 139	MIN22/1077 Caveat Brief - Northside Hospital update July 2022	29 July 2022	Partial Release	Schedule 1.6 Cabinet and Schedule 2, 2.2 (a)(ii) Privacy	YES
7.	140 – 215	GBC22/232 (CAB22/319) Cabinet Submission and attachments	16 August 2022	Partial Release	Schedule 1.6 Cabinet, Schedule 2, 2.2 (a)(ii) Privacy and Schedule 2, 2.2 (a)(xiii) Commercial	YES
8.	216 – 283	GBC22/541 (CAB22/319) Cabinet Submission and attachments	18 August 2022	Partial Release	Schedule 1.6 Cabinet, Schedule 2, 2.2 (a)(ii) Privacy and Schedule 2, 2.2 (a)(xiii) Commercial	YES
9.	284 – 285	MIN22/1228 Caveat Brief - Northside Hospital update - August 2022	29 August 2022	Partial Release	Schedule 1.6 Cabinet and Schedule 2, 2.2 (a)(ii) Privacy	YES
10.	286 – 295	MIN22/1079 Ministerial Brief and attachments	07 September 2022	Full Release	Out of scope information	YES
11.	296 – 300	GBC22/428 Ministerial Brief and attachments	23 September 2022	Refuse Release	Schedule 1.6 Cabinet	NO
12.	301 – 313	MIN22/1461 Ministerial Brief and attachments	06 November 2022	Partial Release	Schedule 1.2 Legal, Schedule 1.6 Cabinet and Schedule 2, 2.2 (a)(ii) Privacy	YES

13.	314 – 318	MIN22/1482 Ministerial Brief	15 November 2022	Partial Release	Schedule 1.6 Cabinet and Schedule 2, 2.2 (a)(xiii) Commercial	YES
14.	319 – 352	MIN22/1654 Ministerial Brief and attachments	21 November 2022	Partial Release	Schedule 1.6 Cabinet and Schedule 2, 2.2 (a)(xiii) Commercial	YES
15.	353 – 400	GBC22/648 (CAB22/773) Cabinet Submission and attachments	28 November 2022	Partial Release	Schedule 1.6 Cabinet and Schedule 2, 2.2 (a)(ii) Privacy	YES
16.	401 – 410	MIN22/1631 Ministerial Brief and attachment	28 November 2022	Partial Release	Schedule 1.6 Cabinet and Schedule 2, 2.2 (a)(ii) Privacy	YES
17.	411 – 415	MIN22/1820 Letter	28 November 2022	Refuse Release	Schedule 1.6 Cabinet	NO
18.	416 – 421	MIN23/11 Ministerial Brief	27 January 2023	Partial Release	Schedule 1.6 Cabinet, Schedule 2, 2.2 (a)(ii) Privacy and Schedule 2, 2.2 (a)(xiii) Commercial	YES
19.	422 – 430	MIN23/13 Ministerial Brief and attachment	11 February 2023	Partial Release	Schedule 1.2 Legal, Schedule 1.6 Cabinet, Schedule 2, 2.2 (a)(ii) Privacy and Schedule 2, 2.2 (a)(xiii) Commercial	YES
20.	431 – 437	MIN23/69 Ministerial Brief and attachment	28 February 2023	Partial Release	Schedule 1.2 Legal, Schedule 1.6 Cabinet, Schedule 2, 2.2 (a)(ii) Privacy and Schedule 2, 2.2 (a)(xiii) Commercial	YES
21.	438 – 747	GBC22/762 (CAB22/798) Cabinet Submission and attachments	07 March 2023	Partial Release	Schedule 1.2 Legal, Schedule 1.6 Cabinet, Schedule 2, 2.2 (a)(ii)	YES

					Privacy and Schedule 2, 2.2 (a)(xiii) Commercial	
22.	748 – 765	MIN23/17 Ministerial Brief and attachments	14 March 2023	Partial Release	Schedule 1.2 Legal, Schedule 1.6 Cabinet, Schedule 2, 2.2 (a)(ii) Privacy and Schedule 2, 2.2 (a)(xiii) Commercial	YES
23.	766 – 780	2023/24 Budget – Business Case – Northside Hospital – Transition Business Case	15 March 2023	Refuse Release	Schedule 1.6 Cabinet	NO
24.	781 – 787	MIN23/14 Ministerial Brief and attachments	09 April 2023	Partial Release	Schedule 1.2 Legal, Schedule 1.6 Cabinet, Schedule 2, 2.2 (a)(ii) Privacy and Schedule 2, 2.2 (a)(xiii) Commercial	YES
25.	788 – 794	MIN23/16 Ministerial Brief and attachments	11 April 2023	Partial Release	Schedule 1.2 Legal, Schedule 1.6 Cabinet, Schedule 2, 2.2 (a)(ii) Privacy and Schedule 2, 2.2 (a)(xiii) Commercial	YES
26.	795 – 970	Business Case – A New Northside Hospital	11 April 2023	Refuse Release	Schedule 1.6 Cabinet and Schedule 2, 2.2 (a)(xiii) Commercial	NO
27.	971 – 982	MIN23/367 Ministerial Brief and attachments	14 April 2023	Partial Release	Schedule 1.2 Legal, Schedule 1.6 Cabinet, Schedule 2, 2.2 (a)(ii) Privacy and Schedule 2, 2.2 (a)(xiii) Commercial	YES
28.	983 – 984	Caveat Brief - Northside Briefing Note	18 April 2023	Partial Release	Schedule 1.6 Cabinet and Schedule 2, 2.2 (a)(ii) Privacy	YES

29.	985 – 987	Caveat Brief - Northside Briefing Note	24 April 2023	Partial Release	Schedule 1.6 Cabinet and Schedule 2, 2.2 (a)(ii) Privacy	YES
30.	988 – 991	MIN23/391 Caveat Brief - Northside Briefing Note	01 May 2023	Partial Release	Schedule 1.6 Cabinet, Schedule 2, 2.2 (a)(ii) Privacy and Schedule 2, 2.2 (a)(xiii) Commercial	YES
31.	992 – 1179	GBC23/157 (CAB23/364) Cabinet Submission and attachments	03 May 2023	Partial Release	Schedule 1.2 Legal, Schedule 1.6 Cabinet and Schedule 2, 2.2 (a)(ii) Privacy	YES
32.	1180 – 1435	GBC23/178 (CAB23/316) Cabinet Submission and attachments	03 May 2023	Partial Release	Schedule 1.6 Cabinet, Schedule 2, 2.2 (a)(ii) Privacy and Schedule 2, 2.2 (a)(xiii) Commercial	YES
33.	1436 – 1445	MIN23/415 Ministerial Brief and attachment	03 May 2023	Partial Release	Schedule 1.6 Cabinet and Schedule 2, 2.2 (a)(ii) Privacy	YES
34.	1446 – 1449	MIN23/392 Caveat Brief - Northside Briefing Note	05 May 2023	Partial Release	Schedule 1.6 Cabinet and Schedule 2, 2.2 (a)(ii) Privacy	YES
35.	1450 – 1478	MIN23/404 Ministerial Brief and attachment	08 May 2023	Partial Release	Schedule 1.2 Legal, Schedule 1.6 Cabinet, Schedule 2, 2.2 (a)(ii) Privacy and Schedule 2, 2.2 (a)(xiii) Commercial	YES
36.	1479 – 1636	Email and attachments Key Stakeholders	11 May 2023	Partial Release	Schedule 2, 2.2 (a)(ii) Privacy	YES
37.	1637 – 1638	MIN23/393 Caveat Brief - Northside Briefing Note	15 May 2023	Partial Release	Schedule 2, 2.2 (a)(ii) Privacy	YES

38.	1639 – 1648	Email and attachments – URGENT MIN RESPONSE	18 May 2023	Partial Release	Schedule 2, 2.2 (a)(ii) Privacy	YES
39.	1649 – 1653	Email and attachments – MIN RESPONSE	18 May 2023	Partial Release	Schedule 2, 2.2 (a)(ii) Privacy	YES
40.	1654 – 1665	MIN23/451 Ministerial Brief and attachment	18 May 2023	Partial Release	Schedule 1.2 Legal and Schedule 2, 2.2 (a)(ii) Privacy	YES
41.	1666 – 1757	MIN23/435 (COR23 17226) Email and attachments – FOR NOTING	19 May 2023	Partial Release	Schedule 2, 2.2 (a)(ii) Privacy	YES
42.	1758 – 1760	MIN23 435 (COR23 17319) Email and attachments – FOR NOTING	19 May 2023	Partial Release	Schedule 2, 2.2 (a)(ii) Privacy	YES
43.	1761 – 1762	MIN23/394 Caveat Brief - Northside Briefing Note	22 May 2023	Partial Release	Schedule 2, 2.2 (a)(ii) Privacy	YES
Total Number of Documents						
43						

ACT Health Directorate

To: Minister for Health

Tracking No.: GBC21/810

Date: 11/03/2022

From: Liz Lopa, Executive Group Manager, Strategic Infrastructure Division

CC: Rebecca Cross, Director-General

Subject: Cabinet Submission - CAB21/804 - A new Northside hospital

Critical Date: 21/03/2022

Critical Reason: The Cabinet Submission is due to be lodged with Cabinet Office by this date ahead of consideration by the Expenditure Review Committee on 29 March 2022.

- DG .../.../...

Recommendation

That you:

1. Sign the Cabinet Submission at Attachment 1 for lodgement with Cabinet Office.

Signed / Not Signed / Please Discuss

Rachel Stephen-Smith MLA



23/3/22

Minister's Office Feedback

Background

1. The Submission (CAB21/804) at Attachment 1 on the new Northside Hospital was scheduled for Cabinet consideration in February 2022, however following advice from your office, this Submission has been rescheduled for Expenditure Review Committee (ERC) on 29 March 2022.

Issues

2. The Submission seeks ERC consideration to the next steps in the commercial negotiations for a new Northside Hospital. **Schedule 1.6**

Schedule 1.6

5. Further Submissions will be brought to ERC/Cabinet over the next 12 months to advise on the progress of negotiations with Calvary and the suitability of alternative sites for a new Northside Hospital.
6. The Submission at Attachment 1 has been amended to reflect your comments and suggested additions as per brief GBC21/810, at Attachment 2.

Financial Implications

7. This Submission has nil financial impact, the Northside Hospital scoping study was funded in the 2021-22 Budget. All work referred to in the Budget will be covered by this funding.
8. A new Northside Hospital will be a significant investment for the ACT Government.

ConsultationInternal

9. Health Planning, Services and Evaluation was consulted in the development of this Submission.

Cross Directorate

10. ACT Government Solicitors Office and Major Projects Canberra were consulted in the development of this Submission.

External

ACT Health

To: Minister for Health

Tracking No.: GBC 21/810

Date: 7 February 2022

From: Rebecca Cross, Director-General

Subject: Cabinet Submission CAB21/804 - Investing in Public Health Infrastructure - A new Northside Hospital - Site Selection and Commercial Negotiating Parameters

Critical Date: 16/02/2022

Critical Reason: The Cabinet Submission is due for lodgement with Cabinet Office by this date ahead of consideration by Cabinet on 23 February 2022

DG / ... /

Recommendation

That you:

1. Sign the Cabinet Submission at Attachment 1 for lodgement with Cabinet Office.

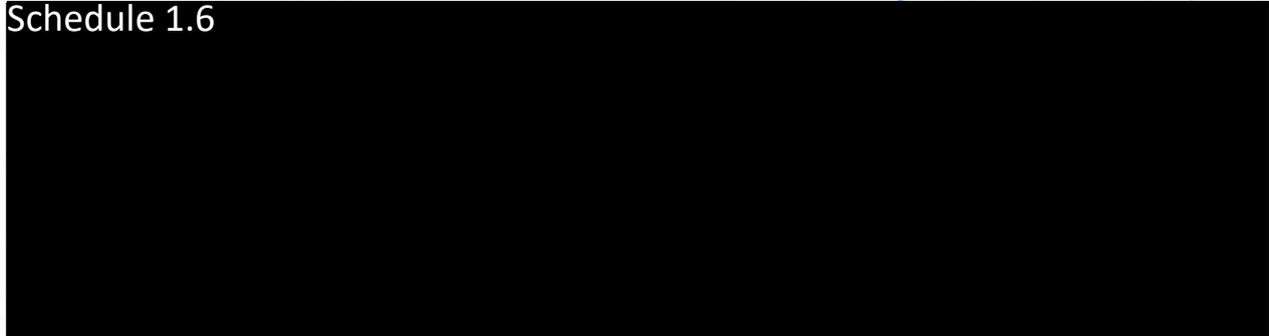
Signed / Not Signed / Please Discuss

Rachel Stephen-Smith MLA



21 / 2 / 22

Schedule 1.6

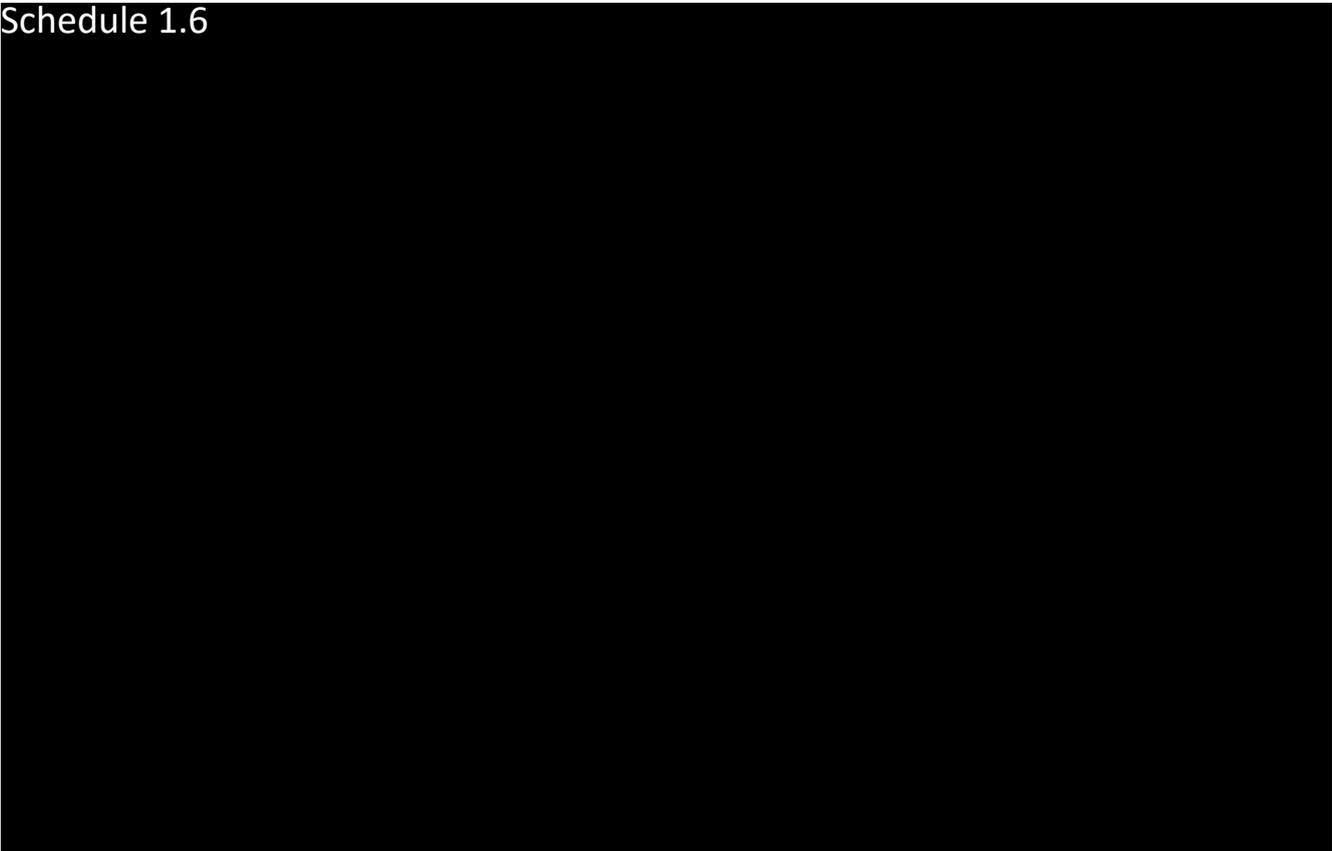


Background

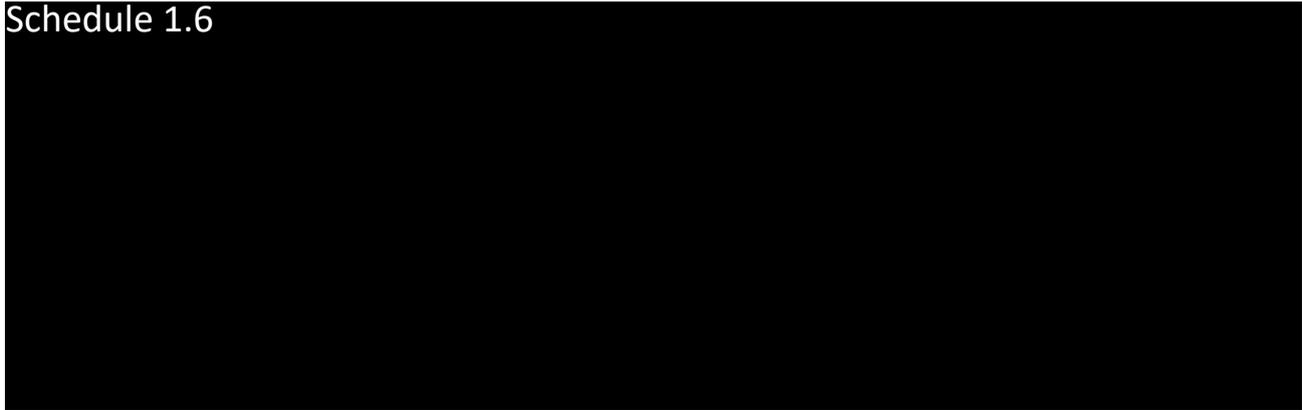
1. In 2017-18, the ACT Government invested \$3.25 million in a Northside Scoping Study for expanded Northside Hospital facilities. This study identified that the Calvary Public Hospital Bruce (CPHB) buildings are nearing end of life and a new northside hospital was recommended. Cabinet was briefed on an options analysis with recommendations provided by AECOM - Cabinet Submission 20/487: Northside Hospital – Update on Scoping Study.
2. In 2020, the Parliamentary and Governing Agreement for the Territory committed to *‘Continue the planning and design work for a new northside hospital, with the aim to start construction by mid-decade’*.
3. In line with Government’s commitment, the Government provided funding in the 2021-22 Budget to fund the development of Northside Hospital options . This funding also established a Northside Hospital Project Team across ACTHD and Major Projects Canberra (MPC) as well as a commercial advisor, technical advisor and legal advisor to assist the ACTGS.
4. In October 2021 you agreed to progress a Cabinet Submission proposing ACT Health explore a Calvary only option in the first instance (See MNI21/1881) Northside Hospital Project Update and Next Steps).

Issues

Schedule 1.6



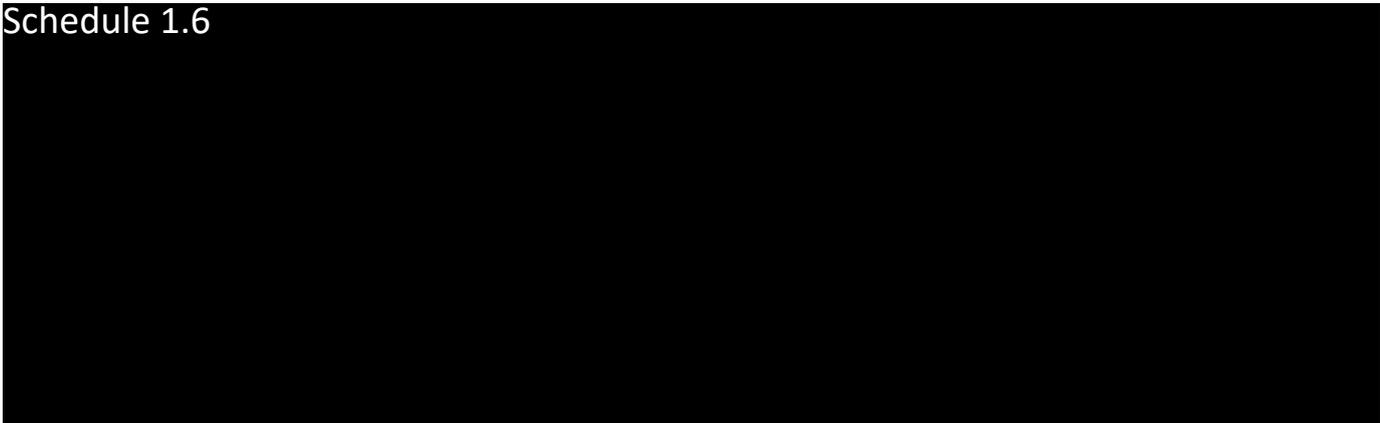
Schedule 1.6



Negotiation Governance

11. Governance for the Calvary negotiations is outlined in the Submission, lead by the Executive Group Manager, Strategic Infrastructure Division, with membership of the ACTGSO and commercial and legal advisors. This structure will report to the Project Sponsor (DG ACT Health), with the Minister for Health as an escalation point for matters that cannot be resolved in line with the negotiating parameters agreed in this submission.
12. The existing Calvary Northside Hospital Working Group will be modified to form the negotiating forum. Updated Terms of Reference for the Calvary Northside Hospital Working Group – Negotiation Forum are attached to the Submission.

Schedule 1.6



Wellbeing Impact Assessment

14. The Wellbeing impact summary has been completed based on the whole project, rather than the contents of this submission. The Northside Hospital Wellbeing impacts include:
 - a. Improved patient outcomes, and
 - b. economic growth and job creation for Canberrans.

Financial Implications

15. This submission has nil financial impact.

16. The Northside Hospital planning project is funded in the current 2021-22 Budget. A further business case for the development and delivery of the new northside hospital will be developed and presented to Cabinet for consideration as part of the 2023-2024 Budget.

Consultation

Internal

17. The Strategic Infrastructure and Health Service Planning and Evaluation Divisions are collaborating on this project.

Cross Directorate

18. The ACTGSO and MPC are involved in the project and the development of negotiation parameters.
19. A cross-directorate working group, made up of Environment, Planning and Sustainable Development, Suburban Land Agency, Transport Canberra and City Services, MPC and ACTHD identified the greenfield options

External

20. The Submission contains commercially sensitive information. No external parties have been involved in the development of this submission but PwC have been involved in determining the commercial negotiating parameters.

Work Health and Safety

21. Not applicable.

Benefits/Sensitivities

22. Due to the sensitive commercial nature of the contents of the Submission and its attachments we are recommending not releasing either the decision nor any of the attachments of this Submission. The release of these documents would impact the negotiations with Calvary.

Communications, media and engagement implications

23. A Communications and engagement strategy and briefing paper will be provided to your office following the outcome of this submission.

Signatory Name: Liz Lopa

Phone: 51249805

Action Officer: Caitlin Bladin

Phone: Schedule 2.2(a)(ii)

Attachments

Schedule 1.6



ACT Health Directorate

To: Minister for Health

Tracking No.: MIN22/526

CC: Rebecca Cross, Director-General

From: Liz Lopa, Executive Group Manager, Strategic Infrastructure

Subject: Northside Hospital Project update

Critical Date: 07/04/2022

Critical Reason: To allow negotiations to begin with Calvary

Recommendation

That you:

1. Sign the letter at Attachment A.

Signed / Not Signed / Please Discuss

Rachel Stephen-Smith MLA

RSS 13/4/22

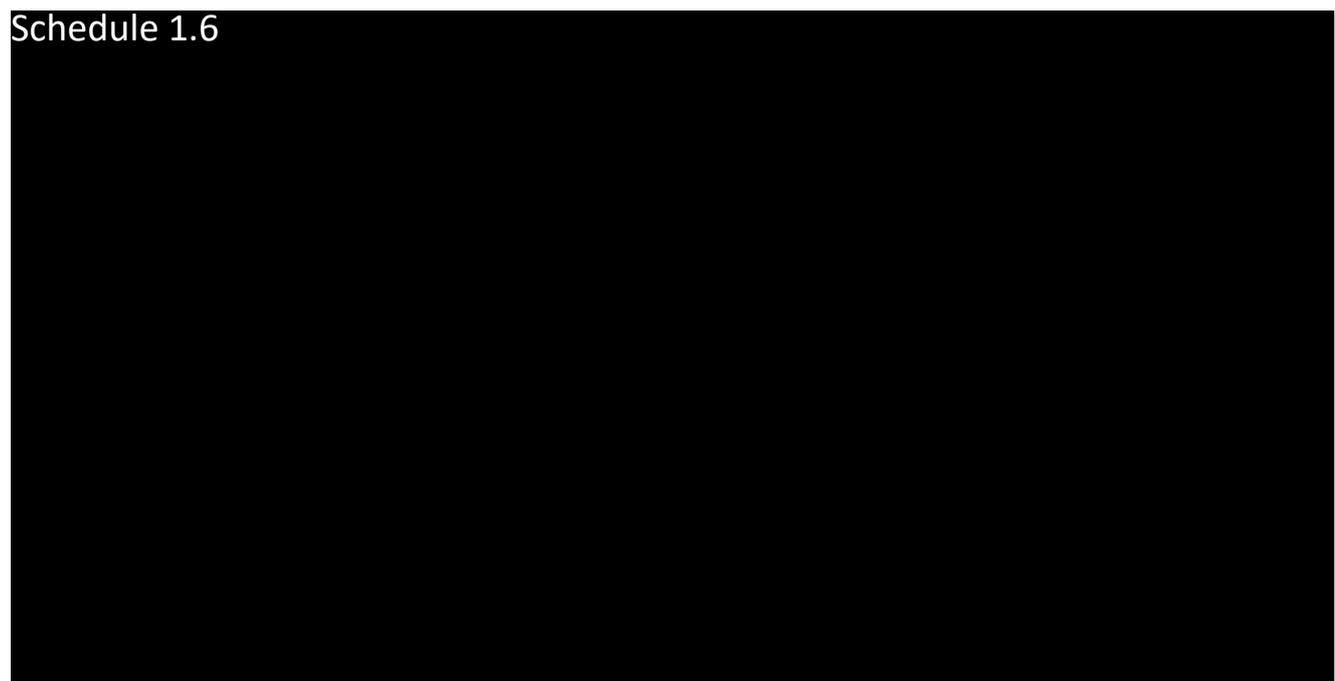
Minister's Office Feedback

Letter revised to include advice about preparation of special legislation but also to be clear that the Government's intent is to work collaboratively with Calvary to reach an agreed position. Will only be sent after I have been able to speak with Mr Bowles.

Background

Schedule 1.6

Schedule 1.6



Issues

Schedule 1.6, Schedule 2.2(a)(xiii)



The Calvary Network Agreement

10. The current CNA is tied to the Crown Lease on the Bruce campus and expires in 2098. As part of the NHP, a more contemporary agreement will be negotiated.
11. Following discussion with project advisers; it is possible to renegotiate the existing agreement, rather than terminate the CNA, if the intent and scope of the agreement is in line with the original.
12. At this stage, advice is that the agreement will continue to be for the delivery of public hospital services on the Bruce campus and as such, should not require a whole new agreement.

Schedule 1.2

Technical adviser

14. The procurement process for the technical adviser for the NHP is now complete, with ARUP being the successful tenderer. ARUP have most recently worked for the Territory as technical advisor on CIT Woden. ARUP will be partnering with BVN architects, who are currently the architects on the Canberra Hospital Expansion (CHE) project.
15. As a priority, the technical advisers will commence due diligence on the Calvary block, including geotechnical assessment, contaminant testing etc.
16. BVN will be designing a masterplan of the Calvary campus and the proof of concept design which will be costed for the 2023-24 business case.
17. The NHP team met with; the new CEO of Calvary, Ross Hawkins; the Calvary General Manager, Robin Haberecht; and Calvary head of Capital works, Denise Holm, on 31 March for a tour of the campus. Calvary have nominated Ms Holm as the contact for access to the Calvary site and Calvary are excited at the prospect of working with the NHP team.

Schedule 1.6, Schedule 2.2(a)(xiii)

Schedule 1.6, Schedule 2.2(a)(xiii)

Clinical Services Planning

23. The CSP will be for all health services on the northside of Canberra it is being delivered by the Health Services Planning and Evaluation division of ACTHD and will deliver a clinical services plan for the northside hospital.
24. A consultant to undertake the northside clinical services plan (CSP) has been appointed, with the first meeting to occur on 13 April 2022.
25. The consultant will also lead a workshop with the project teams on the health hubs, northside elective surgery centre and Northside Hospital to ensure the projects and any engagement is undertaken in a coordinated way and any interdependencies are understood.
26. Consultation with the clinical stakeholders will be scheduled and undertaken as part of the CSP. ACTHD will work with Canberra Health Services (CHS) to ensure clinical engagement is aligned to the other projects and is mindful of the workloads of clinical staff.

Financial Implications

27. The NHP is funded through the 2021-22 Budget. The outcome of negotiations with Calvary will have financial implications and will be the subject of future briefings and Cabinet submissions.

Consultation

Internal

28. Not applicable.

Cross Directorate

29. MPC continues to work as part of the NHP team.

External

30. KWM and PwC have been consulted as advisers to the NHP.

Work Health and Safety

31. Not applicable.

Benefits/Sensitivities

32. The negotiations with Calvary will be very sensitive and will need to be undertaken in good faith with both parties agreeing to transparency.

33. A new Northside Hospital will greatly benefit the community, patients, visitors, and workforce.

Communications, media and engagement implications

34. Following the first meeting with Calvary, it is recommended that the Government announce that the preferred site for the northside hospital is on the existing Calvary site. This will allow certainty when undertaking public and stakeholder communication.

35. ACTHD has been in discussions with CHS regarding aligning public consultations on the hospital with the consultations being undertaken on the health hubs (set to begin in May) so that the community is not having multiple conversations about health services in their areas. A consultation brief will be produced and sent separately.

Signatory Name: Liz Lopa, Executive Group Manager, Strategic Infrastructure Phone: Schedule 2.2(a)(ii)

Action Officer: Liz Lopa Phone: Schedule 2.2(a)(ii)

Attachments

Attachment	Title
Attachment A	Draft letter to Martin Bowles

ACT Health Directorate

To: Minister for Health

Tracking No.: MIN22/619

CC: Deborah Anton, A/g Director-General
Jacinta George, Executive Group Manager, Health System Planning and Evaluation

From: Liz Lopa, Executive Group Manager, Strategic Infrastructure

Subject: Meeting - Martin Bowles, Calvary National and Regional Chief Executive Officer - New Northside public hospital in the ACT - 16 May 2022

Critical Date: 10/05/2022

Critical Reason: To brief you ahead of the meeting scheduled for Monday, 16 May 2022

Recommendations

That you:

1. Agree to the negotiation protocol and meeting schedule at Attachment A;

Agreed / Not agreed / Please Discuss

2. Agree to sign the letter to Mr Martin Bowles providing him with the negotiation protocol prior to your meeting at Attachment B; and

Agreed / Not agreed / Please Discuss

3. Following the 16 May 2022 meeting, agree to announce Calvary as the priority site as outlined in the media release at Attachment C.

With edits as attached
Agreed / Not agreed / Please Discuss

Rachel Stephen-Smith MLA  13/5/22

Minister's Office Feedback

Background

1. In March 2022, the Expenditure Review Committee of Cabinet (ERC) approved the negotiation parameters and principles for negotiation with Calvary on a new Northside Hospital.
2. On 26 April 2022, you sent a letter to Mr Martin Bowles inviting him to commence negotiations with you. A meeting has now been scheduled for Monday, 16 May 2022 at 12.00-1.00pm in your office. Ms Rebecca Cross, Director-General ACT Health and Ms Liz Lopa, Executive Group Manager will attend this meeting on behalf of ACT Health.

Issues*Negotiation protocol*

3. A negotiation protocol and meeting schedule have been developed to support these negotiations. The protocol outlines the parties' roles and responsibilities, the objectives of the negotiations, the timing for the exclusive period, and the obligations of both parties.
4. This has been drafted in line with the Territory's preferred position at Attachment A. As outlined in the protocol, after the initial meeting between you and Martin Bowles; negotiations will be progressed by the Territory's identified officer, Liz Lopa and Calvary's representative (to be confirmed by Calvary).
5. The protocol outlines the escalation points, being in the first instance, Rebecca Cross, Director-General ACT Health and then you, as Minister for Health. Calvary will nominate appropriate equivalent points of escalation.
6. Ideally, the negotiation protocol will be entered into by the Territory and Calvary at the meeting on 16 May 2022. This would then allow that meeting and all subsequent meetings to be guided by the terms of the protocol, including confidentiality.
7. Therefore, we propose that you provide an early copy of this protocol to Mr Bowles ahead of your meeting, a covering letter has been drafted at Attachment B.
8. This may allow any changes requested to the document by Calvary to be settled prior to this meeting.

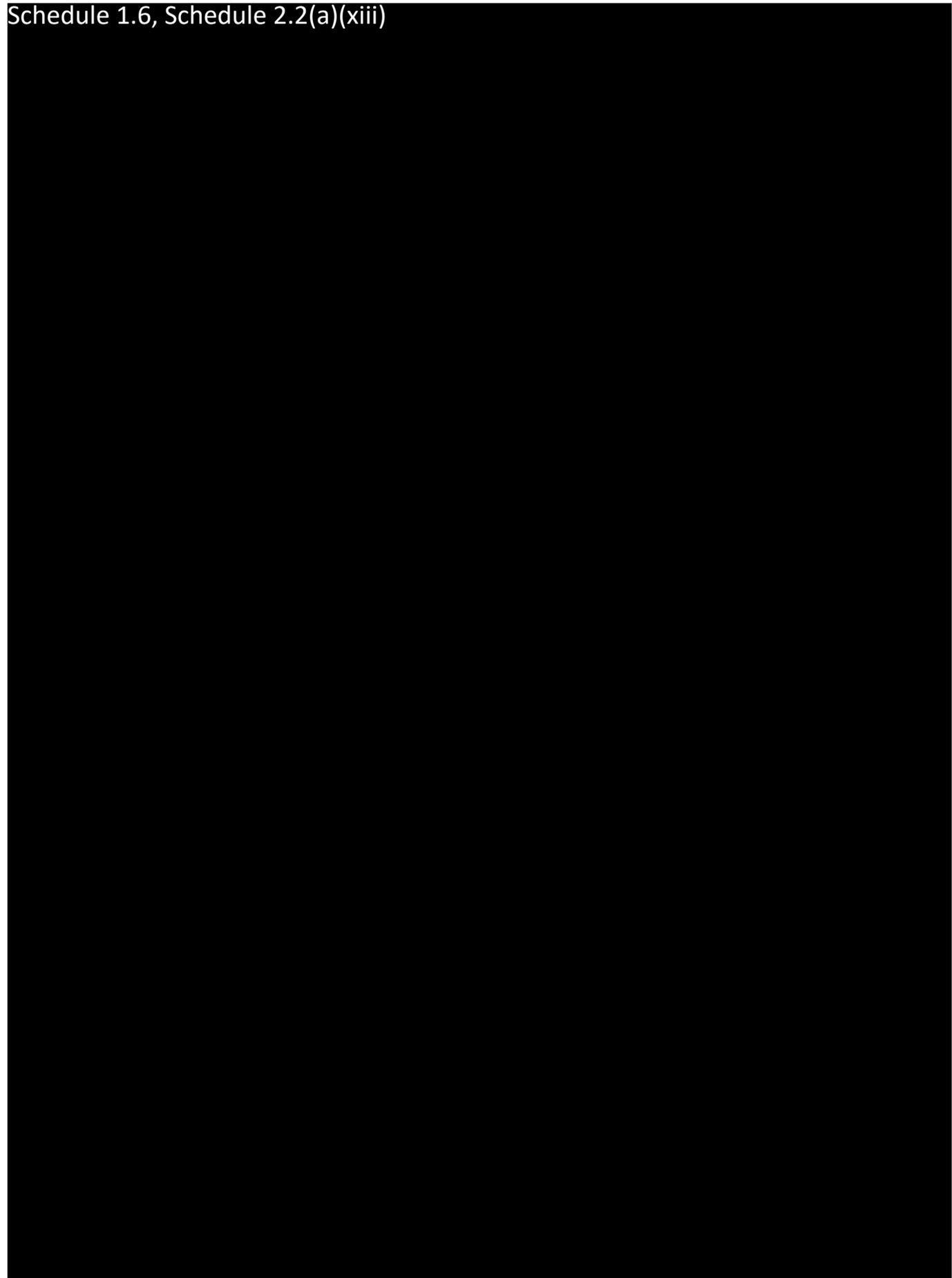
Meeting Schedule

9. Attached to the protocol is an indicative meeting schedule. This is designed to assist Calvary and ACT Health in identifying appropriate times, resources and expertise to undertake the necessary negotiations, with a view to developing an agreed position.
10. The meeting schedule is at Appendix 1 to the negotiation protocol (Attachment A).
11. The location for these meetings is still being determined and will be discussed with Calvary.

The meeting with Martin Bowles

12. The meeting with Mr Bowles is designed to be high level and set the tone for the subsequent negotiations.
13. As outlined in your letter, the meeting will give you an opportunity to discuss the Territory's high-level objectives for the negotiations, the timing, and the requirements of each party (as outlined in the negotiation protocol). Subsequent negotiations will determine the detail of any arrangements; for example, you and Mr Bowles may discuss that ACT Health want land tenure for the new hospital and expansion space. The detailed negotiations will then explore options for how to deliver the objectives; i.e., how much of the site would the ACT Government require; which portion; what are reasonable development rights; are there other pieces of land that could form a part of any agreement with Calvary to offset the Territory's land requirements.
14. A key risk of the negotiations is that they progress well at officer level and then the positions are not agreed by Calvary's broader organisational governance, including their board and the Little Company of Mary.
15. At the meeting with Mr Bowles, it will be important to stress that the positions developed and discussed will need to be endorsed by the relevant authority in writing by 31 July 2022, and that there is not broader organisational agreement the negotiations cannot progress, and the Government will pursue other options.
16. Over the period between 16 May and 31 July 2022, it is not expected that all the matters will be finalised. However, there are some overarching parameters that the Territory would need to have agreed by this date (i.e., agreement to a suitable land arrangement; and agreement that the renegotiated services agreement include a term and termination clauses). To support this structure of negotiations, the two biggest items will be prioritised: being land and the services agreement.
17. Each item will be discussed and progressed as far as possible and that will be detailed on a Term Sheet, signed by both parties. This Term Sheet will be presented to Cabinet to outline the progress of any Calvary Option for the new Northside Hospital. An empty term sheet is at Attachment D for information.
18. Once finalised the Term Sheet will form the basis for any contractual arrangement with Calvary.

Schedule 1.6, Schedule 2.2(a)(xiii)



Schedule 1.6, Schedule 2.2(a)(xiii)

DESIGN AND CONSTRUCTION

27. The functional design brief, concept design, funding and procurement of the new Northside Public Hospital and Other Share Campus Infrastructure will be prepared by the Government's Technical advisory team with input from Calvary.
28. ACT Government will control the selection of:
- a) Reference Design with input from Calvary including approved Clinical Services Plan and Models of Care;
 - b) the appropriate Delivery Model for the Project (Design, Finance and Construction, Design and construction, Design, Build, Maintain, Public Private Partnership); and
 - c) The delivery of the Project within the budget allocation and governance arrangements.
29. This infrastructure project will be Territory funded and will represent the Territory's largest investment in health infrastructure.

Schedule 1.6

34. Given the complexity of the negotiations there may also be other options identified that the Territory has not considered, and these will be assessed and considered by the Northside Hospital Project Team as part of the negotiations.

Public Announcement

35. The meeting with Mr Bowles provides an opportunity to make an announcement that Calvary is the first site that will be examined to deliver a new Northside Hospital. A draft media release has been developed and is at Attachment C.
36. This statement was developed in consultation with Calvary.

Financial Implications

37. The current Northside Project was funded in the 2021-22 Budget. This funding is to prepare a Tier One Infrastructure Business Case through the 2023-24 Budget.

Consultation

Internal

38. Communications assisted in the development of the media release.

Cross Directorate

39. Major Projects Canberra and Government Solicitors Office form part of the Northside Project Team and were consulted in the development of the negotiation protocol, government position, and the development of the brief and attachments.

External

40. Calvary were consulted in the development of the brief.
41. The Northside Project's team of consultants; including commercial and legal advisers developed the necessary documentation to support the meeting, including the negotiation protocol.

Work Health and Safety

42. Not applicable.

Benefits/Sensitivities

43. There may be areas of the community that have expectations that the new northside hospital is an additional hospital rather than a replacement hospital.
44. There may be issues regarding faith-based health service providers providing public health services.
45. The provision of health services by Calvary has never been the subject of a competitive procurement process.
46. Other sensitivities are outlined in the brief and attachments.

Communications, media and engagement implications

47. A communications and engagement plan for the project will be developed and aligned to potential other consultation activities about health services in the ACT. A draft media release has been prepared at Attachment C, and ACT Health Communications and Media will finalise this with your office and Mr Martin Bowles.

Signatory Name: Liz Lopa, Executive Group Manager, Strategic Infrastructure Division Phone: (02) 5124 9805

Action Officer: Caitlin Bladin Phone: MS Teams

Attachments

Attachment	Title
Attachment A	Negotiation Protocol
Attachment B	Letter to Martin Bowles
Attachment C	Draft Media Release
Attachment D	Proforma Term Sheet
Attachment E	Negotiation Strategy



Rachel Stephen-Smith MLA
Minister for Health
Minister for Families and Community Services
Minister for Aboriginal and Torres Strait Islander Affairs

Member for Kurrajong

Mr Martin Bowles, AO PSM
National Chief Executive Officer
Calvary Health Care (Australia)
Schedule 2.2(a)(ii)

Dear ~~Mr Bowles~~ *Martin*

Thank you for agreeing to meet on 16 May to discuss the new Northside Public Hospital. Ahead of our discussion, I am writing to provide you with a draft Negotiation Protocol.

The aim of this document is to outline the roles and responsibilities of both parties, the timing for the negotiations, and the objectives of the negotiations. I would ask that you review this document with a view to signing the negotiation on Calvary's behalf at our meeting.

While recognising this letter provides short formal notice, I understand ACT Health has provided advance copies to Calvary's nominated representative for the negotiations, Mr Ross Hawkins.

I am looking forward to our conversation on 16 May, and hearing about the progress made at the officer level on the negotiations and options, for a new Northside Public Hospital at Bruce.

Yours sincerely

A handwritten signature in blue ink, appearing to read 'RSS'.

Rachel Stephen-Smith MLA
13 May 2022

Inc: Draft Negotiation Protocol





Media release

Rachel Stephen-Smith MLA

Minister for Health

Minister for Families and Community Services

Minister for Aboriginal and Torres Strait Islander Affairs

Member for Kurrajong

xxxx 2020

~~ACT Government exploring options for new Northside hospital on~~ Calvary Bruce Campus confirmed as preferred site for new northside hospital

The ACT Government today announced it is exploring options to deliver the new northside public hospital on the current Calvary Public Hospital Bruce Campus.

Minister for Health, Rachel Stephen-Smith, said the Government committed to the continuation of planning for the new nNorthside hHospital at the last election – with construction to start mid-decade.

“A new nNorthside hHospital will deliver on the Government’s commitment to ~~better~~ meet modern healthcare standards and increasing demand for public hospital services on the city’s northside, and it will replace aging infrastructure on the Calvary Bruce campus,” she said.

“The existing Calvary Public Hhospital Bruce was constructed in the 1970s and has supported the ACT’s health system since that time. While the hospital still serves us well, its ageing infrastructure, but it is aged and needs to be replaced with new, modern infrastructure-facilities that will better support patients, staff and visitors the dedicated staff to deliver healthcare for patients and support carers and families.”

“It makes sense that a new hospital to replace Calvary is located where the current hospital sits—w. We know there is space for a replacement hospital building on the campus and we know Canberrans are used to accessing hospital services thereas this central site.”

“Calvary hasve also built a private hospital on the campus and supporting both hospitals are supported by co-located ancillary health and medical services such as specialists and residential mental health services.”

ACT Legislative Assembly London Circuit, GPO Box 1020, Canberra ACT 2601



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rachelSSMLA



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Media release

Rachel Stephen-Smith MLA

Minister for Health

Minister for Families and Community Services

Minister for Aboriginal and Torres Strait Islander Affairs

Member for Kurrajong

Minister Stephen-Smith said as part of the planning for the new hospital on the Bruce campus, a master plan for the campus would be developed and the community will get to have a say on the way the campus operates.

"We know how valuable community input was for the Canberra Hospital Master Plan – where we received more than 1800 pieces of feedback from the public. We will again engage with the community around the physical infrastructure on the campus as well as the services that are offered there and in the community.

"The first step for community engagement on the project will be about clinical services planning for Canberra's northside, and this will get underway shortly."

Calvary owns the land on which the public hospital sits. Calvary and is currently contracted by the ACT Government to deliver public health services on the Bruce campus and Calvary own the land on which the hospital sits. The Government has commenced negotiations with Calvary regarding how a new ACT Government owned hospital may work can be developed on the existing site to minimise disruption to existing health services, and how the relationship between the Government and Calvary can reflect best practice in health services delivery.

Minister Stephen Smith said the Government is committed to starting construction on a new hospital by mid decade and as such negotiations with Calvary will continue until mid 2022 with other location options to be pursued if agreement cannot be reached with Calvary.

"The Government's first priority is to build a new hospital for Canberrans on the northside," Minister Stephen-Smith said.

"I thank Calvary for its productive engagement in conversations to date and am confident our negotiations will deliver an in-principle path forward over the next few months. If that is not possible, we have indicated that other options may be pursued to ensure the project stays on track."

Minister Stephen Smith said as part of the planning for the new hospital on the Bruce campus, a master plan for the campus would be undertaken and the community will get to have a say on the way the campus operates.

"We know how valuable community input was for the Canberra Hospital Master Plan—where we received over 1800 pieces of feedback from the public over on the Plan. We will again engage with the community around the physical infrastructure on the campus as well as the services that are offered there and in the community."

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rachelss_mla



Media release

Rachel Stephen-Smith MLA

Minister for Health

Minister for Families and Community Services

Minister for Aboriginal and Torres Strait Islander Affairs

Member for Kurrajong

~~Calvary is currently contracted by the ACT Government to deliver public health services on the Bruce campus and Calvary own the land on which the hospital sits. The Government has commenced negotiations with Calvary regarding how a new hospital may work on the existing site to minimise disruption to existing health services, and how the relationship between the Government and Calvary can reflect best practice in health services delivery.~~

~~Minister Stephen Smith said the Government is committed to starting construction on a new hospital by mid-decade and as such negotiations with Calvary will continue until mid-2022 with other location options to be pursued if agreement cannot be reached with Calvary.~~

~~"The Government's first priority is to build a new hospital for Canberrans on the northside."~~

Statement ends

Media contact/s:

Caitlin Cook T (02) 6207 8731 M Schedule 2.2(a)(ii) caitlin.cook@act.gov.au



ACT Health Directorate

To: Minister for Health

Tracking No.: GBC22/256

Date: 16/06/2022

Cc: Jacinta George, Executive Group Manager, Health System and Evaluation
Deb Anton, Deputy Director-General

From: Rebecca Cross, Director-General

Subject: 2022 Legislation Program – ACT Health Directorate Legislation Proposal –
Northside Hospital Enabling Bill 2022

Critical Date: 27/06/2022

Critical Reason: To allow for commencement for the drafting of the Bill to meet proposed
Cabinet and introduction timelines

Recommendations

That you:

1. Note the policy approval to draft Special Legislation by Cabinet (CAB21/804);

Noted / Please Discuss

2. Agree to the Legislation Proposal at Attachment A; and

Agreed / Not Agreed / Please Discuss

3. Sign the letter to the Chief Minister at Attachment B.

Signed / Not Signed / Please Discuss

Rachel Stephen-Smith MLA

28/6/22

Minister's Office Feedback

Please discuss par 4 - the point of getting policy approval for legislative drafting was to commence drafting now, not wait and see. I'm keen to get an early look at what a Bill might look like.

Background

1. ACT Health Directorate (ACTHD) is progressing the Calvary Option for a Northside Hospital to replace the Calvary Public Hospital Bruce.
2. Following consideration by the Expenditure Review Committee (ERC) on 29 March 2022, ACTHD sought agreement from Cabinet to commence commercial negotiations, the parameters for those negotiations and agreement to draft legislation to affect the cessation of Calvary's current lease over Part Block 1, Section 1 Bruce.
3. Cabinet agreed to the drafting of special Legislation on 31 May 2022 (CAB21/804), constituting policy approval required to develop legislation.

Issues

4. This brief seeks your agreement to the Legislation Proposal at Attachment A for this special legislation for inclusion on the 2022 Legislation Program, to be introduced as early as October 2022, depending on the outcomes of negotiations with Calvary. This timeline will ensure legislation can be drafted in a timely manner following negotiations, if required.
5. The Territory has commenced negotiations with Calvary for a range of contractual requirements, in particular to obtain land tenure over the block on which the new hospital will sit and modernise the services agreement, including the introduction of a term. The exclusive negotiation period will end by 31 July 2022.
6. There is a complex interrelationship between the Crown Lease and the Calvary Network Agreement (CNA) both expiring together in 2098. The drafting of special legislation will provide the Territory with a single step process to manage the land ownership and services agreement.
7. Acquisition of the crown lease by special legislation is only one option being pursued by the Territory in relation to a new northside hospital. Early negotiations with Calvary have indicated that special legislation would not be Calvary's preferred approach and would not circumvent the requirement for them to seek approval from their relevant church governance (including the Vatican).
8. ACTHD are preparing a raft of options for consideration by Cabinet in August 2022, but to ensure this option is available if required, the legislation will cease Calvary's Crown Lease (and the CNA unless it is amended to remove this reliance prior); outline a potential compensation framework; and then propose a regrant of a crown lease over the residual land not required for the new northside hospital.
9. A letter at Attachment B to the Chief Minister has been prepared for your signature, which seeks agreement to include the Northside Hospital Enabling Bill 2022 on the 2022 Legislation Program.

Financial Implications

10. This Legislation Proposal has nil financial impact.

OFFICIAL

11. The Northside Hospital scoping study was funded in the 2021-22 Budget. All work referred to in this brief will be covered by this funding.
12. A new Northside Hospital will be a significant investment for the ACT Government.
13. There may be potential compensation considered as part of this Bill, any proposal for compensation will be brought to ERC and Cabinet as part of the broader proposal.

ConsultationInternal

14. Senior Director, Ministerial & Government Services has been consulted on the development of the Legislation Proposal.

Cross Directorate

15. The ACT Government Solicitors Office has been consulted on the development of the Legislation Proposal.

External

16. Not applicable.

Work Health and Safety

17. Not applicable.

Benefits/Sensitivities

18. The development of a new Northside Hospital will be of significant interest to the community and stakeholders.

Communications, media and engagement implications

19. There are no media implications relating to this brief.
20. A communications and engagement plan for the broader project and interrelated health projects has been recently endorsed by you (MIN22/773).

Signatory Name: Rebecca Cross, Director-General Phone: 5124 9400

Action Officer: Liz Lopa, Executive Group Manager, Strategic Infrastructure Division Phone: Schedule 2.2(a)(ii)

Attachments

Attachment	Title
Attachment A	Spring Legislation Proposal – Northside Hospital enabling Bill 2022
Attachment B	Letter to Chief Minister



Rachel Stephen-Smith MLA
 Minister for Health
 Minister for Families and Community Services
 Minister for Aboriginal and Torres Strait Islander Affairs

Member for Kurrajong

Mr Andrew Barr MLA
 Chief Minister
 ACT Legislative Assembly
 London Circuit
 CANBERRA ACT 2600
BARR@act.gov.au

Agreed.
AB
4.7.22

Dear Chief Minister *Andrew*

In response to Cabinet decision CAB21/804 on 31 May 2022, I seek your endorsement to lodge a special legislation proposal to support the progress of the Northside Hospital project.

The ACT Health Directorate propose the following special legislation (the Northside Hospital Enabling Bill 2022) for progression late in the Spring 2022 Legislative Assembly sitting period:

The Bill is being drafted to give effect to Cabinet's preferred option for the new Northside Hospital to be located on the current site of Calvary Public Hospital Bruce. Due to the existing contractual arrangements and practical considerations, it may be necessary to legislate to reflect the outcome of the current negotiations with Calvary. This may include the potential surrender of the Crown lease over Block 1 Section 1, Bruce and the re-grant to Calvary for a portion of the site. This special legislation would give effect to a range of changes, including changes to the contractual arrangements that are tied to the Crown lease.

This special legislation is proposed due to the unique nature of the arrangements between the Territory and Calvary and would allow the Territory to efficiently deal with the ownership of the land and the contractual arrangements in one piece of legislation.

Enclosed is a copy of the ACT Health Directorate's proposal for special legislation for late in the Spring 2022 Legislation Program for your consideration.

Yours sincerely

Rachel Stephen-Smith MLA
 28 June 2022

Encl. Legislation Proposal – Northside Hospital Enabling Bill 2022

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UNCLASSIFIED

To: Rachel Stephen-Smith MLA, Minister for Health**Cc: Rebecca Cross, Director-General****Subject: Northside Hospital update June 2022**

- You have a Quarterly Minister for Health and Calvary catch up on Thursday, 23 June 2022, 3pm – 4pm (MIN22/350) with Calvary Regional CEO, Ross Hawkins where you may be asked about the northside hospital project.
- ACT Health is progressing the Calvary Option for a northside hospital to replace the Calvary Public Hospital Bruce in line with ERC and Cabinet's decisions this year (CAB21/804). This option will be explored exclusively until 31 July 2022.
- Following your meeting with Martin Bowles AO and Ross Hawkins on 16 May 2022 the negotiation protocol (Attachment A) was executed and negotiations commenced on Friday 3 June.
- The negotiation protocol outlines agreed approaches to government, confidentiality and resolution process in which you, as the Minister for Health, are the escalation point for ACT Health. Outside of escalations, all matters related to the negotiations should be raised in the negotiation forum.
- The negotiations have been progressing well and Calvary and ACT Health have a very productive working relationship on these matters, there has been no need for escalation to date.
- Since commencement, negotiations have focussed on land tenure over the block on which the new hospital will sit and the services agreement.
- Calvary have provided clarity on their governance relating to any land transaction and have reiterated their strong support of the option for the Territory to sublease a portion of Calvary's site.
- All options relating to the Government acquiring a portion of the site are not preferred by Calvary but they have stated they have an 'open mind' and are willing to continue negotiating on all areas for agreement and to present options to their Board.
- Government acquisition of the site by any other means (other than by agreement) is not supported by Calvary (including the drafting of enabling legislation).
- There is a complex interrelationship between the Crown Lease and the Calvary Network Agreement (CNA) with both expiring together in 2098. If a negotiated outcome cannot be agreed either during negotiations or by Calvary's broader

canonical approvals (including the Vatican), we are still progressing the drafting of special legislation. This will provide the Territory with a single step process to manage the land ownership and services agreement to enable the northside hospital. A brief is being prepared for your agreement to add the proposed enabling legislation (GBC22/256) to the Spring 2022 Legislation Program.

- ACTHD are preparing a raft of options for consideration by Cabinet in August.
- In addition to negotiations, ACTHD are working with Calvary on master planning the Bruce site in the context of a new northside hospital and as a requirement under the Calvary Network Agreement.
- We ask that, as there is no current need to escalate these items, should Mr Hawkins raise any issues you refer him back to the negotiation protocol at this time; should any matters arise, we will brief you.

Contact Officer: Liz Lopa, Executive Group Manager
Strategic Infrastructure, ACT Health
Contact Number: [Redacted]
Date: 17 June 2022

Apologies for delayed formal sign-off but thank you for advice

Noted/Please Discuss



.....
Rachel Stephen-Smith MLA
Minister for Health

7/7/22



SENSITIVE: CABINET

To: Minister for Health

CC: A/g Director-General

Subject: Northside Hospital update July 2022

- You have a Quarterly Minister for Health and Calvary catch up on Thursday, 28 July 2022, 3pm – 4pm with Calvary Regional CEO, Ross Hawkins where you may be asked about the northside hospital project.
- The below update follows the previously provided Caveat Brief on Northside updates to the Minister's Office in June 2022.
- The Negotiations with Calvary were held in accordance with the agreed Negotiation Protocol.
- 14 Negotiation sessions were held between ACT Government and Calvary, with the following key themes emerged:

Schedule 1.6

- The ACT Health Directorate (ACTHD) are finalising a brief with options, including noting the above, for Expenditure Review Committee consideration on 18 August 2022.
- ACTHD have involved Calvary in Masterplanning and Concept Design sessions for the preferred site, Calvary Public Hospital Bruce.

- ACTHD is appreciative of the input from Calvary in relation to site access and the provision of structural drawings that are informing the hospital design.
- ACTHD will continue to include Calvary in the next Concept Design workshops scheduled in August 2022 and September 2022.
- We ask that you note concerns raised by Calvary and that it will be a decision for Government to consider the next steps.

Contact Officer: Liz Lopa, Executive Group Manager
Infrastructure, Communications and Engagement Division,
ACT Health Directorate

Contact Number: Schedule 2.2(a)(ii)

Thank you for notes and prior discussion.
Issue not discussed with Mr Hawkins at our meeting.

Noted/Please Discuss



.....
Rachel Stephen-Smith MLA
Minister for Health

29 / 7 / 22

ACT Health Directorate

To: Minister for Health

Tracking No.: GBC22/232

Date: 28/07/2022

CC: Deborah Anton, A/g Director-General

From: Liz Lopa, Executive Group Manager, Infrastructure, Communication and Engagement Division

Subject: Final lodgement of Submission for Expenditure Review Committee of Cabinet (ERC) - CAB22/319 – Northside Hospital project update and next steps

Critical Date: 10/08/2022

Critical Reason: The Cabinet submission is due for final lodgement by this date to enable Expenditure Review Committee consideration on 18 August 2022 and Cabinet consideration on 31 August 2022.

Recommendations

That you:

1. Agree to lodge the final Cabinet submission at Attachment 1; and

Agreed / Not Agreed / Please Discuss

2. Sign the submission at Attachment 1.

Signed / Not Signed / Please Discuss

Rachel Stephen-Smith MLA



16/8/22

Minister's Office Feedback

Background

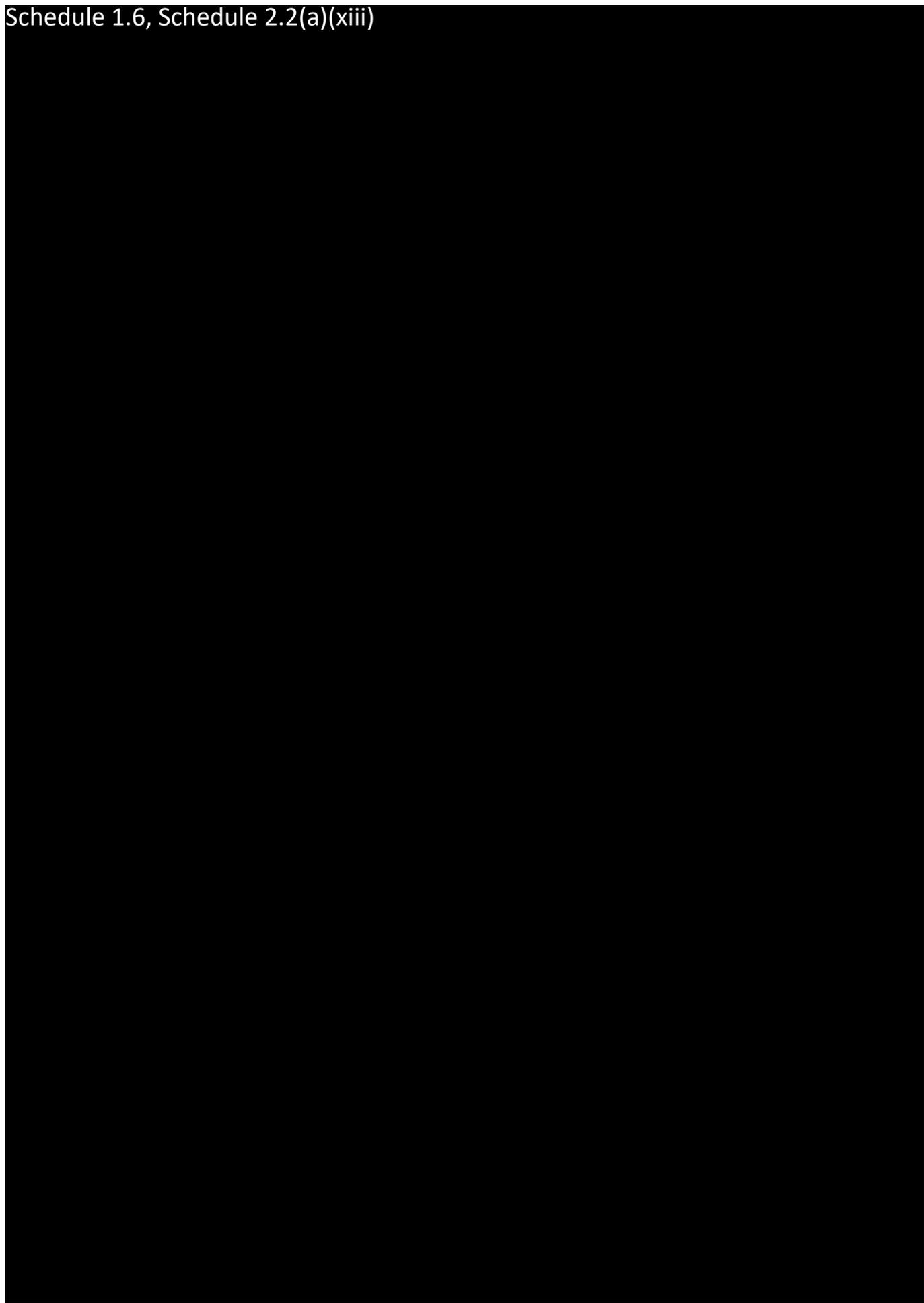
1. Canberra's population is growing and ageing and, in order to meet demand and combat ageing infrastructure, the Government has committed to start construction of a new Northside Hospital (NH) by mid-decade.
2. In March 2022 the Expenditure Review Committee (ERC) of Cabinet agreed for the ACT Health Directorate (ACTHD) to explore the current location of Calvary Public Hospital Bruce (CPHB) as the preferred location for NH, with exclusive negotiations to be held with Calvary until 31 July 2022. This decision was agreed by Cabinet in May 2022.
3. This submission (CAB22/319) provides an update on the NH project including the outcomes of negotiations to be presented for consideration by the ERC on 18 August 2022 and Cabinet on 31 August 2022.

Issues

4. The submission at Attachment 1 seeks Government agreement to the next steps for the Northside Hospital project, including the recommendation to:
 - a. further develop the Bruce option for the NH and final negotiations with Calvary; and
 - b. commencing due diligence on a greenfield site to identify a final preferred site that will act as a risk mitigant and a comparator as part of the business case.
5. The submission summarises the negotiations undertaken to date, including a discussion of the Government's and Calvary's preferred options in regards to land ownership and length of the Calvary Network Agreement (CNA).
6. An outcomes matrix was prepared at the conclusion of negotiations and outlines progress made on the matters raised in your letter to Martin Bowles (Attachment A to the submission). [REDACTED]

Schedule 1.6, Schedule 2.2(a)(xiii)

Schedule 1.6, Schedule 2.2(a)(xiii)



Financial Implications

17. This submission has no financial impact. However, the NH will be a significant investment from the Territory and its health system in the ACT to provide a modern facility.
18. A Business Case will be developed based on the suitable site options and presented to Cabinet for consideration as part of the 2023-24 Budget Process.
19. The funding provided in 2021-22 Budget is funding the current work.

ConsultationInternal

20. Health Service Planning and Evaluation is working with the project team on the health services planning, however, was not consulted for the development of this submission in keeping with a restricted circulation approach.

Cross Directorate

21. ACT Government Solicitors Office and Major Projects Canberra (MPC) are involved in the project and the development of the negotiation parameters.
22. Other Directorates have been involved in developing the master planning strategies including, MPC, Environment, Planning and Sustainable Development Directorate, Transport Canberra and City Services, Chief Minister, Treasury and Economic Development Directorate and Justice and Community Safety (including Emergency Services Agency).
23. ACT Treasury are assisting ACTHD with the development of valuation methodology to inform any compensation package.

External

24. This submission contains commercially sensitive information and has not been circulated externally. The submission will be on restricted circulation ahead of the 18 August meeting.

Work Health and Safety

25. Nil.

Benefits/Sensitivities

26. The development of a new NH will be of significant interest to the community, stakeholders and Calvary.
27. There will be sensitivities associated with the outcome negotiations and next steps, these have all been outlined in the submission for Government consideration.

Communications, media and engagement implications

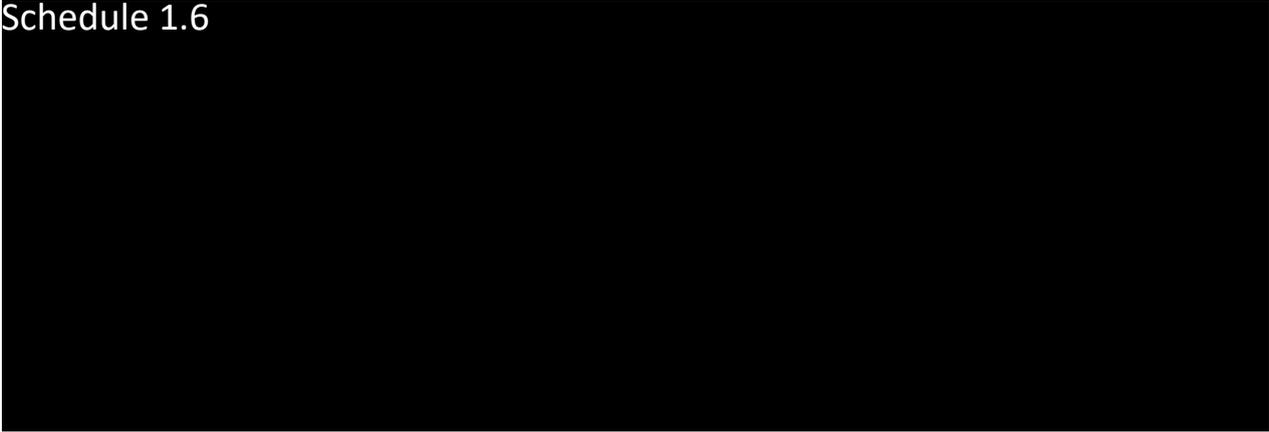
28. A communications and engagement plan for the broader project has been developed and provided to your office.
29. Community engagement on a range of health planning and infrastructure projects, including the northside hospital will commence in August 2022.

Signatory Name: Liz Lopa, Executive Group Manager Phone: Schedule 2.2(a)(ii)

Action Officer: Caitlin Bladin, Senior Director,
Northside Hospital Project Phone: Schedule 2.2(a)(ii)

Attachments

Schedule 1.6



Schedule 1.6

Schedule 1.6

ACT Health Directorate

CABINET-IN-CONFIDENCE

To: Minister for Health Tracking No.: GBC22/541

Date: 31/08/2022

CC: Rebecca Cross, Director-General, ACT Health

From: Liz Lopa, Executive Group Manager, Infrastructure, Communication and Engagement Division, ACT Health

Subject: Final lodgement of Submission for Cabinet - CAB22/319 – Northside Hospital project update and next steps

Critical Date: 31/08/2022

Critical Reason: The Cabinet submission is due for final lodgement to enable consideration at Cabinet on Tuesday, 6 September 2022.

- DG .../.../...

Recommendations

That you:

1. Agree to lodge the final Cabinet submission at Attachment 1 submission for consideration at Cabinet on 6 September 2022; and

Agreed / Not Agreed / Please Discuss

2. Sign the submission at Attachment 1.

Signed / Not Signed / Please Discuss

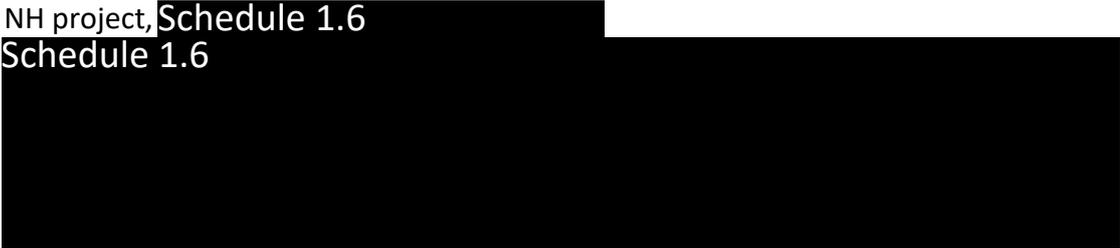
Rachel Stephen-Smith MLA  29/22

Minister's Office Feedback

Background

1. This submission (CAB22/319) provides an update on the Northside Hospital (NH) project, including the outcomes of negotiations. This was discussed at ERC on 18 August 2022 and is now due for consideration at Cabinet on 6 September 2022.
2. You approved the submission for lodgement and consideration at ERC under GBC22/232.

Issues

3. The submission at Attachment 1 seeks Government agreement to the next steps for the NH project, Schedule 1.6
Schedule 1.6
4. Following ERC consideration on 18 August, a letter to Mr Bowles (Attachment G) has been prepared to communicate the Government's position and next steps regarding Calvary's role in the Northside project. The submission recommendations highlight that the letter may be changed following Cabinet by negotiation between you and the Chief Minister.
5. Changes have been made to the submission and recommendations following ERC, in consultation with the Chief Minister's Office.
6. The Business Case for the continued planning, design and construction of a new hospital for the northside of Canberra will be prepared for consideration in the 2023-24 Budget.

Financial Implications

7. This submission has no financial impact. However, the northside hospital will be a significant investment from the Territory and its health system in the ACT to provide a modern facility.
8. A Business Case will be developed based on the suitable site options and presented to Cabinet for consideration as part of the 2023-24 Budget Process.
9. The funding provided in 2021-22 Budget is funding the current work.

Consultation

Internal

10. Health Service Planning and Evaluation is working with the project team on the health services planning, and have been briefed on this Submission.

CABINET

Cross Directorate

11. ACTGSO and MPC are involved in the project and the development of the negotiation parameters.
12. Other Directorates have been involved in developing the master planning strategies including, MPC, EPSDD, TCCS, CMTEDD and JACS (including ESA).
13. ACT Treasury are assisting ACTHD with the development of valuation methodology to inform any compensation package.

External

14. This submission contains commercially sensitive information and has not been circulated externally. The submission will remain on restricted circulation ahead of the 6 September Cabinet meeting.

Work Health and Safety

15. Nil.

Benefits/Sensitivities

16. The development of a new NH will be of significant interest to the community, stakeholders and Calvary.
17. There will be sensitivities associated with the outcome negotiations and next steps, these have all been outlined in the submission for Government consideration.

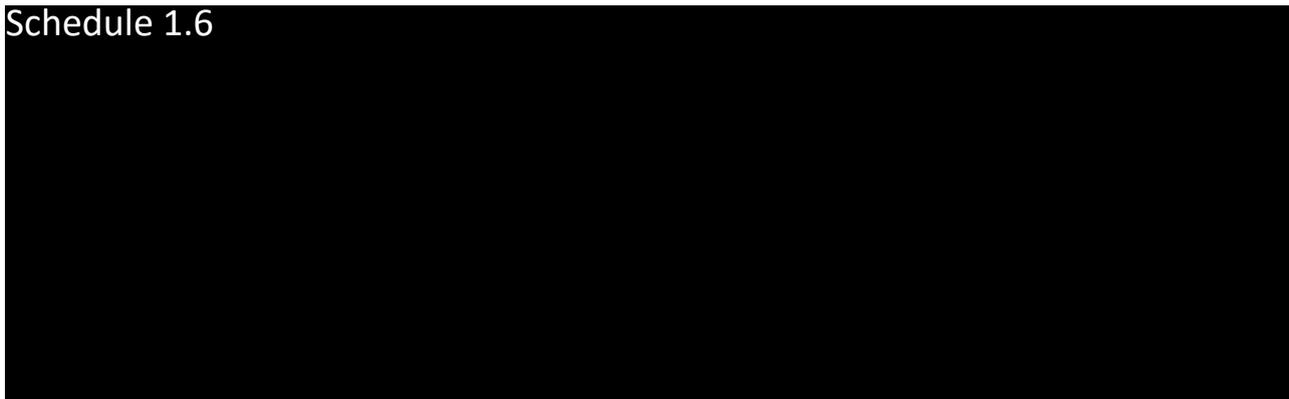
Communications, media and engagement implications

18. A communications and engagement plan for the broader project has been developed and provided to your office.
19. Community engagement on a range of health planning and infrastructure projects, including the northside hospital commenced in August 2022.

Signatory Name:	Liz Lopa	Phone:	Schedule 2.2(a)(ii)
Action Officer:	Caitlin Bladin	Phone:	Schedule 2.2(a)(ii)

Attachments

Schedule 1.6



Schedule 1.6

Schedule 1.6

Schedule 1.6

Schedule 1.6

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Schedule 1.6

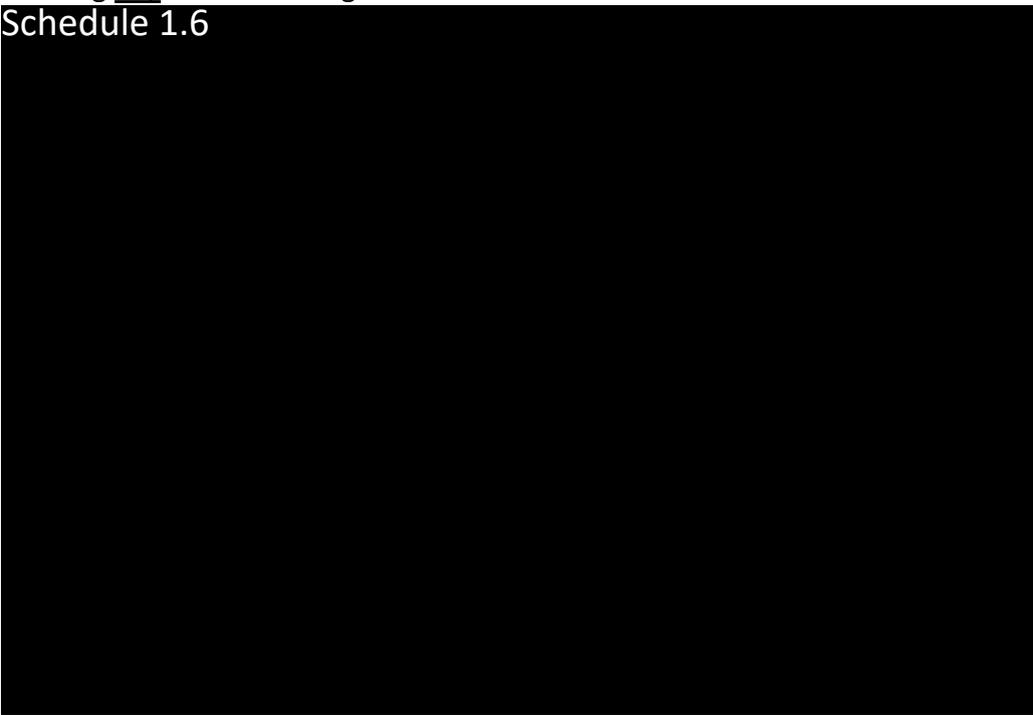
SENSITIVE: CABINET

To: Rachel Stephen-Smith MLA, Minister for Health

Through: Rebecca Cross, Director-General

Subject: Northside Hospital update August 2022

- You have a Quarterly Minister for Health and Calvary catch up on Tuesday, 30 August 2022, 3pm – 4pm with Calvary ACT Regional CEO, Ross Hawkins where you may be asked about the northside hospital project.
- The below update follows the previously provided Caveat Briefs on Northside updates which were forwarded to your Office in June and July 2022.
- The Negotiations with Calvary commenced on 3 June 2022 and ceased on 31 July 2022 and were held in accordance with the agreed Negotiation Protocol.
- 14 Negotiation sessions were held between ACT Government and Calvary, with the following key themes emerged:

Schedule 1.6


- The ACT Health Directorate (ACTHD) prepared a brief with options, including noting the above, for ERC consideration on 18 August 2022. Decisions from Cabinet are expected in early September 2022 which will guide the next steps for ACTHD's discussions with Calvary.
- ACTHD have involved Calvary in master planning and concept design sessions for the preferred site, Calvary Public Hospital Bruce.

- The masterplan continues to be revised as required as site investigations and clinical planning work advances.
- ACTHD is appreciative of the input from Calvary in relation to site access and the provision of structural drawings that are informing the hospital design.
- ACTHD will continue to include Calvary in the next Concept Design workshops to be scheduled for September/October 2022.
- Discussions are occurring about the commencement of clinical consultation to inform the concept design, by way of an Executive User Group (EUG). It is expected the EUG will meet in September/October 2022.
- We ask that you note concerns raised by Calvary and that it will be a decision for Government to consider the next steps.

Contact Officer: Liz Lopa, Executive Group Manager
Infrastructure, Communications and Engagement Division,
ACT Health Directorate

Contact Number: Schedule 2.2(a)(ii)

Noted/Please Discuss

.....
Rachel Stephen-Smith MLA
Minister for Health

ACT Health Directorate

To: Minister for Health

Tracking No.: MIN22/1079

CC: Rebecca Cross, Director-General

From: Jacinta George, Executive Group Manager, Health System Planning and Evaluation

Subject: Meeting with Mr Ross Hawkins, Regional Chief Executive Officer, Calvary Health Care ACT Ltd

Critical Date: 30 August 2022

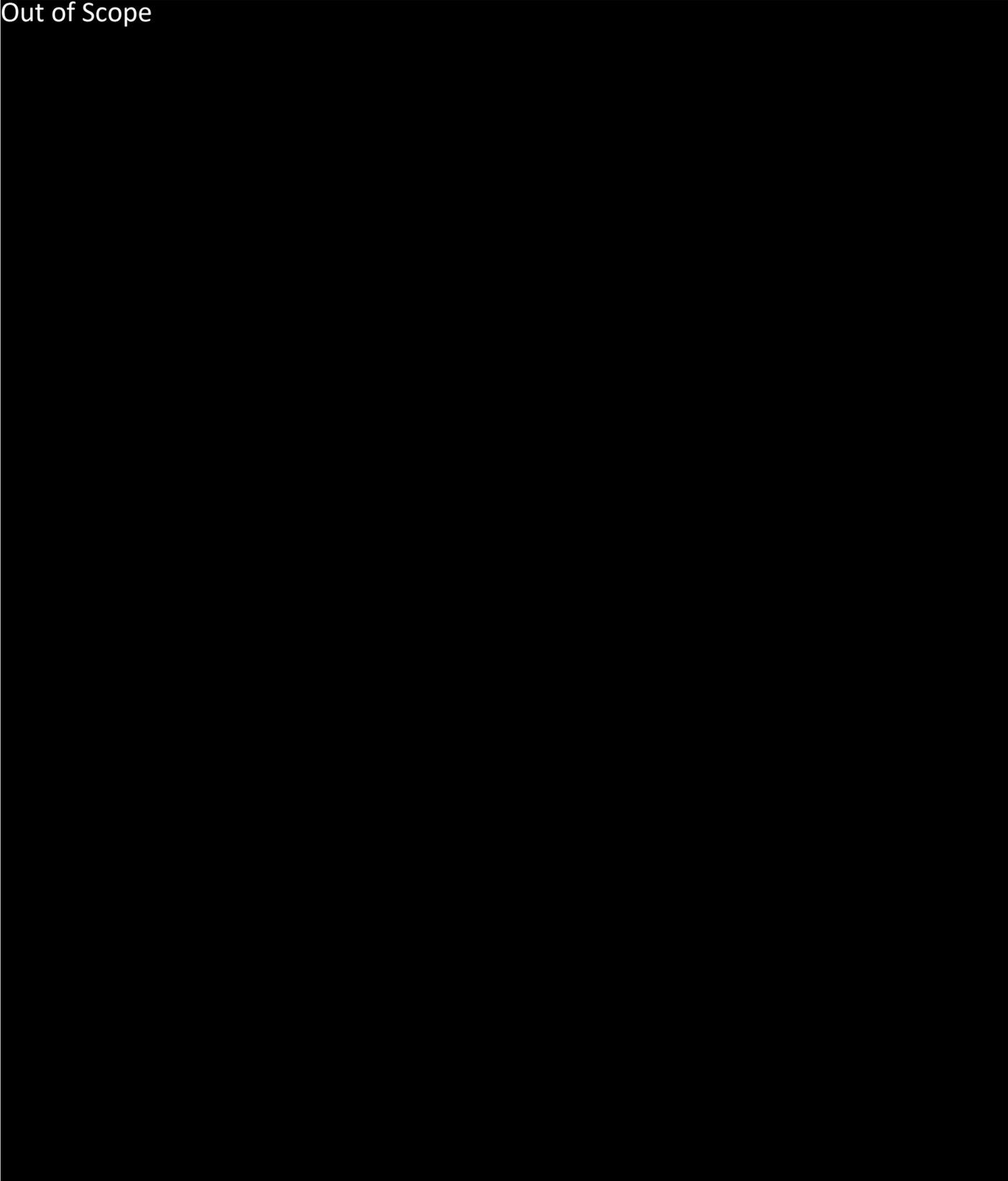
Critical Reason: Meeting is scheduled on this day

Recommendations

Out of Scope



Out of Scope



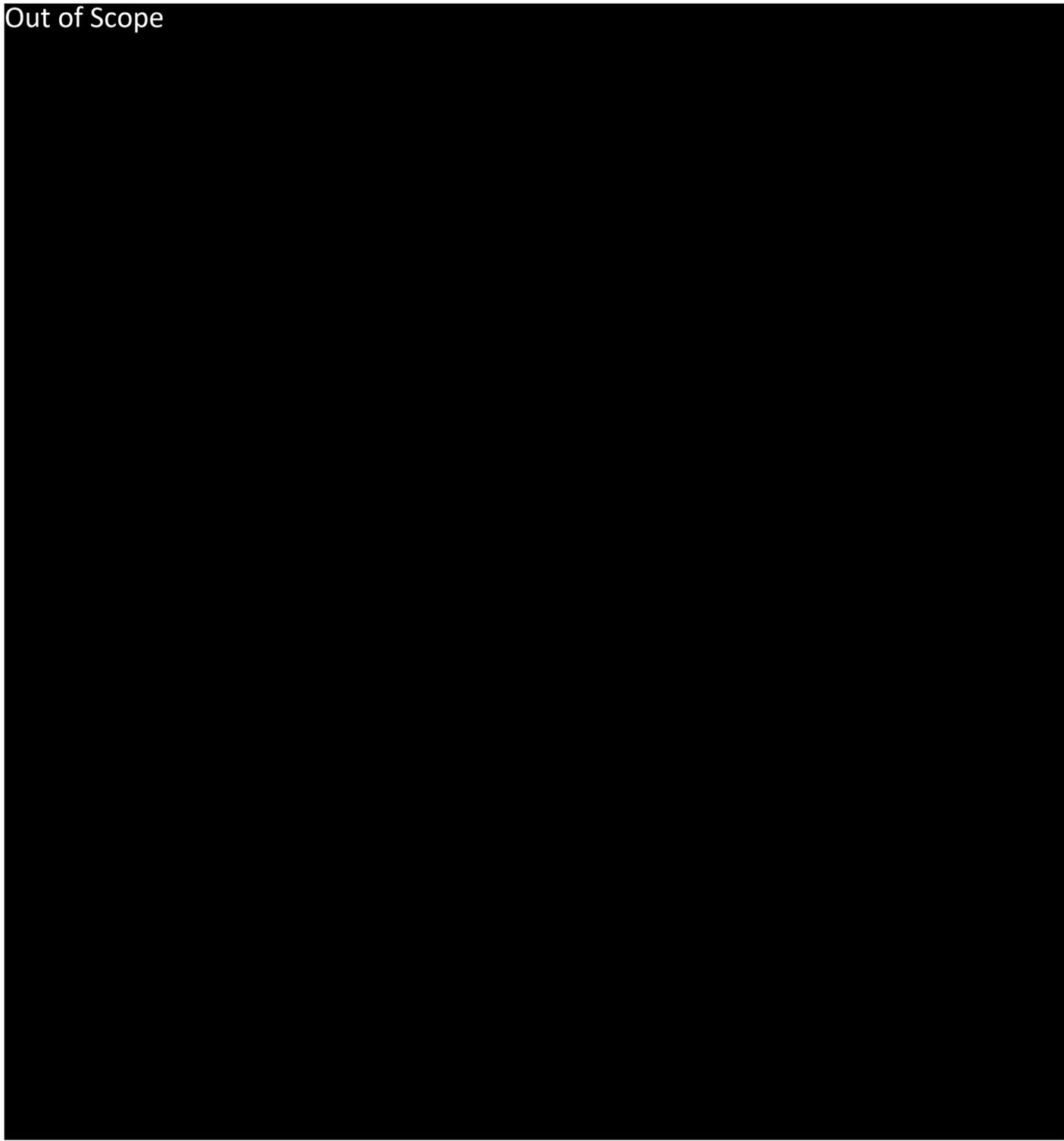
Bruce consultation

18. ACTHD are unaware of what Mr Hawkins wishes to discuss, we believe it might relate to the Northside development.

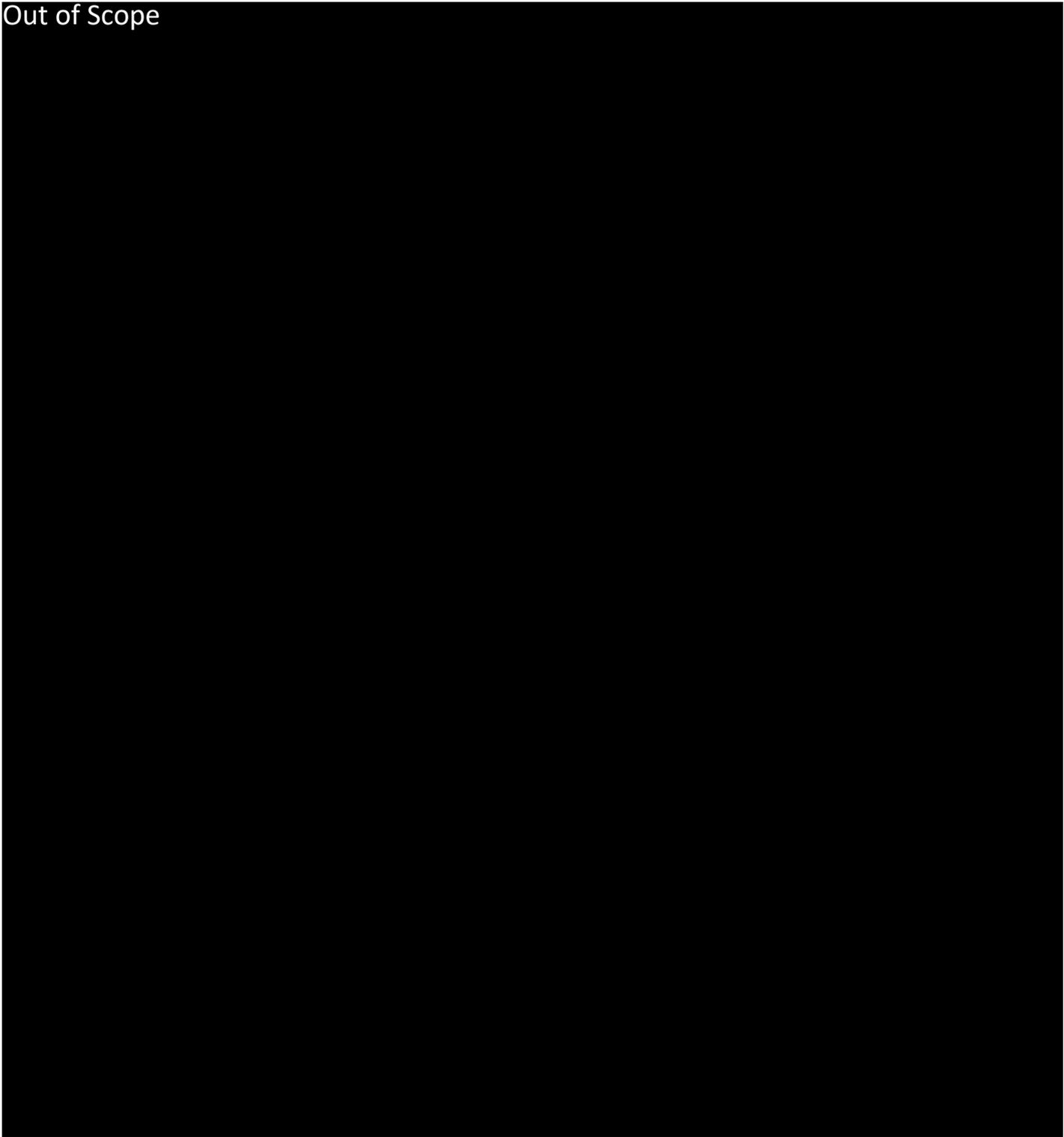
OFFICIAL

19. On 25 August 2022, Ms Liz Lopa, Executive Group Manager, Infrastructure, Communications and Engagement Division, wrote to Mr Hawkins about plans to engage with CPHB and CHS key executive staff regarding the Northside Hospital, and a proposal to establish an Executive User Group. Ms Lopa provided Mr Hawkins with the draft Terms of Reference and a proposed meeting schedule for his consideration and feedback.
20. ACTHD have provided the following additional topics.

Out of Scope



Out of Scope



Cross Directorate

31. Not applicable.

External

32. Not applicable.

Work Health and Safety

33. Not applicable.

Benefits/Sensitivities

34. Not applicable.

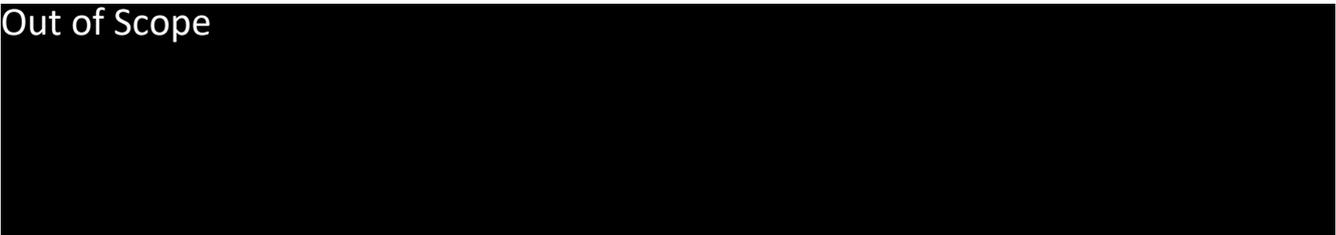
Communications, media and engagement implications

35. Not applicable.

Signatory Name: Jacinta George, Executive Group Phone: 5124 9699
Manager, Health Systems Planning &
Evaluation Group

Action Officer: Margaret Stewart, Executive Branch Phone: 5124 9420
Manager, LHN Commissioning
Branch

Out of Scope



Schedule 1.6

Schedule 1.6

Schedule 1.6

Schedule 1.6

Schedule 1.6

ACT Health Directorate

To: Minister for Health Tracking No.: MIN22/1461

CC: Rebecca Cross, Director-General

From: Liz Lopa, Executive Group Manager, Infrastructure, Communication and Engagement

Subject: Northside Hospital project update – October 2022

Critical Date: 20/10/2022

Critical Reason: To provide you a progress update on the Northside Hospital project, ahead of the first monthly meeting on 24 October 2022.

Recommendations

That you:

1. Note the information contained in this brief and attachments;
(Noted) / Please Discuss

2. Note the Bruce campus master plan concept at Attachment A; and
(Noted) / Please Discuss

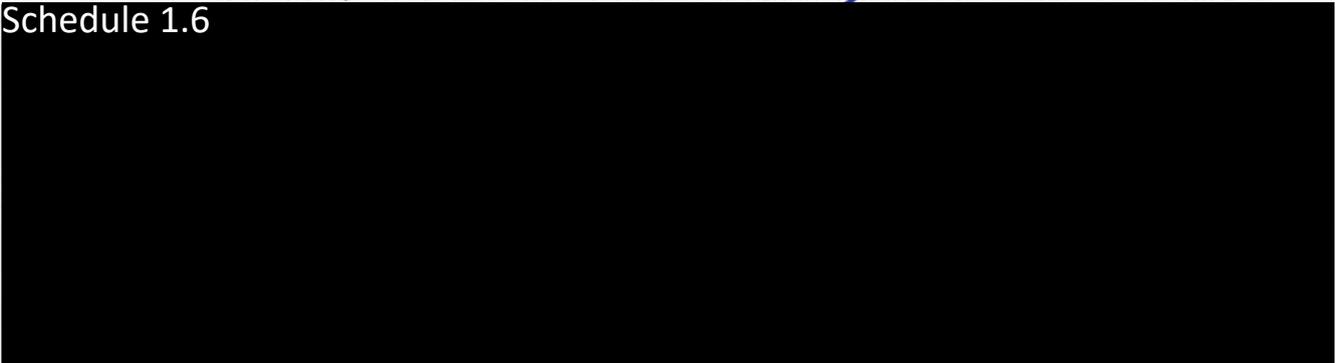
3. Note the Northside Hospital concept design images at Attachment B.
(Noted) / Please Discuss

Rachel Stephen-Smith MLA



6/11/22

Schedule 1.6

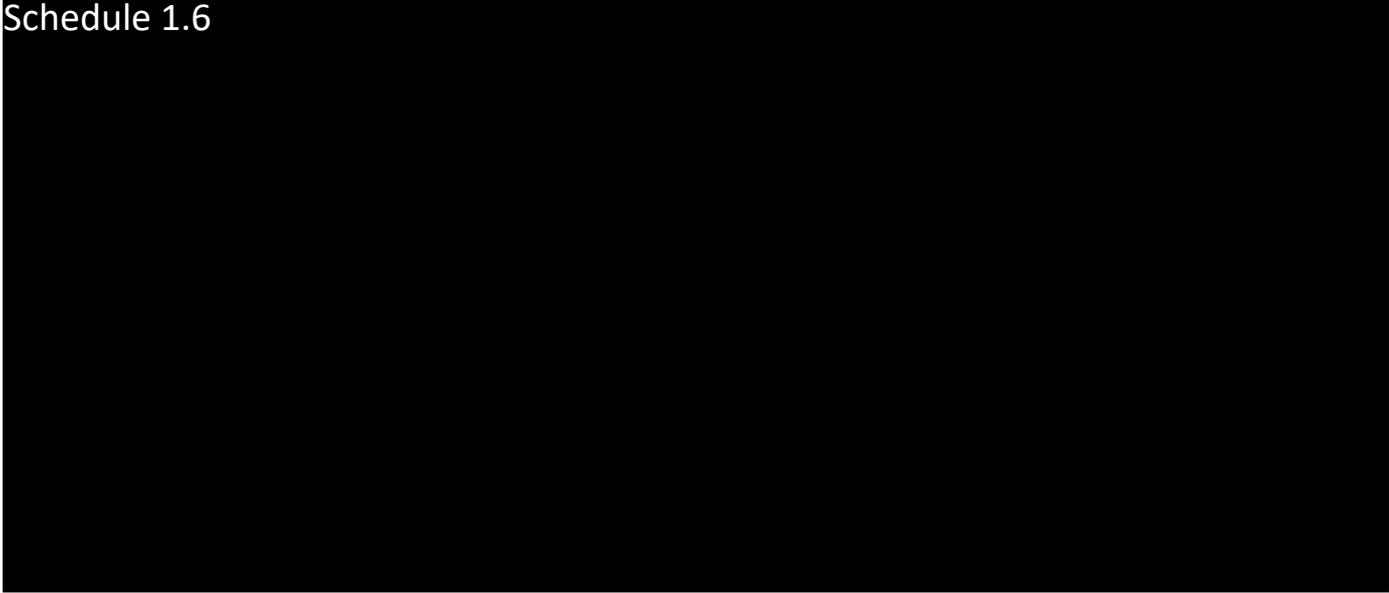


Background

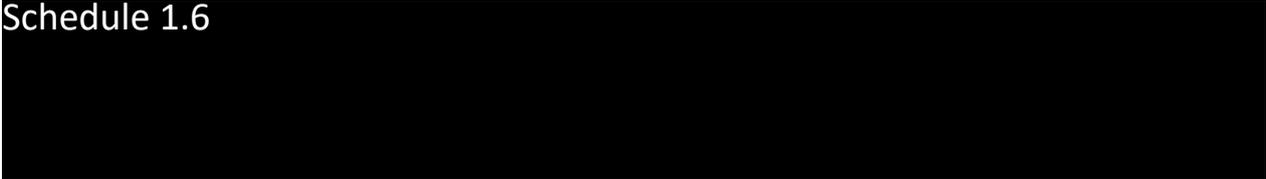
1. The ACT Government has committed to the delivery of a new public hospital on Canberra's northside, with \$13.491 million in funding provided in the 2021-22 Budget towards planning and early concept design for the new hospital.
2. The Government has committed to commencing construction by mid-decade.
3. In early 2022, a Northside Hospital Project Team (NHPT) was established, and key procurement activities completed to engage a Commercial Advisor, Legal Advisor and Technical Advisor.
4. Project governance was also established in line with the current Capital Framework.

Issues

5. The Northside Hospital project has been progressing well throughout 2022, with the key work streams underway to inform the development of the tier 1 infrastructure business case for consideration in the 2023-24 Budget Process.
6. Workstreams include:
 - a. Commercial and legal;
 - b. Bruce campus master plan;
 - c. Clinical service planning;
 - d. Early concept design; and
 - e. Communication and engagement.
7. The current program has the first draft of the Business Case ready for your review in early March 2023.
8. The business case will outline options for Governments consideration, including a base case, a costed Bruce option and a costed greenfield option.

Schedule 1.6

Schedule 1.6



Commercial and legal work stream

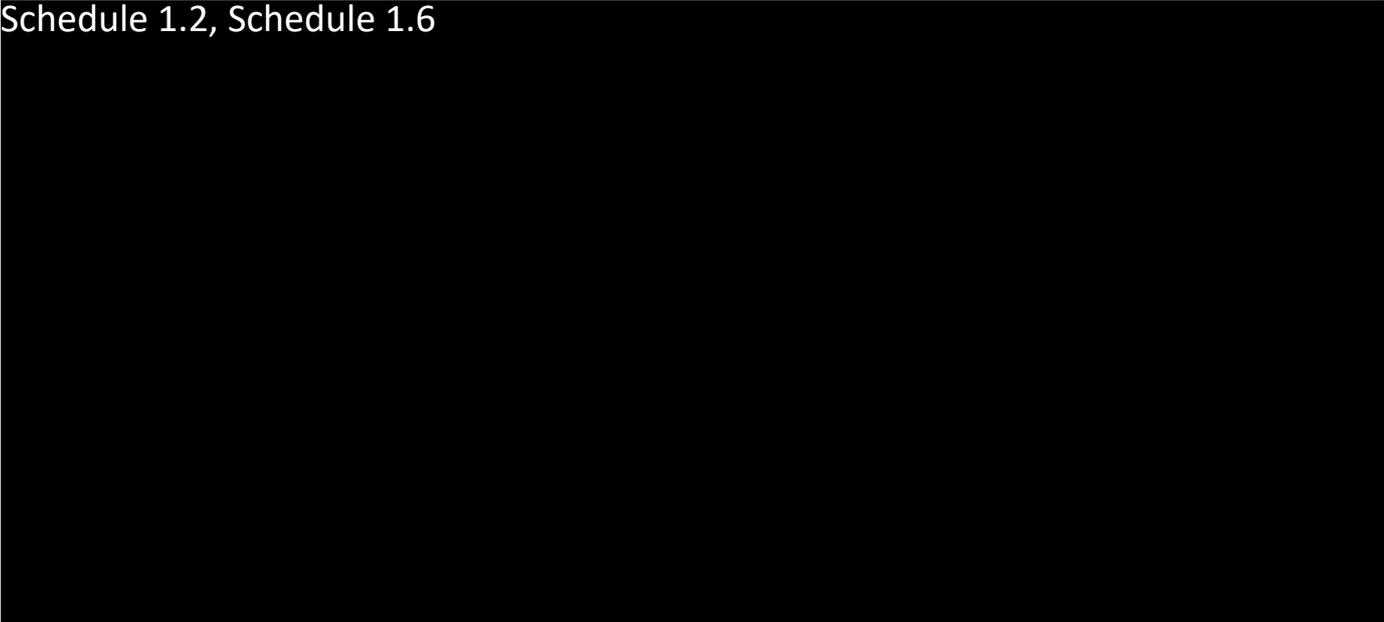
13. This work stream is comprised of the:

- a. negotiations with Calvary about land ownership and operation of the new northside hospital; and
- b. development of the tier one business case.

Schedule 1.6



Schedule 1.2, Schedule 1.6



Schedule 1.2, Schedule 1.6

A Bruce Campus Master Plan

27. The NHPT has worked with Calvary and the TA on developing a master plan for the Bruce site.
28. The Master Plan is not yet endorsed by the northside hospital project governance, but is provided at Attachment A for your information. The development of an agreed master plan for the Bruce campus is a requirement of the Bruce Precinct Deed (under the CNA).
29. Currently there is no agreed master plan with Calvary.

Early Concept Design

30. The early concept design has been developed with the intent to be agnostic of the site on which the Northside hospital is to be built, however the preferred site at Bruce has unique site constraints, including elevation and the aim to minimise disruption to the clinical operation of the existing hospital. This has meant that the design for the northside hospital on the Bruce site is relatively site specific, and a Greenfield site will likely see a different design would be more appropriate.
31. In addition, the clinical scope of the hospital has raised some design challenges, and opportunities. Specifically, a significant mental health inpatient unit (currently 83

CABINET

beds) has raised questions about the suitability of delivering this in a high-density setting (i.e. starting on level five as part of an inpatient unit).

32. Liz Lopa, Executive Group Manager, Infrastructure, Communication and Engagement will discuss the options for consideration in the business case with you and your office at the briefing on 24 October 2022.
33. Clinical and consumer consultation is occurring on the issue of whether to build a separate mental health unit, possibly on the Canberra health Services sites across Mary Potter Circuit.
34. Early concept images are provided at Attachment B for your information.

Clinical service and facility planning

Northside Clinical Services Plan

35. The NHPT has used the draft NCSP received from Health System Planning and Evaluation (HSPE) to inform the bed profile and scope of services.
36. On 18 October 2022, the NHPT received the opening day bed profile and a revised NCSP draft. This information is being considered at the NCSP Steering Committee on 20 October 2022.

Schedule 1.6



Schedule 1.6

Communications and Engagement

Clinical Engagement

41. Clinical engagement formally commenced on 29 September with the first Executive User Group meeting held with executives and clinical leads from Calvary and Canberra Health Services.
42. The EUG will meet two more times in coming months. It was originally planned that they would meet on 18 October 2022 and 8 November 2022, but these will be rescheduled until after the Digital Health Record launch, at the request of CEO, CHS.
43. In the interim, the NHPT will leverage existing forums (division meetings etc) to engage with clinicians about the project.
44. The first such meeting was the Calvary Medical Advisory Committee on 11 October 2022. An agreed outcome from this meeting is that a full workshop with Calvary clinicians will be held on 1 December 2022.

Community and stakeholder engagement

45. You were most recently briefed on the approach for consultation and engagement with the community and stakeholders for this project in early October 2022 (MIN22/1422 refers).
46. Phase 2 engagement on the northside hospital project commenced on 12 October 2022 with a presentation to the Gungahlin Community Council. The go live date for the YourSay campaign has been deferred to the week of 17 October 2022 to allow for discussions with Calvary around the language and images used for the public facing materials.
47. The Phase 2 engagement process will run to late November 2022 and:
 - a. aims to collect feedback to inform development of new hospital
 - b. will be centred on the “Your Say” platform with presentations to community councils; pop-up sessions at local shopping centres and drop-ins at public health centres.
 - c. will comprise stakeholder workshops and one-on-one briefings, which will be held by invitation and include peak bodies and key stakeholder groups. Unions will be provided information about the project and offered an opportunity to discuss via a direct briefing either through a set meeting or

CABINET

utilising existing mechanisms such as the ACT Health Directorate Consultative Committee and similar forums in CHS and Calvary.

48. Engagement activities will not seek feedback on potential sites or commercial issues relating to the new Northside Hospital.
49. Feedback will be used to inform the early concept design, with a final report due to be delivered in December 2022. A copy of the final report will be shared with you upon receipt.

Schedule 1.6
**Financial Implications**

53. Nil.

ConsultationInternal

54. Input regarding the Northside Clinical Services Plan was provided by Health System Planning and Evaluation Division.

Cross Directorate

55. Input regarding the special legislation was provided by ACT Government Solicitor's Office.

External

56. Not applicable.

CABINET

Work Health and Safety

57. Not applicable.

Benefits/Sensitivities

58. The development of a new northside hospital will be of significant interest to the community, stakeholders and Calvary.

59. There will be sensitivities associated with the outcome of Calvary negotiations and next steps, these have all been outlined in the submission for Government consideration.

Communications, media and engagement implications

60. A communications and engagement plan for the broader project has been developed and provided to your office.

61. Community engagement on a range of health planning and infrastructure projects, including the northside hospital commenced in August 2022.

62. You were recently briefed on Phase 2 of the community engagement process. (MIN22/1422).

Signatory Name: Liz Lopa

Phone: Schedule 2.2(a)(ii)

Action Officer: Caitlin Bladin

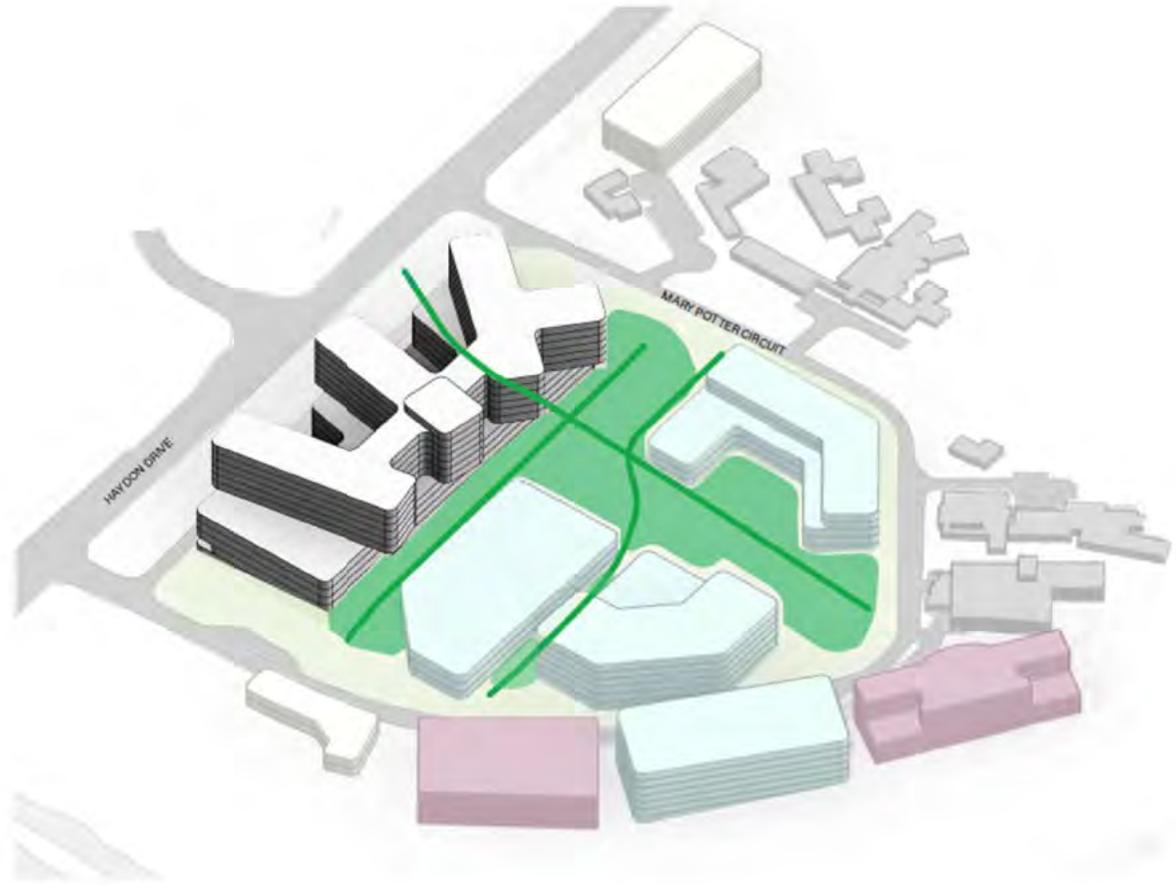
Phone: MS Teams

Attachments

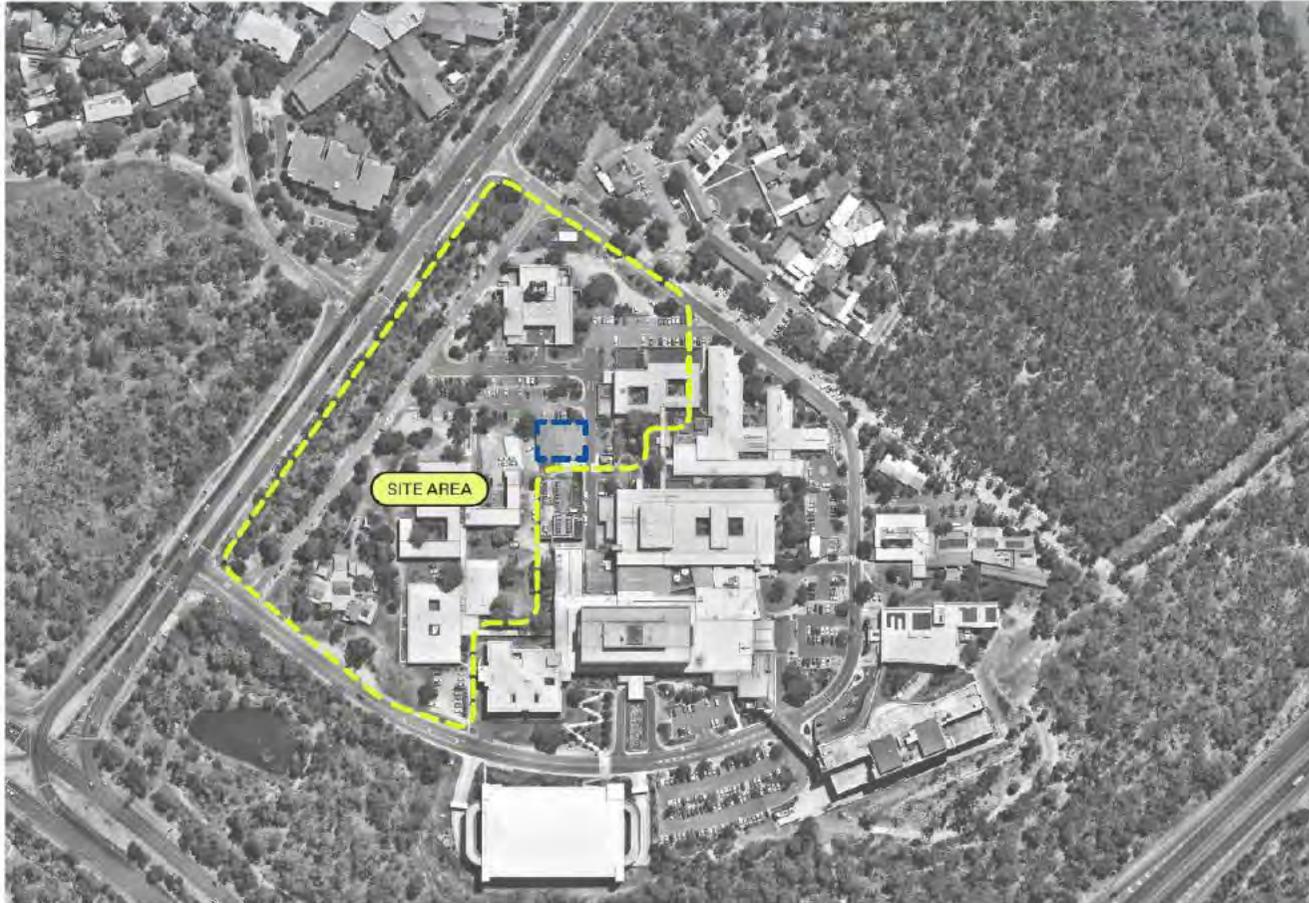
Attachment	Title
Attachment A	Bruce campus masterplan concept
Attachment B	Early concept designs for a new Northside Hospital

Proposed Northside Hospital – masterplan concept inclusive of early concept design

-  Existing Private Hospital and Multideck Car Park
-  New Public Hospital (approx 14 storeys)
-  New Childcare and Multideck Car Park
-  Future Developments (Health, Research, Education, Multideck Car Park) (approx 3-7 storeys)



Northside Hospital - siting - Bruce campus



MOVE 1: DEFINE CONCEPT DESIGN AREA

-  PROPOSED CONCEPT DESIGN SITE AREA
-  PROPOSED PLANT ENCLOSURE EXTENSION



ACT
Government

ACT Health

ACT Health Directorate

To: Minister for Health

Tracking No.: MIN22/1482

Through: Rebecca Cross, Director-General

From: Liz Lopa, Executive Group Manager, Infrastructure, Communication and Engagement

Subject: Commercial pathway for northside hospital

Critical Date: 21/10/2022

Critical Reason: To advise you of options while awaiting Calvary's response to your letter of 14 September 2022, and in advance of the Northside Hospital project briefing with you on 24 October 2022.

Recommendation

That you note the information in this brief.

Noted / Please Discuss

Rachel Stephen-Smith MLA



15/11/22

Minister's Office Feedback

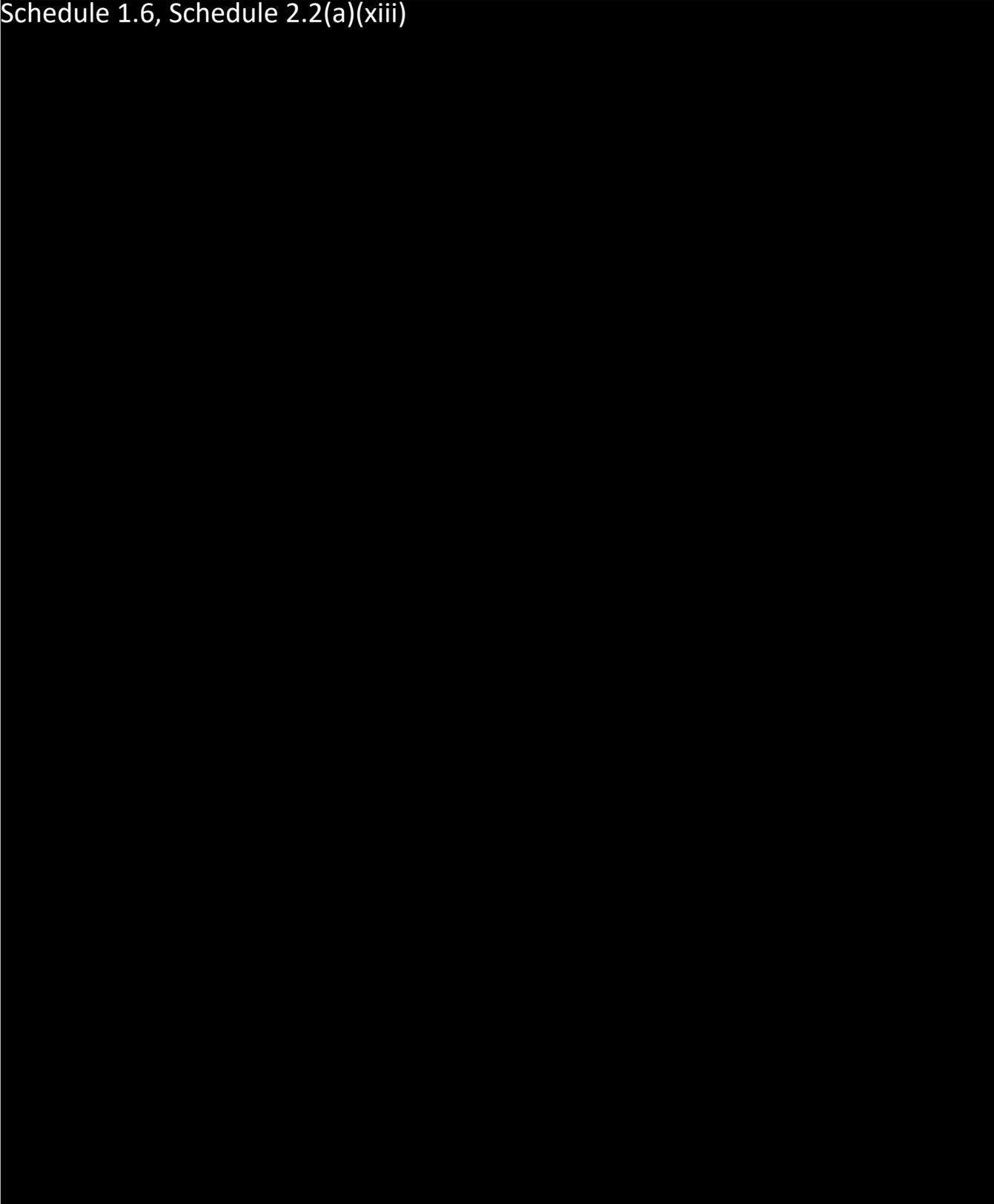
Background

1. In September 2022, Cabinet considered and agreed to the Northside Hospital update and next steps. Following this decision you wrote to Mr Martin Bowles on 14 September 2022 outlining the Government's preferred position for the delivery of a northside hospital on the current site of Calvary Public Hospital Bruce (CPHB).
2. Calvary has advised that Mr Bowles will likely provide an initial yes/no response to Government's position following its Board meeting in October 2022.

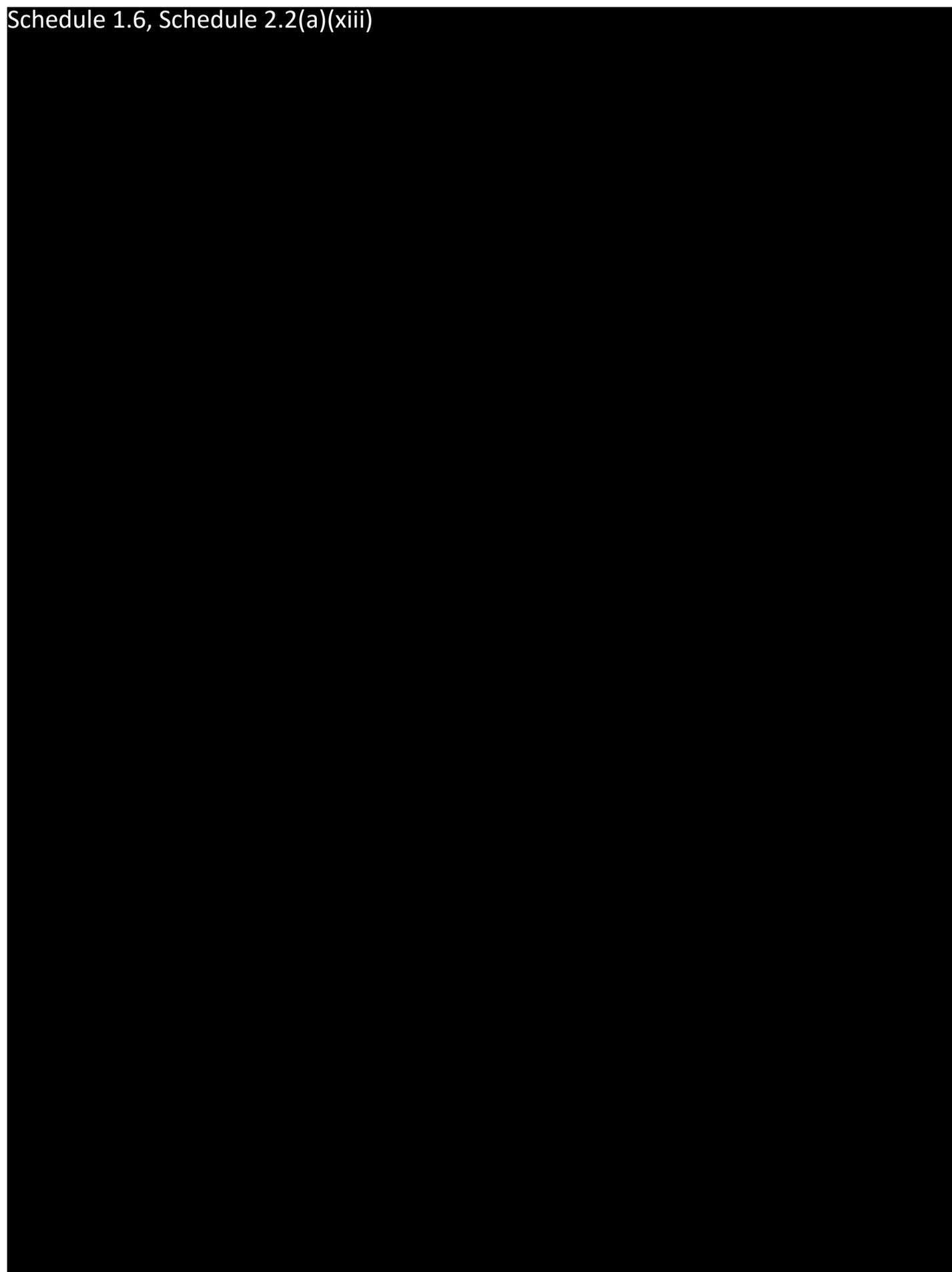
Issues

3. Calvary is currently considering the Government position on the Northside Hospital development and proposal. This includes the Government request to hold title to the land and have Calvary operate the hospital under a new services agreement for a maximum period of 25 years.

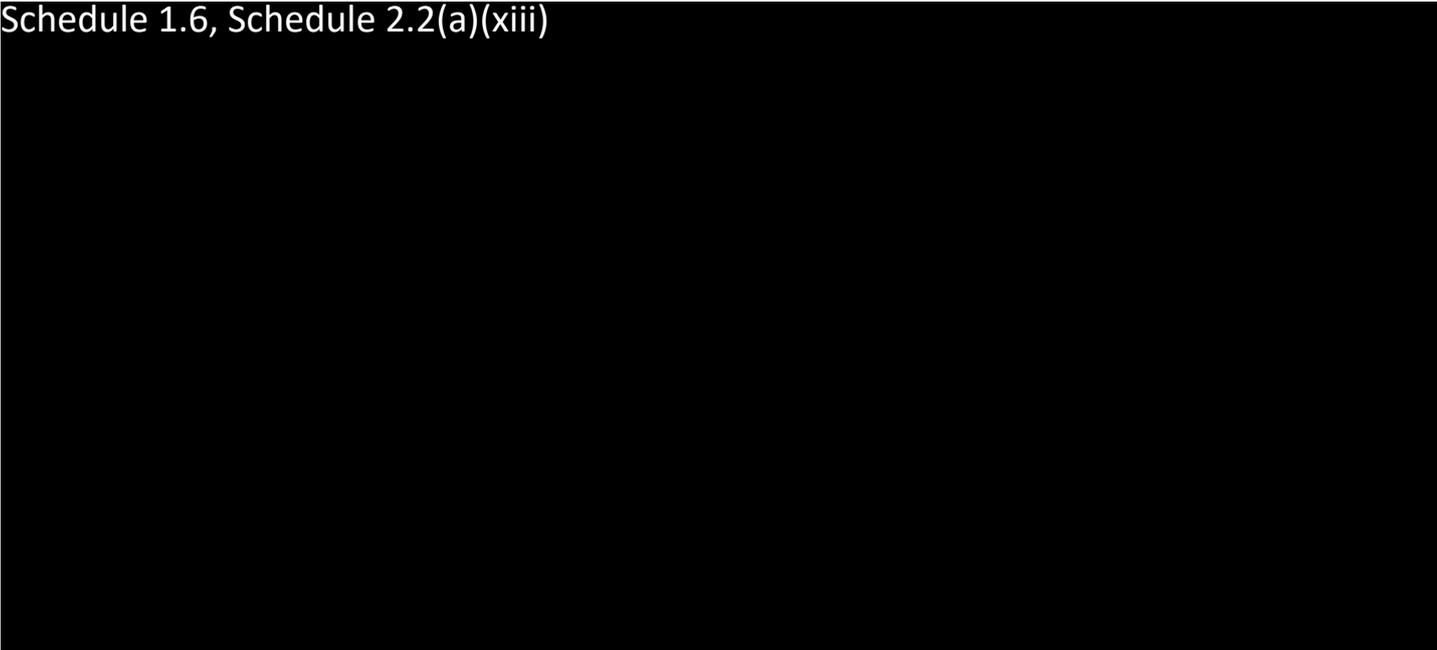
Schedule 1.6, Schedule 2.2(a)(xiii)



Schedule 1.6, Schedule 2.2(a)(xiii)



Schedule 1.6, Schedule 2.2(a)(xiii)



Financial Implications

14. ACTHD is working with Treasury and commercial advisors to finalise a financial appraisal that could inform consideration of a compensation package for Calvary if required.

Consultation

Internal

15. Nil in the development of this brief.

Cross Directorate

16. ACT Government Solicitors Office, Major Projects Canberra and Treasury participated at a recent planning day to explore next steps.

External

17. Not applicable.

Work Health and Safety

18. Not applicable.

Benefits/Sensitivities

19. As outlined above.

Communications, media and engagement implications

20. You recently considered a separate brief on the engagement activities related to the Northside Hospital more broadly, including issues around clinical engagement with Calvary.

CABINET

Signatory Name: Liz Lopa

Phone: MStTeams

Action Officer: Caitlin Bladin

Phone: MStTeams

ACT Health Directorate

To:	Minister for Health	Tracking No.: MIN22/1654
CC:	Rebecca Cross, Director-General	
From:	Liz Lopa, Executive Group Manager, Infrastructure, Communication and Engagement	
Subject:	Meeting with Martin Bowles, National Chief Executive Officer, Little Company of Mary Health Care Ltd	
Critical Date:	21/11/2022	
Critical Reason:	The meeting is scheduled for this date	

Recommendation

That you:

1. Note Liz Lopa, Executive Group Manager, Infrastructure, Communication and Engagement Division will be the ACT Health Directorate representative attending this meeting; and

Noted / Please Discuss

2. Note the information contained in this brief.

Noted / Please Discuss

Rachel Stephen-Smith MLA  21/11/22

Minister's Office Feedback

For further discussion following the meeting - please schedule a specific meeting in the next week or so to consider further options. Thank you
I note the Precinct Deed doesn't cover the area of MH facilities run by CHS.

Background

1. As part of the ACT Government's commitment to commence construction of a new northside hospital by mid-decade, the ACT Health Directorate (ACTHD) has been in negotiations with Calvary over the location and operating model for the new hospital.
2. An initial phase of negotiations concluded on 31 July 2022. On 6 September 2022, Cabinet considered the outcomes of these negotiations and agreed the next steps. This included agreeing the ACT Government position on the land and contract for the new northside hospital.

Schedule 1.6, Schedule 2.2(a)(xiii)

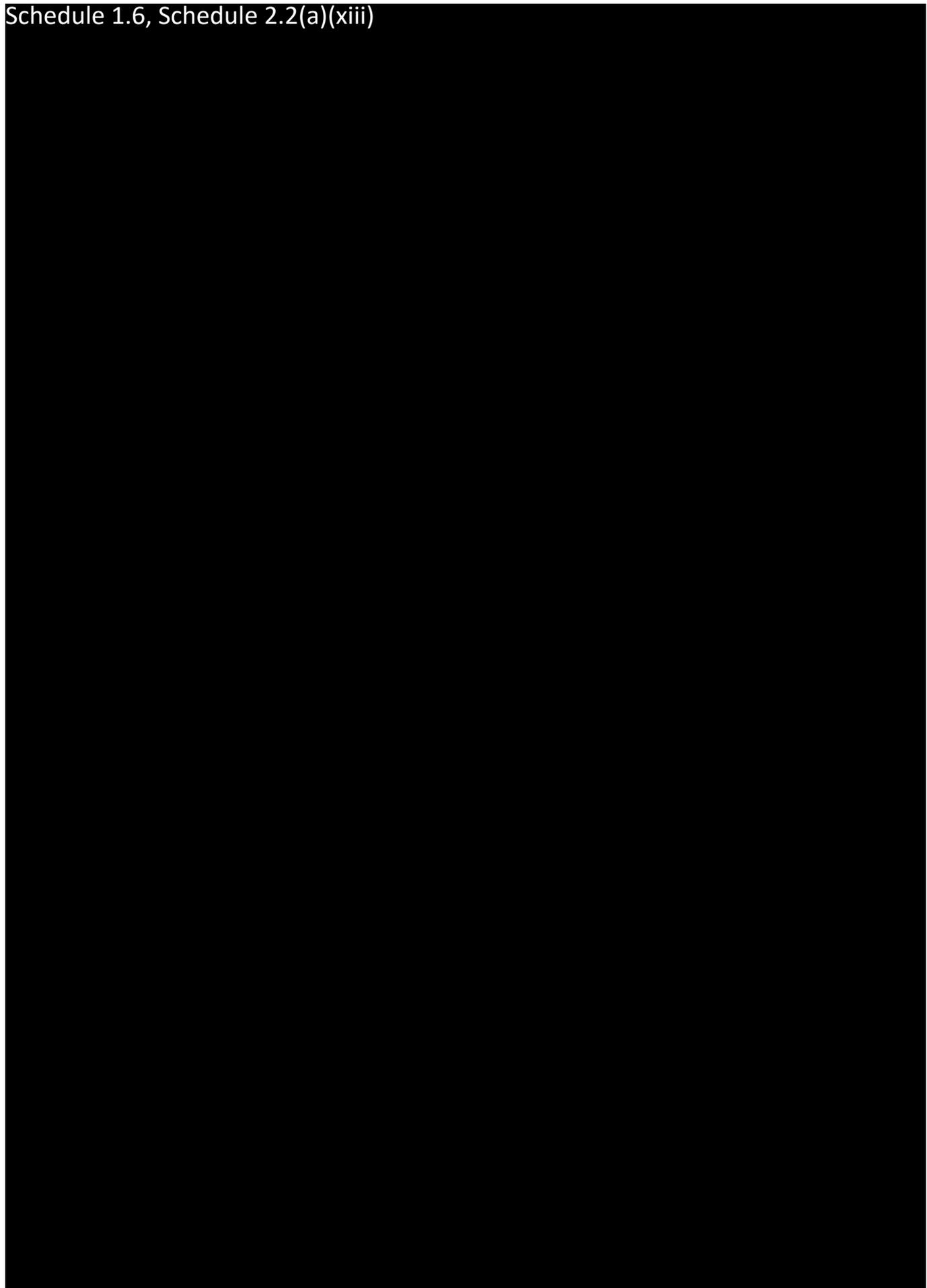
**Issues**

6. Since September 2022, there has been no further discussion between Calvary and ACTHD of the terms of the ACT Government's offer. The project team communication with Calvary has been focused on clinical and community engagement, site access for geotechnical work, and clinical services planning (though this has been led by the Health System Planning and Evaluation Division).
7. A brief was prepared at your request on the commercial pathways depending on either a yes or no answer from Calvary ([Attachment D](#)).

Schedule 1.6, Schedule 2.2(a)(xiii)



Schedule 1.6, Schedule 2.2(a)(xiii)



Schedule 1.6, Schedule 2.2(a)(xiii)**Financial Implications**

22. Nil for this brief.

ConsultationInternal

23. Nil.

Cross Directorate

24. The Government Solicitors Office has been involved in all the negotiations to date.

External

25. ACTHD has commercial, legal and technical advisors engaged on the Northside Hospital Project. They have advised on the commercial pathways (refer to Attachment D).

Work Health and Safety

26. Nil.

Schedule 1.6, Schedule 2.2(a)(xiii)

CABINET

Signatory Name: Liz Lopa, Executive Group Manager, Phone: 5124 9805
 Infrastructure, Communication and
 Engagement

Action Officer: Caitlin Bladin, Senior Director, Phone: MS Teams
 Northside Hospital Project

Attachments

Attachment	Title
Attachment A	Letter to Martin Bowles AO PSM dated 14 September 2022
Attachment B	Mr Bowles AO PSM interim response
Attachment C	Bruce Precinct Deed
Attachment D	Ministerial Brief - Commercial pathway for Northside Hospital (MIN22/1482 refers)

Bruce Health Care Precinct Deed

between

**Australian Capital Territory
(Territory)**

and

**Calvary Health Care ACT Limited
ACN 105 304 989
(Calvary)**

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THIS DEED is made on 7 December 2011

BETWEEN AUSTRALIAN CAPITAL TERRITORY the body politic established by section 7 of the *Australian Capital Territory (Self-Government) Act 1988* (Cth) represented by ACT Health Directorate (**Territory**)

AND CALVARY HEALTH CARE ACT LIMITED ACN 105 304 989 of Level 18, 68 Pitt Street, Sydney, New South Wales (**Calvary**)

BACKGROUND

- (A) Calvary operates a Public Hospital and Private Hospital on the Land in accordance with the mission, vision and values of the Calvary Ministries.
- (B) Calvary and certain of its related entities also operate Calvary John James, Clare Holland House Hospice, Calvary Retirement Community, and Calvary Silver Circle in the Canberra region. Calvary and Little Company of Mary Health Care Limited remain committed to the long term growth and development of services in the region.
- (C) The Territory acknowledges the historical and ongoing contribution made by Calvary and the Sisters of the Little Company of Mary in the provision of health care services in the Australian Capital Territory. That ongoing contribution will continue under the Network Agreement and through the operation of each of the services referred to in recital B.
- (D) The Territory wishes to embark upon a redevelopment of the health care system to streamline the operation of public hospital and health care services in the Australian Capital Territory.
- (E) For this purpose, the Territory and Calvary have agreed to the terms of this Deed.

1. DEFINITIONS AND INTERPRETATION

1.1 Definitions

“**Acquired Land**” has the meaning attributed to it in clause 4.2.

“**Approvals**” includes any consent, authorisation, registration, filing, agreement, notification, certificate, permission, licence, approval, permit, authority or exemption issued by, from or with any Relevant Authority.

“**Business Day**” means a weekday other than a day on which a public holiday is declared in Canberra.

“**Commencement Date**” means the date the Network Agreement commences.

“**Crown Lease**” means the Crown lease of ‘Block 1 Section 1 Division of Bruce’ granted on 16 November 1999 by the Commonwealth to Calvary and registered as Volume 1577 Folio 94 at the ACT Registrar-General’s Office.

“**Development**” means a development the subject of a Development Proposal endorsed by the Precinct Committee.

“Development Proposal” means a proposal for a development or redevelopment within the Precinct.

“Network Agreement” means the “Calvary Network Agreement” dated on or about the date of this Deed between the Territory and Calvary.

“Objectives” means the objectives set out in clause 6.2.

“Outline Plan” means the plan attached to this Deed at Schedule 1.

“Practical Completion” means the issue of a certificate of occupancy for a building that is part of a Development.

“Precinct” means the precinct described under clause 4.1 and includes any Acquired Land.

“Precinct Committee” means the committee established under clause 5.1.

“Precinct Master Plan” means the master plan for the Precinct developed in accordance with clause 6.1.

“Project Control Group” means the group established under clause 8.

“Relevant Authority” means the Territory, any Minister, the Executive, any administrative unit, section or department of the Territory, statutory authority, Territory owned developer, utility provider, or any other body, which has statutory and/or administrative responsibilities in respect of the Precinct, the infrastructure works or any development within the Precinct.

“Sublease Commencement Date” means the date of Practical Completion.

1.2 Interpretation

In this Deed, unless a contrary intention is expressed:

- (a) terms which are capitalised but not defined in this Deed have the meaning given to them in the Network Agreement;
- (b) references to a party includes any assignees, successors, employees, agents or subcontractors of that party;
- (c) references to legislation or to provisions in legislation include references to amendments or re-enactments of them and to all regulations and instruments issued under the legislation;
- (d) words importing a gender include the others; words in the singular number include the plural and vice versa; and where a word or phrase is given a particular meaning, other parts of speech and grammatical forms of that word or phrase have corresponding meanings;
- (e) ‘include’ is not to be construed as a word of limitation;
- (f) headings have no effect on the interpretation of the provisions; and
- (g) an obligation imposed by this Deed on more than one person binds them jointly and severally.

2. PURPOSE OF DEED AND GUIDING PRINCIPLES

2.1 Purpose

This Deed covers the relationship between the Territory and Calvary in relation to the Precinct and describes the processes for that relationship to create and progress the development of the Precinct.

2.2 Guiding principles

The parties agree and acknowledge that the following principles will govern the operation of and the rights and obligations of each of the parties to this Deed:

- (a) the parties are committed to developing the Precinct into a prominent acute health care facility in the Australian Capital Territory;
- (b) the Precinct is to be operated in a manner which is consistent with the mission, vision and values of Calvary and LCMHC from time to time;
- (c) to ensure sustainability of high quality effective health care at the Public Hospital, including continuance of the mission, vision and values of Calvary;
- (d) the parties will conduct themselves in a manner compatible with the principles of the Network Agreement; and
- (e) the importance of the concepts envisaged by this Deed in ensuring the long term viability of Calvary's operation of the Public Hospital under the Network Agreement.

3. TERM

- (a) This Deed commences on the Commencement Date and continues in force unless and until the date on which the Network Agreement terminates.
- (b) Should the Network Agreement terminate, this Deed will automatically terminate without either party being required to give notice to the other.

4. PRECINCT

4.1 Definition

The Precinct is the "Bruce Health Care Precinct" which as at the Commencement Date is as shown on the Outline Plan. The parties acknowledge that Calvary operates the Public Hospital and the Private Hospital in and from the Precinct.

4.2 Acquired Land

Should either party acquire any land immediately adjacent to the Land (**Acquired Land**), and the permitted use of the Acquired Land is for purposes related to providing health services consistent with Calvary's Role Delineation under the Network Agreement, then the parties agree that such Acquired Land will also become part of the Precinct and be subject to the requirements of this Deed.

5. PRECINCT COMMITTEE

5.1 Formation of Committee

As soon as practicable following the Commencement Date, the Territory and Calvary agree to form a precinct committee that will comprise three representatives of the Territory and three representatives of Calvary.

5.2 Members

Each party may appoint their representatives as members of the Precinct Committee and remove those members and appoint replacements, by written notice delivered to the other party at any time.

5.3 Functions of the Precinct Committee

The functions of the Precinct Committee are to:

- (a) agree on the development priorities for health care services in the Precinct;
- (b) incorporate guidelines on the total planned capacity of particular diagnostic groups or clinical services for the Precinct or other services conducted in the Precinct;
- (c) consider all Development Proposals;
- (d) monitor the progress of the parties in complying with their obligations under this Deed as required;
- (e) review the plan for the Precinct;
- (f) provide advice and guidance in relation to conduct of the development of the Precinct and any Development and any associated matters if and when requested to do so by a party or by the parties;
- (g) provide a forum for the discussion of any matters connected with the Precinct and any Development as Calvary or the Territory may from time to time determine as being appropriate for the Precinct, including ensuring dissemination of information and consideration of the views of all the stakeholders connected with the Precinct and any Development;
- (h) to consider issues relating to:
 - (i) the timing of each stage of each Development, which the parties acknowledge is intended to be consistent with each Development's proposed timeline;
 - (ii) proposals which may be put forward by the Calvary Network Committee for development opportunities of the Precinct;
- (i) work collaboratively with the Calvary Network Committee and ensure that this Deed is administered consistently with the provisions of the Network Agreement;
- (j) review, and where possible resolve, any matters of concern between the parties; and
- (k) administer this Deed including any variations to it.

5.4 Precinct Committee meetings

The Precinct Committee must meet:

- (a) at least once every month until the Precinct Master Plan has been agreed;
- (b) and thereafter:
 - (i) at least once every 3 months, or
 - (ii) at times reasonably requested by a party, provided that at least 5 Business Days prior notice has been provided (except in an emergency).

5.5 Conduct of Precinct Committee meetings

- (a) A representative of each party will, in rotation, convene and chair meetings of the Precinct Committee, prepare the agenda and must prepare and distribute to all members of the Precinct Committee minutes of each meeting promptly after each meeting.
- (b) A draft of the agenda must be provided to the other members at least 3 Business Days prior to the relevant meeting (except in the case of an emergency).
- (c) The chair of the Precinct Committee must incorporate any items in the agenda requested by any other Precinct Committee members.

5.6 Quorum for Precinct Committee meetings

A quorum for a Precinct Committee meeting will be constituted by the attendance at the meeting of at least two representatives of Calvary and two representatives of the Territory.

5.7 Majority vote

Decisions of the Precinct Committee are to be made by majority vote. Subject to clause 5.10, at any meeting of the Precinct Committee, each representative of a party is entitled to exercise one vote.

5.8 Chairperson

The chairperson will not have a casting vote at any meeting of the Precinct Committee.

5.9 Invitees to meetings

The Precinct Committee meetings may also be attended by other persons, if the attendance of those persons has been approved by the other Precinct Committee members prior to the meeting.

5.10 Proxy

- (a) A Precinct Committee member (**appointor**) may appoint another Precinct Committee member (**appointee**) to vote in place of the appointor and on its behalf if the appointor does not attend a Precinct Committee meeting.

- (b) An appointee is entitled to a separate vote for each appointor the appointee represents in addition to any vote that appointee may have as a member of the Precinct Committee meeting.

5.11 Practices and procedures

Subject to this clause 5, the members of the Precinct Committee may adopt such practices and procedures for the conduct of the activities of the Precinct Committee as they consider appropriate, from time to time.

6. PRECINCT MASTER PLAN

6.1 Preparation of plan

By no later than 30 June 2012 the Territory and Calvary must jointly prepare and agree on the Precinct Master Plan for development of the Precinct in accordance with the Objectives.

6.2 Objectives

The objectives of the development of the Precinct are:

- (a) to develop a plan for the renovation, replacement or rebuilding of the Public Hospital;
- (b) to ensure the long term ability of Calvary to operate the Public Hospital in accordance with the Network Agreement, and particularly in accordance with the Role Delineation;
- (c) to deliver quality patient care and outcomes;
- (d) to provide for the development of a new multi-storey car park in the Precinct;
- (e) to allocate an area of the Precinct which may be used by Calvary at some future and undetermined date for the purposes of developing a private hospital and/or related services;
- (f) to best and, where possible, fully utilise the resources available to Calvary and the Territory in the delivery of health care, including sharing resources and infrastructure where appropriate (recognising that some resources are already shared);
- (g) to respond effectively to the needs of the north Canberra community and the ACT health system generally; and
- (h) to advance the strategic and operational development of the Precinct.

6.3 Obligation on Territory

Subject to parliamentary appropriation and the Territory's health policy and budgeting priorities, the Territory will use all reasonable endeavours and support all applications to commit to provide funding sufficient to achieve the Objectives and the outcome envisaged in the Precinct Master Plan. For the avoidance of doubt, nothing in the clause will require the Territory to commit funding towards the development of a private hospital in the Precinct.

6.4 **Content**

A Precinct Master Plan will stipulate the development to be carried out in the Precinct, including:

- (a) the party required to undertake and fund the development;
- (b) any necessary rights of access to that part of the Precinct to be developed to enable the Development to be undertaken;
- (c) any necessary rights of access to or through the Precinct which will be required following the development to enable the Development to be utilised as intended;
- (d) a written statement of the proposed type and density of the development;
- (e) a written statement of planning and design principles relating to the Precinct and its interaction with adjacent land uses; and
- (f) a coloured plan showing the broad pattern of land uses throughout the Precinct.

6.5 **Calvary's development plan**

In developing the Precinct and finalising the Precinct Master Plan, the Territory must take into account Calvary's views and any future development plan Calvary may have for the Precinct.

7. DEVELOPMENT IN THE PRECINCT

7.1 **Submission of Development Proposal**

A party may submit a Development Proposal to the Precinct Committee for endorsement.

7.2 **Contents**

A Development Proposal must contain a detailed description of a development that the party proposes to undertake within the Precinct.

7.3 **Planning and design**

The planning and design for a Development under this clause will be undertaken by the parties jointly through the Precinct Committee or otherwise as agreed by the parties.

7.4 **Requirements**

Any Development Proposal must:

- (a) be consistent with the Precinct Master Plan;
- (b) reflect the Precinct design objectives to ensure the quality of built form outcomes and the contribution to the quality of the public domain;
- (c) describe the impact of the proposed development;

- (d) specify mechanisms for addressing the needs for any community facilities within the proposed development, including the relocation of any existing facility;
- (e) set out details regarding the developing party's access to that part of the Precinct being developed, including any documents (such as easements, rights of access and subleases) which need to be prepared and signed to give legal effect to such rights of access during and after development;
- (f) identify who will operate any facility that is part of the Development Proposal;
- (g) identify necessary infrastructure works that may be required for completion;
- (h) address any environmental impact requirements; and
- (i) address any other matter required by the Precinct Committee.

7.5 **Endorsement**

The Precinct Committee may endorse its approval of any Development Proposal submitted under clause 7.1 either:

- (a) in the form submitted; or
- (b) imposing such conditions as it may resolve are appropriate but only in respect of Developments which have a role in the provision of public healthcare services.

7.6 **Development in accordance with Approvals**

Each Development must be undertaken in accordance with any Approvals and the Precinct Master Plan

7.7 **Consultation**

The parties will consult regularly regarding the progress of the Precinct and its development and any matters associated with the Precinct or any Development through the Precinct Committee in accordance with clause 5.3 during the course of the development of the Precinct.

7.8 **No development except in accordance with endorsed Development Proposal**

No development may occur within the Precinct except in accordance with an endorsed Development Proposal

8. PROJECT CONTROL GROUP

8.1 **Establishment**

On or before the date of commencement of any Development, a project control group will be established comprising 3 representatives nominated by Calvary and 3 representatives nominated by the Territory.

8.2 **Chairperson**

The chairperson of the Project Control Group will be nominated by Calvary.

8.3 Functions of the project control group

The Project Control Group will:

- (a) monitor, receive and review the timetable and reports for each Development during the development phase;
- (b) report to each of the parties on the progress of each Development and any issues which require resolution or further input from the Precinct Committee;
- (c) resolve any issues relating to access to any parts of the Land the subject of a Development;
- (d) provide a forum for consultation between the parties on the design documentation for each Development;
- (e) be responsible for overseeing and advising on:
 - (i) any governmental issues and Approvals;
 - (ii) issues regarding construction quality;
 - (iii) commissioning matters;
 - (iv) finance matters;
 - (v) design documentation of the relevant Development;
- (f) liaise with the Chief Executive Officer of the Public Hospital to ensure minimal disruption to the Public Hospital and other services offered at the Precinct;
- (g) provide a forum for consultation between the parties in relation to the effect of any proposed Development and its effect on Calvary's operation of the Public Hospital; and
- (h) provide a forum for consultation between the parties in relation to any other matter arising out of the Development, in its development stage, and as agreed between the parties.

9. OPERATION AND MANAGEMENT BY CALVARY

The operation and management of any facility developed under this Deed, will be in accordance with the Network Agreement and for the purposes of that agreement is part of the Public Hospital, unless otherwise agreed

10. MISSION

The Territory agrees that it will not provide, nor will it permit any third party with which it may have entered into any arrangement to occupy or access any part of the Land to provide services which are inconsistent with the mission, vision and values of Calvary and LCMHC from time to time.

11. CLARE HOLLAND HOUSE HOSPICE

The Territory acknowledges and agrees that at no time during the term of this Deed will it transfer any of the palliative care services provided by Calvary at Clare Holland House Hospice to any sub-acute facility operated or developed by or for the Territory.

12. ENDORSEMENTS AND APPROVALS

Calvary acknowledges that any endorsement or approval given by the Territory or the Precinct Committee does not mean that any required Approval will be given by any Relevant Authority.

13. ACCESS TO LAND

Each party (**Owning Party**) will permit the other party (**Requesting Party**) at the times reasonably requested by the Requesting Party, and on the provision of reasonable notice, adequate access to the Precinct so that the Requesting Party may carry out investigations as to the nature and condition of the Precinct, and its surroundings, and its suitability for any Development Proposal (including the conditions below the surface of the Precinct land), on such terms and conditions as the Owning Party reasonably requires.

14. CROWN LEASE

The parties agree to do all things reasonably necessary to ensure that the Crown Lease is varied as follows, and in respect of the Territory, such assistance will include supporting any application by Calvary to the ACT Planning and Land Authority:

- (a) to enable the Developments (including any easements, subleases and rights of access) endorsed by the Precinct Committee in accordance with this Deed and the use of the land under the Crown Lease in a manner not inconsistent with the Developments; and
- (b) to remove the requirement of Calvary to obtain the Territory's approval for any matters undertaken in accordance with this Deed.

15. PRECINCT REVIEW

The parties agree to review the relationship and obligations under this Deed and negotiate to address any issues in the relationship or under this Deed which at least one party has identified as requiring review:

- (a) once every 10 years, with the first review to take place in the tenth year of this Deed; and
- (b) simultaneously with any review under clause 23 of the Network Agreement.

16. DISPUTE RESOLUTION

16.1 Disputes

Any dispute arising in relation to any aspect of this Deed (**Dispute**) will be resolved in accordance with this clause

16.2 Negotiation of Dispute

Except as otherwise provided in this Deed, if a Dispute arises in relation to this Deed then either party may give written notice to the other that a Dispute exists, which specifies details of the Dispute. The parties agree that, following the issue of that notice, they will meet and consult in good faith in an attempt to resolve the Dispute by negotiations, including by referring the Dispute to persons who have authority to intervene and direct some form of resolution.

16.3 Mediation of Dispute

- (a) If the Dispute has not been resolved pursuant to clause 16.2 within 28 days of the notice of the Dispute, then the parties agree that they will undertake a mediation process.
- (b) The mediator will be an independent mediator agreed by the parties or, failing agreement within 14 days of the time period referred to in clause 16.3(a) nominated by the chairperson of the Institute of Arbitrators and Mediators Australia, ACT Chapter.
- (c) Unless otherwise agreed, the parties will equally share the costs of the engagement of the mediator. Each party will otherwise bear its own costs of the mediation.
- (d) The mediator will assist the parties in dispute to explore options for and, if possible, achieve the expeditious resolution of the Dispute by agreement between them.
- (e) The mediator will not make decisions for a party or impose a solution on the parties.

16.4 Expert determination

- (a) The procedure outlined in this clause 16.4 will apply only to:
 - (i) that part of any Dispute which does not relate directly to a dispute regarding the preparation and finalisation of the Precinct Master Plan under clause 6; and
 - (ii) Disputes which do not directly relate to the preparation and finalisation of the Precinct Master Plan.

(ED Dispute)
- (b) If the ED Dispute has not been resolved pursuant to clause 16.3 within 14 days of the date of mediation (or final date of mediation, should the mediation be conducted over more than one day), then the parties agree that they will refer the ED Dispute to an independent expert for determination.

- (c) The expert will be an independent expert agreed by the parties or, failing agreement within 14 days of the time period referred to in clause 16.4(a) nominated by the chairperson of the Australian Property Institute.
- (d) Unless otherwise agreed, the parties will equally share the costs of the engagement of the independent expert. Each party will otherwise bear their own costs of the expert determination.
- (e) The expert determination will be conducted as follows:
 - (i) the place of expert determination will be in Canberra, Australian Capital Territory;
 - (ii) the rules of evidence will apply;
 - (iii) the parties to the expert determination will each be entitled to legal representation;
 - (iv) the independent expert will have no power to settle disputes other than by expert determination; and
 - (v) the decision of the independent expert will be final and binding on the parties to the Dispute.

16.5 **No prejudice**

Nothing in this clause 16 will prejudice the rights of either party to institute other forms of agreed dispute resolution procedures or proceedings to enforce the Deed or to seek injunctive or urgent declaratory relief in respect of any Dispute.

16.6 **Survival**

This clause will survive the termination or completion of this Deed.

17. **GOOD FAITH**

The parties acknowledge and agree that in exercising any right, obligation or function or in giving any approval or consent or deciding whether or not to agree to any proposed course of action set out in this Deed, each party will:

- (a) act reasonably in good faith towards the other in relation to carrying out their obligations under this Deed; and
- (b) provide all assistance reasonably required to promptly expedite the development of the Precinct and any Approvals.

18. **GENERAL**

18.1 **Entire agreement**

This Deed and the Network Agreement comprise the entire agreement between the parties and supersede any prior representations, negotiations, writings, memoranda and agreements in respect of the Deed's and Network Agreement's subject matter except as otherwise required by its context.

18.2 No employment, partnership or agency relationship

Other than as specifically provided in this Deed or the Network Agreement:

- (a) nothing in this Deed constitutes Calvary, or its employees, agents or subcontractors as employees, partners or agents of the Territory or creates any employment, partnership or agency for any purpose; and
- (b) Calvary must not represent itself, and must ensure its employees, agents and subcontractors do not represent themselves, as being employees, partners or agents of the Territory.

18.3 Costs

In relation to costs and expenses the parties agree that:

- (a) with respect to negotiation and drafting of this Deed and any other agreements prepared to give effect to this Deed, each party will bear its own legal costs and expenses; and
- (b) with respect to the engagement of surveyors regarding surveys, outline and deposited plans and as otherwise required to give effect to this Deed, the parties will equally share the costs of surveyors and other relevant advisers agreed between them.

18.4 Severability

Any provision of this Deed that is illegal, void or unenforceable will not form part of this Deed to the extent of that illegality, voidness or unenforceability. The remaining provisions of this Deed will not be invalidated by an illegal, void or unenforceable provision.

18.5 Variations

This Deed may only be amended, varied, supplemented, replaced or novated by a document executed by all the parties.

18.6 Stamp duty

Any stamp duty payable as a result of this Deed will be paid or arranged to be waived by the Territory.

18.7 Consent

Where a party's consent must be sought under this Deed, that party must not unreasonably withhold its consent.

18.8 Governing law

This Deed is governed by and construed in accordance with the law for the time being in force in the Territory and the parties submit to the jurisdiction of the courts of the Territory.

18.9 Authority

Each person who signs this document on behalf of a party declares that that person has no notice of the revocation or suspension of the power under the authority by which the person signs this document.

18.10 Further steps

Each party must do everything reasonably necessary to give effect to this Deed and the transactions contemplated by it, including the execution of documents.

18.11 Counterparts

This Deed may be executed in any number of counterparts and all of those counterparts taken together constitute one and the same document.

18.12 No waiver

Unless specifically stated to the contrary in this Deed, a party's:

- (a) failure to enforce or a delay in enforcing any of its rights under this Deed does not constitute a waiver of those rights; and
- (b) partial exercise of a right does not preclude any further exercise of that or any other right.

18.13 Joint and several

Where two or more parties have an obligation or liability under this Deed, the obligation or liability is joint and several.

18.14 Assignment

- (a) Subject to clause 18.14(b), a party may only assign any of its rights under this Deed with the prior written consent of all other parties.
- (b) Calvary may assign the whole or part of this Deed to a Related Body Corporate of Calvary or LCMHC, in which case Calvary must give 14 days written notice to the Territory.

18.15 Notices

Any notice, including any other communication, required to be given or sent to either party under this Deed must be in writing and given to the person set out below, or as otherwise notified by a party to the other from time to time. A notice will be deemed to have been given:

- (a) if delivered by hand, on delivery;
- (b) if sent by prepaid mail, on the expiration of two Business Days after the date on which it was sent;
- (c) if sent by facsimile, on the sender's facsimile machine recording that the facsimile has been successfully and properly transmitted to the recipient's address; or
- (d) if sent by electronic mail, on the other party's acknowledgment of receipt by any means.

The details for purposes of this clause 18.15 are:

For the Territory: Deputy Director-General
ACT Health Directorate
Level 3, 11 Moore St
CANBERRA CITY ACT
Facsimile: 02-6205 0830

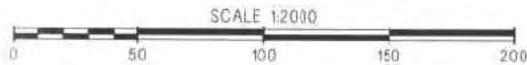
For Calvary: National Chief Executive Officer
Little Company of Mary Health Care Limited
Level 18, 68 Pitt Street
Sydney NSW 2000
Facsimile: 02- 9258 1701

18.16 Survival of clauses

Clauses 16, 17 and 18 will survive the expiration or earlier termination of this Deed.



 CLARKE & DI PAULI SURVEYORS CLARKE & DI PAULI SURVEYORS PTY LTD A.B.N. 011 081 956 358 LEV 1 15 MONARCH ST PO BOX 88 QUEANBEYAN N.S.W. 2620 PH (02) 62991838 FAX (02) 63994155 e-mail: steve@dpauli.com.au e-mail: daniel@dpauli.com.au	
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DRAWING TITLE PLAN OF BLK 1, SEC 1, BRUCE	
PROJECT BLK 1, SEC 1, DP2360, CALVARY HOSPITAL, BRUCE, ACT	
CLIENT CALVARY HOSPITAL	
SHEET 1 OF 2	
SURVEYED BY B.H.	CHECKED BY N/A
CHECKED BY D.P.	DATE OF SURVEY N/A
APPROVED: DANIEL ROWSELL  REGISTERED SURVEYOR 19 / 9 / 2011	
DRAWING REFERENCE 10823_SK02	
JOB NO. 10823	SHEET NO. - A3



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DRAWING TITLE

PLAN OF
 BLK 1, SEC 1, BRUCE
 (IMAGE OVERLAY)

PROJECT
 BLK 1, SEC 1, DP2360,
 CALVARY HOSPITAL,
 BRUCE, ACT

CLIENT

CALVARY HOSPITAL

SHEET 2 OF 2

SUBMITTER HM	LEVEL DATUM N/A
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CHECKED BY UST	CONTOUR INTERVAL N/A
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APPROVED DANIEL ROWSE

Daniel Rowse
 REGISTERED SURVEYOR
 13/9/2011

DRAWING REFERENCE

10823_SK02

NO. IN SET 10823	REF. COPY - A3
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EXECUTED as a Deed

SIGNED for and on behalf of the **AUSTRALIAN CAPITAL TERRITORY**

Katy Gungole

in the presence of:

R. J. [Signature]
Witness

EXECUTED by **CALVARY HEALTH CARE ACT LIMITED**
ACN 105 304 989 in accordance with section
127 of the *Corporations Act, 2001*

[Signature]
Signature of Director

[Signature]
Signature of Director

JOHN MACKAY
Name of Director

JOHN WATKINS
Name of Director

ACT Health Directorate

To:	Minister for Health	Tracking No.: MIN22/1482
Through:	Rebecca Cross, Director-General	
From:	Liz Lopa, Executive Group Manager, Infrastructure, Communication and Engagement	
Subject:	Commercial pathway for northside hospital	
Critical Date:	21/10/2022	
Critical Reason:	To advise you of options while awaiting Calvary's response to your letter of 14 September 2022, and in advance of the Northside Hospital project briefing with you on 24 October 2022.	

Recommendation

That you note the information in this brief.

Noted / Please Discuss

Rachel Stephen-Smith MLA *RSS* 15/11/22

Minister's Office Feedback

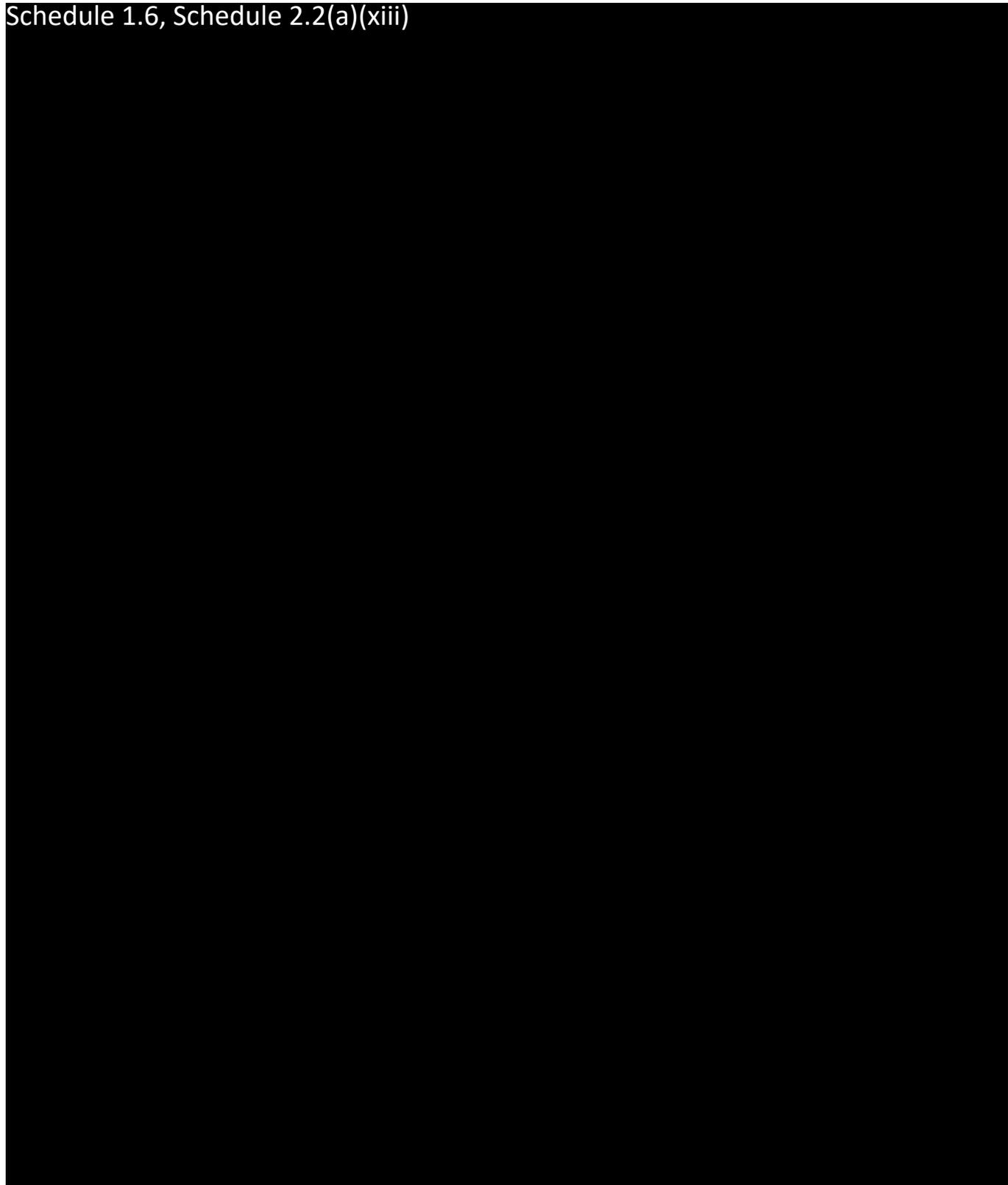
Background

1. In September 2022, Cabinet considered and agreed to the Northside Hospital update and next steps. Following this decision you wrote to Mr Martin Bowles on 14 September 2022 outlining the Government's preferred position for the delivery of a northside hospital on the current site of Calvary Public Hospital Bruce (CPHB).
2. Calvary has advised that Mr Bowles will likely provide an initial yes/no response to Government's position following its Board meeting in October 2022.

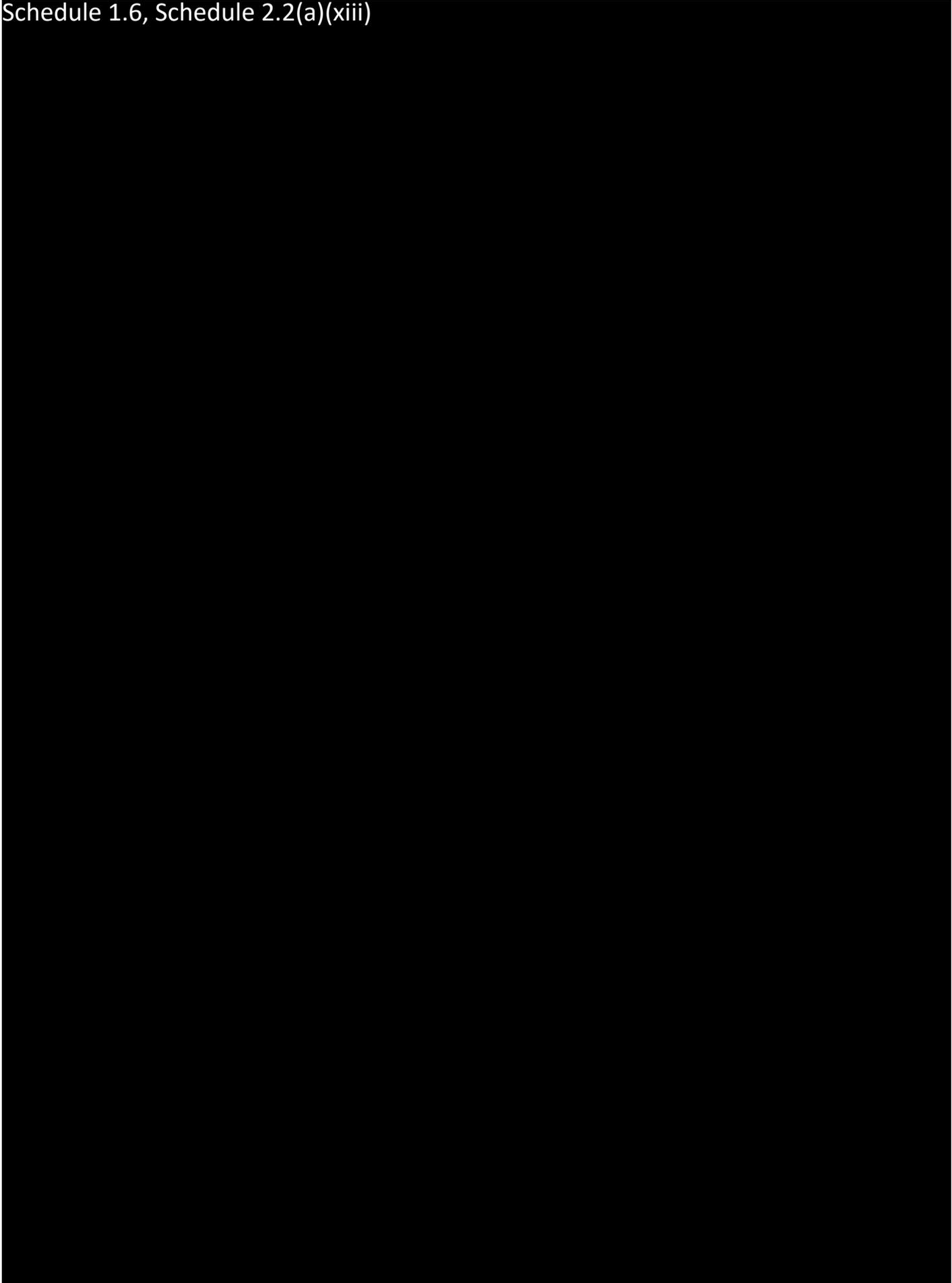
Issues

3. Calvary is currently considering the Government position on the Northside Hospital development and proposal. This includes the Government request to hold title to the land and have Calvary operate the hospital under a new services agreement for a maximum period of 25 years.

Schedule 1.6, Schedule 2.2(a)(xiii)



Schedule 1.6, Schedule 2.2(a)(xiii)



Schedule 1.6, Schedule 2.2(a)(xiii)

Financial Implications

14. ACTHD is working with Treasury and commercial advisors to finalise a financial appraisal that could inform consideration of a compensation package for Calvary if required.

ConsultationInternal

15. Nil in the development of this brief.

Cross Directorate

16. ACT Government Solicitors Office, Major Projects Canberra and Treasury participated at a recent planning day to explore next steps.

External

17. Not applicable.

Work Health and Safety

18. Not applicable.

Benefits/Sensitivities

19. As outlined above.

Communications, media and engagement implications

20. You recently considered a separate brief on the engagement activities related to the Northside Hospital more broadly, including issues around clinical engagement with Calvary.

CABINET

Signatory Name: Liz Lopa

Phone: MStEams

Action Officer: Caitlin Bladin

Phone: MStEams

ACT Health Directorate

To:	Minister for Health	Tracking No.: GBC22/648
From:	Rebecca Cross, Director-General, ACT Health	
Subject:	Final lodgement of Discussion Paper for Expenditure Review Committee of Cabinet - CAB22/773 – Northside Hospital project update and next steps	
Critical Date:	28/11/2022	
Critical Reason:	The discussion paper is due for final lodgement to enable consideration at Expenditure Review Committee on Tuesday, 6 December 2022.	

Recommendations

That you sign the final discussion paper, at Attachment 1, for lodgement with Cabinet Office.

Signed / Not Signed / Please Discuss

Rachel Stephen-Smith MLA



4/12/22

Minister's Office Feedback

Apologies for delayed sign-off. Discussion paper updated following receipt of this brief to reflect formal response from Mr Bowles received on 28/11.

Background

1. The discussion paper (CAB22/773) provides an update to the Expenditure Review Committee of Cabinet (ERC) on the Northside Hospital (NH) project at the meeting scheduled for 6 December 2022.
2. The NH project was last discussed at ERC on 18 August 2022 and Cabinet on 6 September 2022 (CAB22/319 refers).

Issues

3. Following Cabinet consideration on 6 September 2022, a letter to Mr Bowles (Attachment 2) was sent to communicate the Government's position and next steps regarding Calvary's role in the Northside project.
4. You met with Mr Bowles on Monday, 21 November 2022 to discuss Calvary's response to the Government's position. A formal written response is yet to be received but is understood to be imminent.

Schedule 1.6**Financial Implications**

8. This discussion paper has no financial impact. However, the northside hospital will be a significant investment from the Territory to provide a modern facility.
9. A Business Case will be developed based on the suitable site options and presented to Cabinet for consideration as part of the 2023-24 Budget Process.
10. The funding provided in 2021-22 Budget is funding the current work.

ConsultationInternal

11. Not applicable.

Cross Directorate

12. ACT Government Solicitors' Office and Major Projects Canberra (MPC) are involved in the project and the development of the negotiation parameters.
13. Other Directorates have been involved in developing the master planning strategies and greenfield site identification processes including:

CABINET

- MPC
 - Environment, Planning and Sustainable Development Directorate
 - Transport Canberra and City Services
 - Chief Minister, Treasury Economic Development Directorate
 - Justice and Community Safety Directorate (including ESA)
14. ACT Treasury is assisting the ACT Health Directorate with the development of a valuation methodology to inform any compensation package.

External

15. This discussion paper contains commercially sensitive information and has not been circulated externally. The discussion paper will remain on restricted circulation for briefing purposes only ahead of the 6 December 2022 ERC meeting.

Work Health and Safety

16. Nil.

Benefits/Sensitivities

17. The development of a new NH will be of significant interest to the community, stakeholders and Calvary.
18. There will be sensitivities associated with the outcome of negotiations and next steps. These have all been outlined in the discussion paper for ERC consideration.

Communications, media and engagement implications

19. A communications and engagement plan for the broader project has been developed and provided to your office.
20. Community engagement on a range of health planning and infrastructure projects, including the NH commenced in August 2022 and is due to be completed on 30 November 2022.

Signatory Name: Rebecca Cross, Director-General, ACT Health Phone: 6205 5335

Action Officer: Liz Lopa, EGM, Infrastructure, Communication and Engagement Division Phone: Schedule 2.2(a)(ii)

CABINET

Attachments

Attachment	Title
Attachment 1	CAB22/773 – Discussion Paper – NH project update 6 December 2022
Attachment A	Wellbeing Impact Assessment
Attachment B	Open Access Assessment
Attachment 2	Letter to Martin Bowles – Northside Hospital

Schedule 1.6

Schedule 1.6

Schedule 1.6

Schedule 1.6

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Schedule 1.6

Schedule 1.6

Schedule 1.6

Schedule 1.6

ACT Health Directorate

To: Minister for Health

Tracking No.: MIN22/1631

Through: Rebecca Cross, Director-General

From: Liz Lopa, Executive Group Manager, Infrastructure, Communication and Engagement

Subject: Northside Hospital project update – October 2022

Critical Date: 25/11/2022

Critical Reason: To provide you a progress update on the Northside Hospital project, ahead of the regular monthly meeting on 28 November 2022.

Recommendations

That you:

1. Note the options being prepared for consideration through the Northside Hospital Business Case; and

Noted / Please Discuss

2. Note the information contained in this brief and Attachment A.

Noted / Please Discuss

Rachel Stephen-Smith MLA

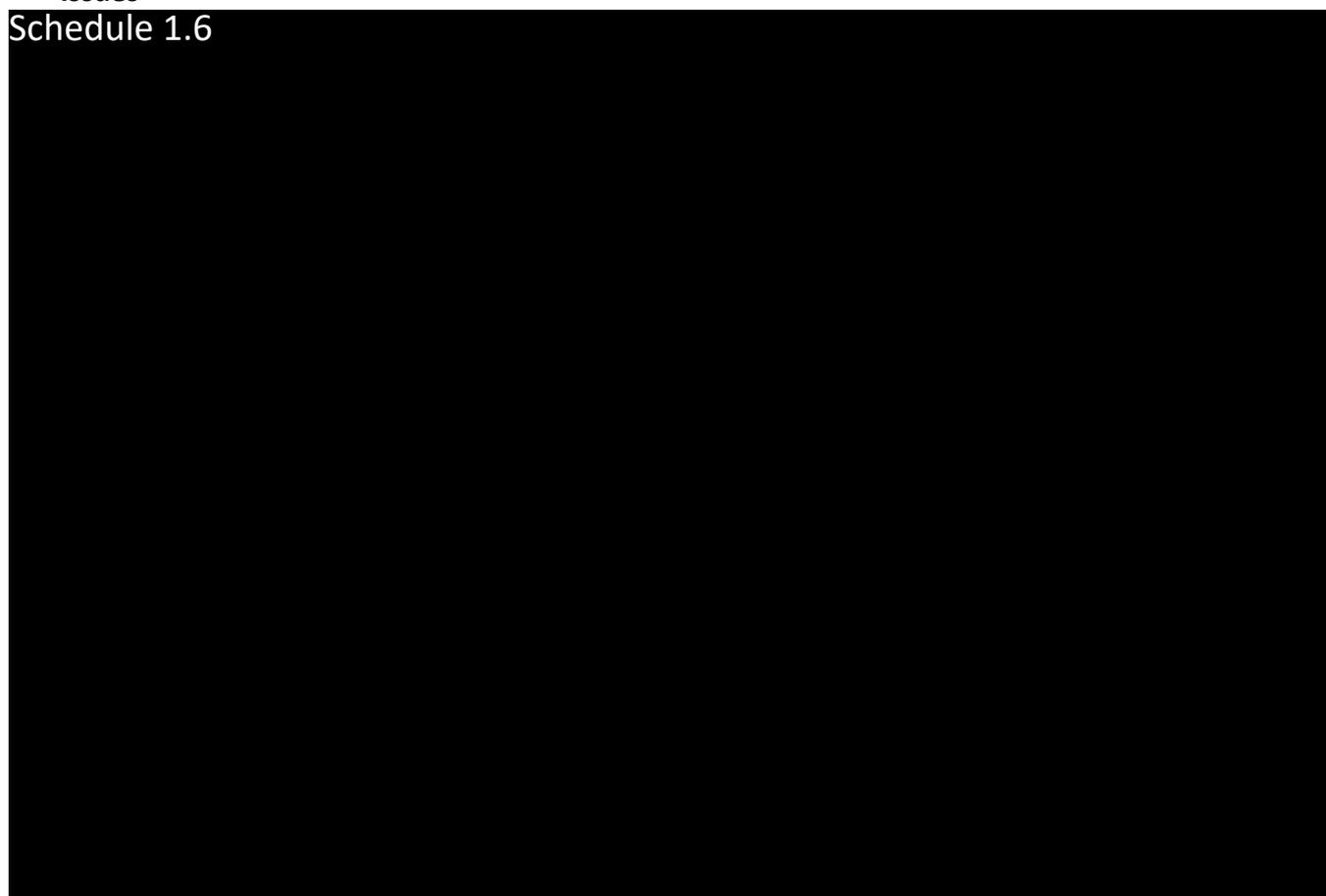
RSS 28/11/22

Minister's Office Feedback

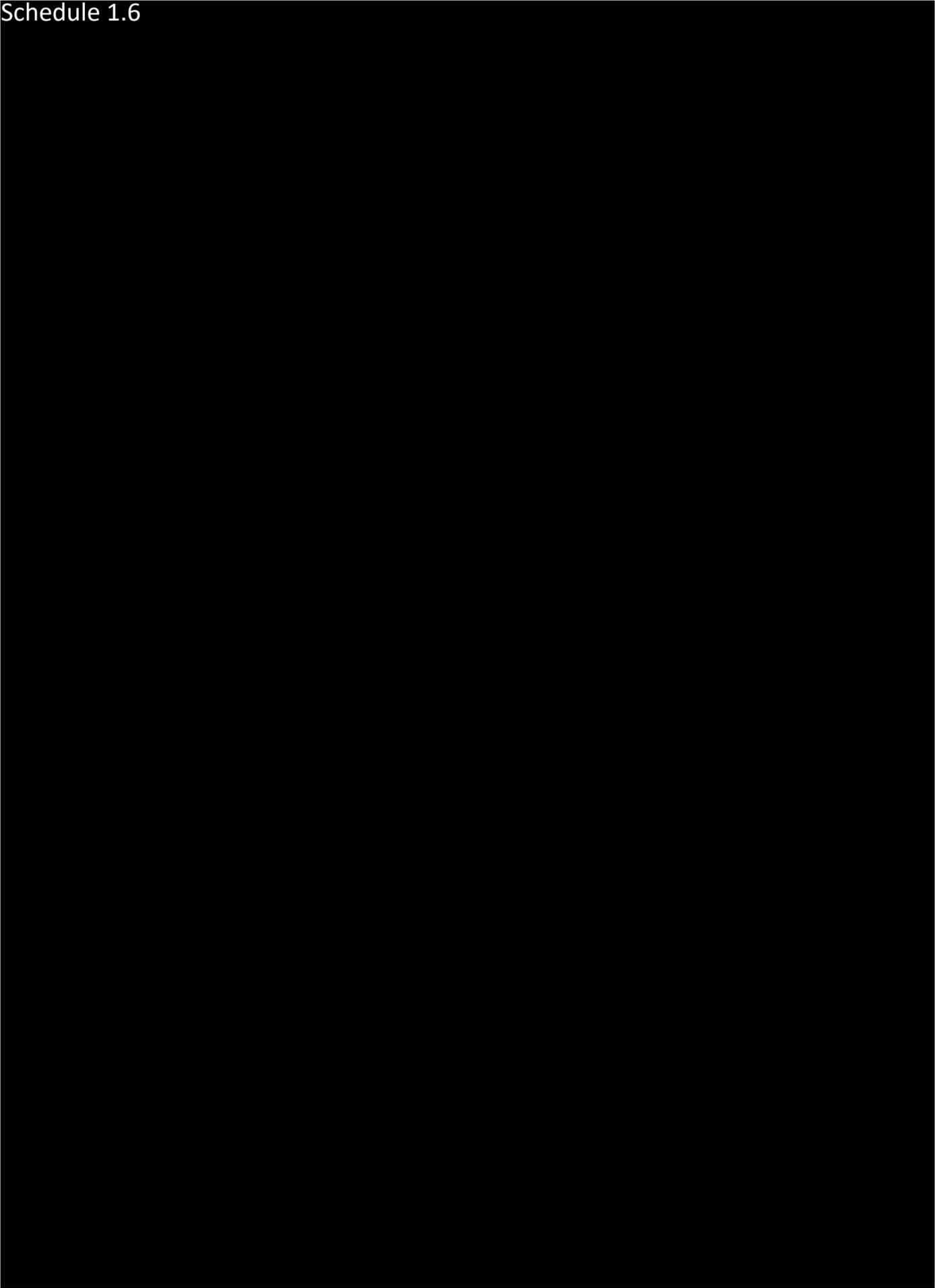
Thank you - useful update and discussion

Background

1. The ACT Government has committed to the delivery of a new public hospital on Canberra's northside, with \$13.491 million in funding provided in the 2021-22 Budget towards planning and early concept design for the new hospital.
2. In early 2022, a Northside Hospital Project Team (NHPT) was established, and key procurement activities completed to engage a Commercial Advisor, Legal Advisor and Technical Advisor.
3. Project governance was also established in line with the current Capital Framework.
4. The Northside Hospital project has been progressing well throughout 2022, with the key work streams underway to inform the development of the tier 1 infrastructure business case for consideration in the 2023-24 Budget Process.
5. Workstreams include:
 - a. Commercial and legal;
 - b. Bruce campus master plan;
 - c. Clinical service planning;
 - d. Early concept design; and
 - e. Communication and engagement.
6. You were provided with a comprehensive update on all work streams in the previous regular update.

Issues**Schedule 1.6**

Schedule 1.6



Schedule 1.6

Calvary meeting

23. You met with Martin Bowles on 21 November 2022. A separate meeting brief was provided to you to inform this meeting.

Transitional Advisory Group

24. ACTHD is in the process of establishing a transitional advisory group to prepare for either:

- a. the transition of services and employment at CPHB to CHS; or
- b. the transition of services and employment from the Calvary Network Agreement (CNA) to a new, modern services agreement.

25. This group will sit within the existing governance structure and protocol for the Northside Project that reports to you (and the Minister for Employment as required).

Clinical and Community engagement

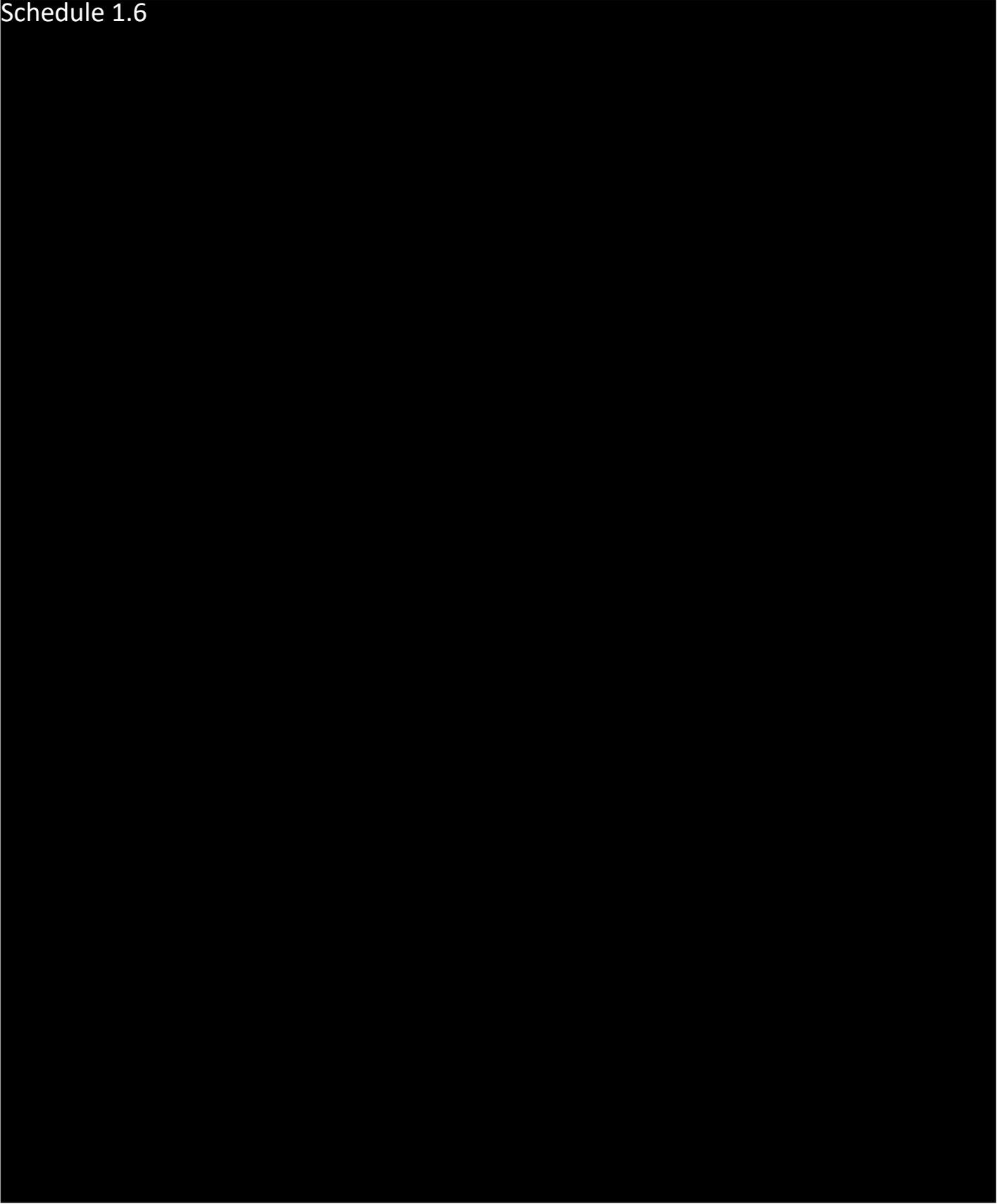
26. Phase two of community engagement of the Northside project is well underway. Liz Lopa, Executive Group Manager, Infrastructure Communication and Engagement Division has briefed five community councils on the project (the final will be Molonglo on 24 November 2022).

27. The phase has included pop ups (8), drop ins (6), workshops (2) and online engagement via YourSay (which has 82 contributions so far). The project team will commence one-on-one briefings with certain stakeholder groups in the coming weeks. The community has provided a range of valuable feedback and been really engaged across all modes of engagement. A phase two listening report will be developed at the conclusion of this phase and will be provided to your Office for information.

28. Unions will be engaged using formal channels via the Directorate Consultative Committee.

29. Clinical engagement was halted to allow the roll out of the Digital Health Record.
A second (of three) Executive User Groups is scheduled for 29 November 2022.
Two sessions with Calvary staff have been scheduled for 1 December 2022. Agendas are being finalised for all these sessions.

Schedule 1.6



Schedule 1.6**Financial Implications**

37. Nil.

ConsultationInternal

38. Nil.

Cross Directorate

39. Nil.

External

40. Not applicable.

Work Health and Safety

41. Not applicable.

Benefits/Sensitivities

42. The development of a new northside hospital will be of significant interest to the community, stakeholders and Calvary.

43. There will be sensitivities associated with the outcome of Calvary negotiations and next steps. These have all been outlined in previous submissions put forward for Government consideration and will be reflected in the discussion paper scheduled for ERC on 6 December 2022.

Communications, media and engagement implications

44. A communications and engagement plan for the broader project has been developed and provided to your Office.

45. Community engagement on a range of health planning and infrastructure projects, including the northside hospital commenced in August 2022.

46. You were recently briefed on Phase 2 of the community engagement process.

ACT Health Directorate

To: Minister for Health Tracking No.: MIN23/11

CC: Rebecca Cross, Director-General

From: Liz Lopa, Executive Group Manager, Infrastructure, Communication and Engagement

Subject: Northside Hospital project update – January 2023

Critical Date: 23/01/2023

Critical Reason: To provide you a progress update on the Northside Hospital project, ahead of the regular monthly meeting on 23 January 2023.

Recommendations

That you note the information contained in this brief.

Noted / Please Discuss

Rachel Stephen-Smith MLA

RSS 27/1/23

Minister's Office Feedback

Schedule 2.2(a)(xiii)

Background

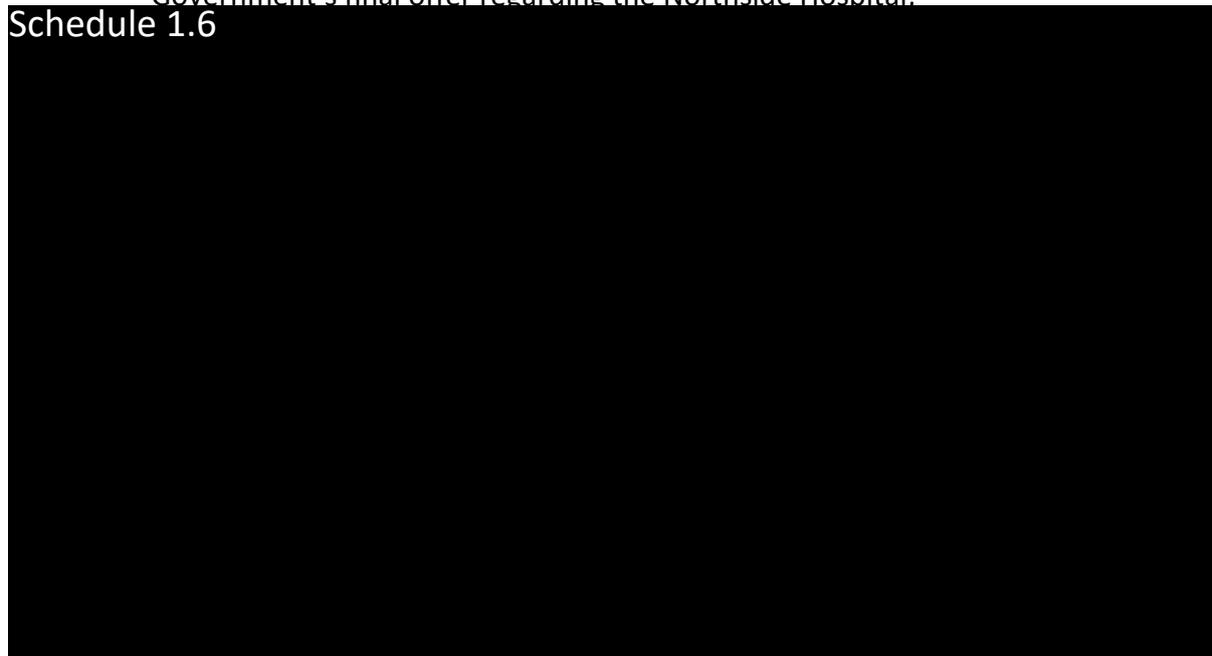
1. The ACT Government has committed to the delivery of a new public hospital on Canberra's northside, with \$13.491 million in funding provided in the 2021-22 Budget towards planning and early concept design for the new hospital.
2. The Government has committed to commencing construction by mid-decade.

CABINET

3. In early 2022, a Northside Hospital Project Team (NHPT) was established, and key procurement activities completed to engage a Commercial Advisor, Legal Advisor and Technical Advisor.
4. Project governance was established in line with the current Capital Framework.

Issues**Project update and overview**

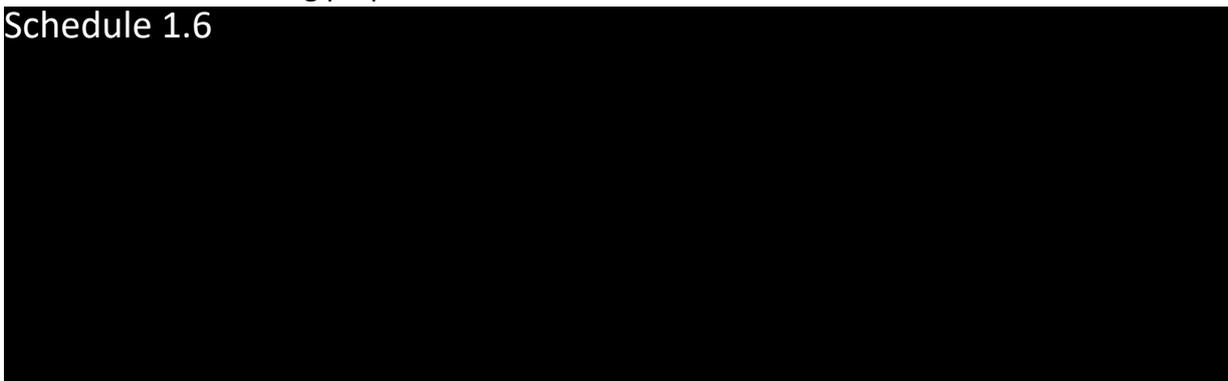
5. Since the last project update in November 2022, the following have been completed:
 - a. An update to Expenditure Review Committee (ERC) on the Northside Hospital project and Calvary Public Hospital Bruce (Calvary)'s response to the Government's final offer regarding the Northside Hospital:

Schedule 1.6

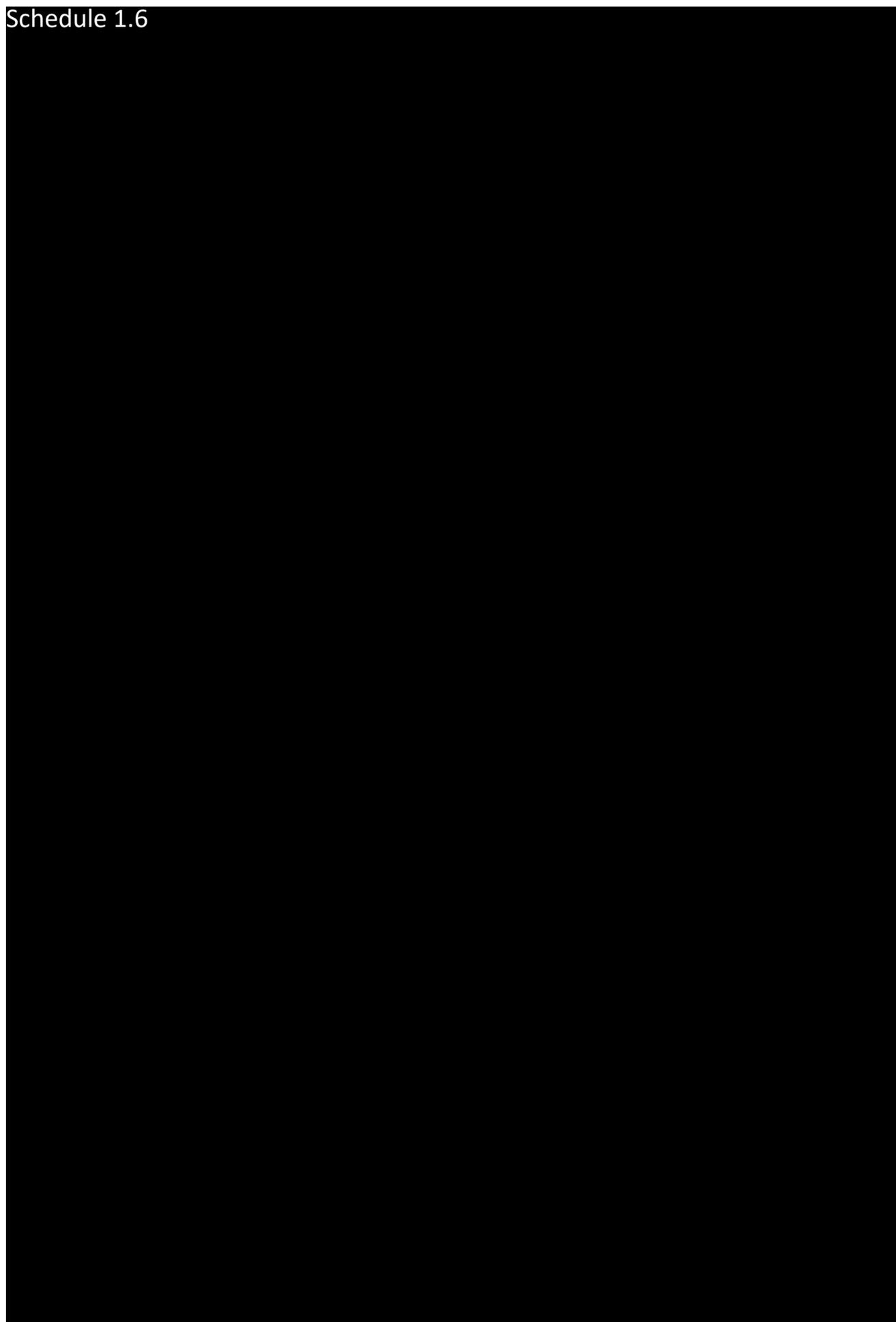
- d. Ongoing engagement with clinicians regarding the clinical scope and design of the building; and
- e. Establishment of the Transition Advisory Group.

Key Next Decision Points – Commercial pathway

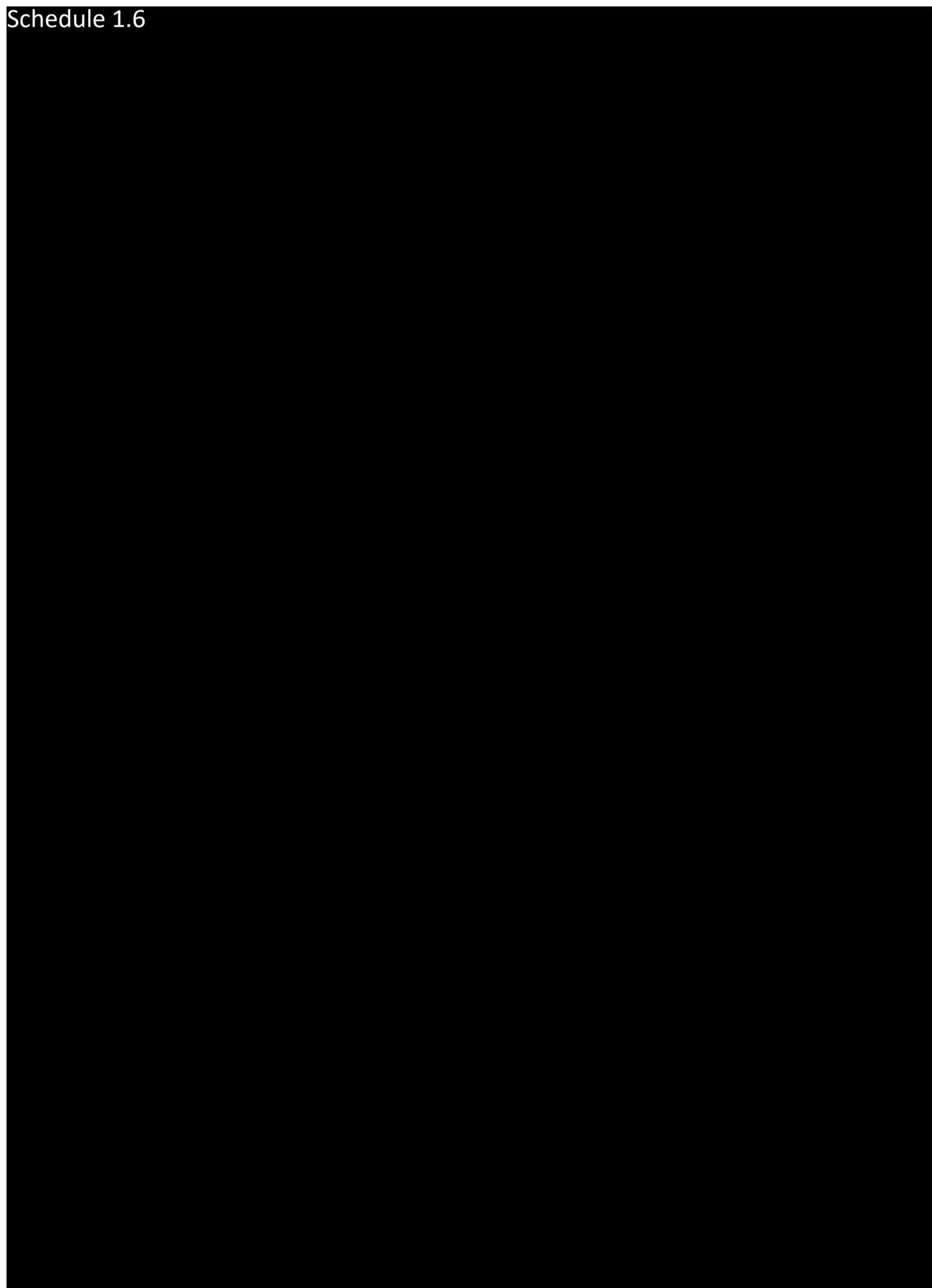
6. The ACT Health Directorate (ACTHD) is now preparing for the next key decision point in the Northside Hospital Project, ERC on 28 February 2023 with Cabinet to follow. The Submission being prepared will seek a final decision from Government on either:

Schedule 1.6

Schedule 1.6



Schedule 1.6



Schedule 1.6

Clinical and Community engagement

28. Phase two of community engagement has concluded. A draft report has been provided to ACTHD for initial review. In addition to feedback collated through all the engagement channels written submission were received from:
 - a. Health Care Consumers' Association (HCCA);
 - b. Belconnen Community Council; and
 - c. Weston Creek Community Council.
29. Unions engagement will commence this year using the formal channels via the Directorate Consultative Committee.
30. Clinical engagement is ongoing with ACTHD meeting with individual departments as well as conducting an Executive User Group (EUG). The EUG will meet again on 31 January 2023.
31. To date, there has been no widespread engagement with Calvary clinicians following cancellations by the Regional Chief Executive Officer (CEO) and Hospital General Manager. Some clinicians have attended the EUG meetings. There has been no engagement with nursing or allied health staff. A pop-up session was undertaken at Calvary on 17 November 2022 where 47 participants provided feedback.

Northside Clinical Services Plan

32. A brief has been provided to your Office to seek your approval to use the current draft of the Northside Clinical Services Plan as the basis for engagement through to March 2023.
33. The Northside Project Team continue to work closely with Health System, Planning and Evaluation on the delivery of this document, as well as the range of health planning inputs to the project, including the scope of services below

Financial Implications

34. Nil.

Consultation

Internal

35. Nil.

Cross Directorate

36. Nil.

CABINET

External

37. A holding response to Calvary was prepared late in 2022. A fuller response will be prepared and considered by Cabinet as part of their February/March deliberations.

**Work Health and Safety**

38. Not applicable.

Benefits/Sensitivities

39. The development of a new northside hospital will be of significant interest to the community, stakeholders and Calvary.
40. There will be sensitivities associated with the outcome of Calvary negotiations and next steps. These will continue to form the basis of deliberations by Cabinet.

Communications, media and engagement implications

41. A communications and engagement plan for the broader project has been developed and provided to your office.
42. Community engagement on a range of health planning and infrastructure projects, including the northside hospital commenced in August 2022.
43. A listening report for phase 1 is being finalised, and a listening report for phase 2 has been prepared for ACTHD review.

Signatory Name: Liz Lopa, Executive Group Manager, Infrastructure, Communication and Engagement Division Phone: Schedule 2.2(a)(ii)

Action Officer: Caitlin Bladin, Senior Director, Northside Hospital Project Phone: MS Teams

ACT Health Directorate

To: Minister for Health Tracking No.: MIN23/13

cc: Rebecca Cross, Director-General

From: Liz Lopa, Executive Group Manager, Infrastructure, Communication and Engagement

Subject: Northside Hospital project update – Regular briefing scheduled for 13 February 2023

Critical Date: 10/02/2023

Critical Reason: To provide you a progress update on the Northside Hospital project, ahead of the regular fortnightly meeting on 13 February 2023.

Recommendations

That you note the information contained in this brief.

(Noted) Please Discuss

Rachel Stephen-Smith MLA 11/2/23

Minister's Office Feedback
Thank you. Will the Acil Allen contract be released in full on the contracts register or redacted due to consideration of commercial matters and providing information to Cabinet? Please discuss possible escalation of conversation with Calvary re clinical engagement. If I were to have a conversation with Mr Hawkins, I would need clear documentation, as history suggests there is often a significant difference in view about what has happened!

Background Please discuss par 26. This doesn't appear to be consistent with discussions with Calvary on master planning of the site.

1. The ACT Government has committed to the delivery of a new public hospital on Canberra's northside, with \$13.491 million in funding provided in the 2021-22 Budget towards planning and early concept design for the new hospital.
2. The Government has committed to commencing construction by mid-decade.

3. In early 2022, a Northside Hospital Project Team (NHPT) was established, and key procurement activities completed to engage a Commercial Advisor, Legal Advisor and Technical Advisor.
4. Project governance was established in line with the current Capital Framework.

Schedule 1.6



Issues

6. A standing agenda for these fortnightly briefings on the Northside Hospital Project has been developed to guide discussions. The standing agenda is provided at [Attachment A](#).
7. Updates for each agenda item is below.

Development of the Business Case

8. The finalisation of the Business Case will be dependent on the decisions before Expenditure Review Committee (ERC) and Cabinet in February/March 2023.
9. Capital costs for each infrastructure option have been developed, and these have been provided to your office, and will be included in the February/March Submissions.
10. The ACT Health Directorate (ACTHD) is still working with cost planners and Major Projects Canberra (MPC) to determine the funding request for the next two years and the nature and make up of the associated project teams and advisory teams. Additionally, ACTHD and MPC are developing an advisor plan which will outline what advisory teams will be required through the next stage of the project, ACTHD will ensure that this includes scope for legal advisory and potential representation.
11. In addition to seeking funding for the next two years of the project (both infrastructure and commercial/legal), the business case will seek agreement to a construction amount in provision.



12. At this stage, the Business Case will be finalised, and a draft provided to you, after the 28 February Cabinet meeting, in March 2023.
13. In terms of deadlines for the Budget process, ACTHD has advised Treasury of the late submission of the business case, noting Treasury are briefed on the program status as part of the project governance each month, and ACTHD has commenced direct briefings with Treasury officials.

Schedule 1.6, Schedule 2.2(a)(xiii)

Project Designation

16. MPC and ACTHD are still in discussion around when the project would transfer from ACTHD to MPC.
17. Decisions around the operator are likely to impact the timing of this – for example if Calvary will be the operator it is assumed that ACTHD would have a larger role than if Canberra Health Services (CHS) will be the operator.
18. MPC consider there are four options for timing of project designation:
 - a. 1 July 2023 (not preferred);
 - b. End of calendar year 2023;
 - c. 1 July 2024; or
 - d. 1 July 2025 (in line with construction business case).
19. MPC have stated that before it would recommend designation, it would require certainty on:
 - a. Operator; and
 - b. Scope of clinical services.
20. These two matters are likely linked, with the potential for more services to be moved over to the Northside under a CHS operator model (ie: while Canberra Hospital infrastructure works are underway or for efficiency of service delivery).
21. ACTHD consider that while the operator decision is outstanding and any transition implementation is ongoing the project should continue to be led by ACTHD with support from MPC.

Schedule 1.2, Schedule 2.2(a)(xiii)



Greenfield options

29. The Technical Advisory (TA) team have prepared a program of onsite due diligence and a scope of works. ACTHD is reviewing this scope of work in line with the current contract and determining the best timing for this.

CABINET

30. The most significant site risks on Diddams Close are in relation to potential ecological values and potential Aboriginal heritage significance, all other desk due diligence did not identify any high-risk items.
31. For this reason, ACTHD are proposing to postpone any further activity or expenditure on Diddams Close until after the business case has been considered. ✓
32. The community would likely have significant questions about drilling rigs and geotechnical studies being undertaken in this area, and if required we can commence these in April 2023 once we are clearer on the Government's preferred site for the new Northside Hospital. ✓
33. Some of the studies are seasonally driven and therefore, should the Greenfield site be preferred, will likely need to be undertaken this financial year, and can be funded from within the existing budget.

Schedule 2.2(a)(xiii)

Northside Hospital Transition Advisory Group

39. The Northside Hospital Transition Advisory Group (TAG) first met on 17 January 2023.
40. The TAG has been established to develop a project plan, identify stages, risks and workstreams and provide advice to prepare for either:
- a. the transition of services and employment from the Calvary Network Agreement (CNA) to a new, modern services agreement that may commence in October 2023; or
 - b. should negotiations with Calvary not conclude successfully:
 - i. the transition of services and employment at Calvary Public Hospital Bruce (CPHB) to Canberra Health Services (CHS) that may commence in October 2023; or

CABINET

- ii. The transition of services to new public hospital on a Greenfield site.
41. The first meeting discussed the terms of reference, and highlighted that in any scenario, ensuring the continuity of care and patient services is the highest priority.
 42. The cabinet submission being developed for consideration in February 2023 will seek agreement to the establishment of a transition team and supporting consultants, which would be funded from the existing Northside Hospital Project budget.

Clinical and Community engagement

43. Phases one and two of community engagement has concluded. A draft listening report for both phases of consultation has been provided to ACTHD for review. Final versions of these listening reports will be provided to your Office in February 2023 and will be available on YourSay once finalised with your Office.
44. Northside Hospital engagement with Ministerial Advisory Councils has commenced this month. A presentation was given at the Ministerial Advisory Council for Veterans and Families on 1 February 2023, and another presentation will be delivered at the Ministerial Advisory Council for Ageing on 14 February 2023.
45. Union engagement will also commence; a Northside Hospital presentation will be delivered at the ACT Health Directorate Consultative Committee in March 2023.
46. Clinical engagement is ongoing with ACTHD meeting with individual departments as well as conducting an Executive User Group (EUG). The third and final EUG for this phase of the project met on 31 January 2023.
47. The EUG reviewed the staging options and updated concept design and reviewed the updated external functional relationships and assumptions underpinning the schedule of accommodation.
48. The key themes arising from discussions at the EUG included:
 - a. the need to plan for services in a system-wide way. This was specifically regarding mental health and older persons mental health, but could be themed more broadly;
 - b. workforce planning needs to be considered alongside planning for the build; and
 - c. ongoing clinical engagement is crucial.
49. To date, there has been no widespread engagement with Calvary clinicians following cancellations by the Regional CEO and Hospital General Manager. While some clinicians have attended the EUG meetings, though the majority of Calvary representatives were from the CPHB Executive (corporate), and national office. There has been no engagement with nursing or allied health staff.

CABINET

50. Calvary commented at a recent meeting with the Executive Group Manager (EGM), Infrastructure Communication and Engagement Division (ICE) that clinicians are becoming concerned they've not participated in any engagement on the planning for the new Northside Hospital. EGM ICE has written to Mr Hawkins to reiterate our willingness to meet with Calvary clinicians on this project.
51. The Northside Hospital Project Team continue to work closely with the Health System Planning and Evaluation Division on the development of models of services that refine our understanding of the clinical services to be provided.
52. The Northside Hospital Project Team is continuing clinical engagement with speciality areas.

Financial Implications

53. Nil.

ConsultationInternal

54. Nil.

Cross Directorate

55. Nil.

External

56. Nil.

Work Health and Safety

57. Not applicable.

Benefits/Sensitivities

58. The development of a new Northside Hospital will be of significant interest to the community, stakeholders and Calvary.
59. There will be sensitivities associated with the outcome of Calvary negotiations and next steps. These will continue to form the basis of deliberations by Cabinet.

Communications, media and engagement implications

60. A communications and engagement plan for the broader project has been developed and provided to your office.
61. Community engagement on a range of health planning and infrastructure projects, including the Northside Hospital commenced in August 2022 and was completed in November 2023.

CABINET

Signatory Name: Liz Lopa, Executive Group Manager, Infrastructure Communication and Engagement Division Phone: Schedule 2.2(a)(ii)

Action Officer: Caitlin Bladin, Senior Director, Northside Hospital Project Phone: MS Teams

Attachments

Attachment A	Standing Agenda for fortnightly Northside Hospital project briefings with Minister for Health
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Standing Agenda

Date: 13 February 2023

Time: 0930 - 1000

Location: Ministers Office or MS Teams

		Speaker
Item 1	Acknowledgement of Country	
Item 2	General project update	Liz Lopa
Item 3	Commercial/legal matters Schedule 1.6 Land discussions with Calvary	Liz Lopa
Item 4	Business Case – status Confirmation of preferred Bruce option – comment on January Brief	Liz Lopa
Item 5	Upcoming decision points Expenditure Review Committee 22 February, Cabinet 28 February	All
Item 6	Key Items for Discussion: <ul style="list-style-type: none"> • Project Designation • Transition Advisory Group • Clinical Engagement 	All
Next Meeting: 27 February 2023		

ACT Health Directorate

To:	Minister for Health	Tracking No.: MIN23/69
CC:	Rebecca Cross, Director-General	
From:	Liz Lopa, Executive Group Manager, Infrastructure, Communication and Engagement	
Subject:	Northside Hospital project update – Regular briefing	
Critical Date:	27/02/2023	
Critical Reason:	To provide you a progress update on the Northside Hospital project, ahead of the regular fortnightly meeting on 27 February 2023.	

Recommendation

That you note the standing agenda for fortnightly Northside Hospital project briefing at Attachment A.

Noted / Please Discuss

Rachel Stephen-Smith MLA



28/2/23

Minister's Office Feedback

Thank you - a useful meeting yesterday and subsequent ERC discussion.

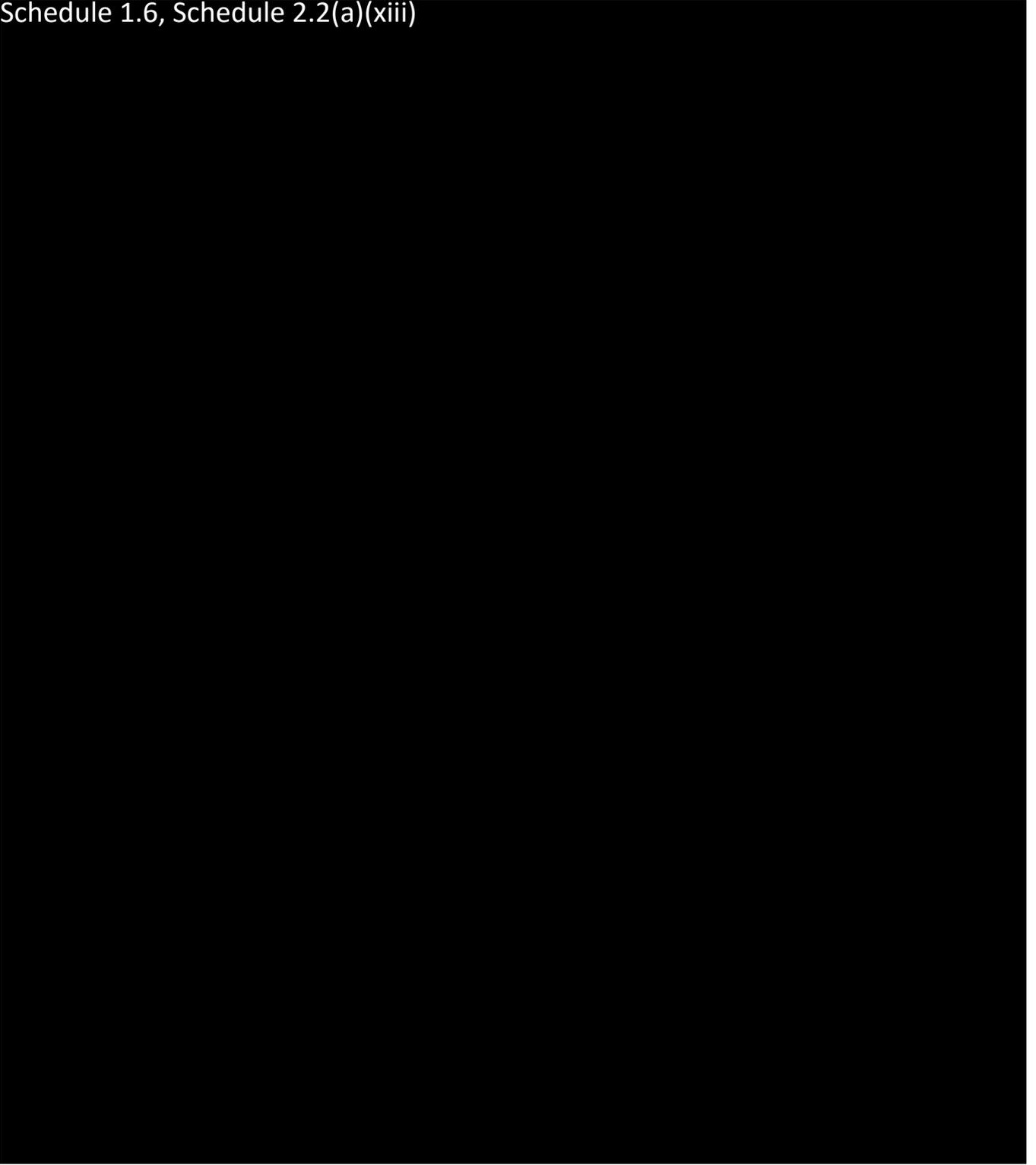
Background

1. Fortnightly meetings are scheduled between you and the Director-General, ACT Health Directorate (ACTHD) and Executive Group Manager, Infrastructure, Communication and Engagement to discuss progress of the northside hospital project.
2. This briefing has been prepared in advance of the meeting scheduled for Monday, 27 February 2023 at 9.30am.

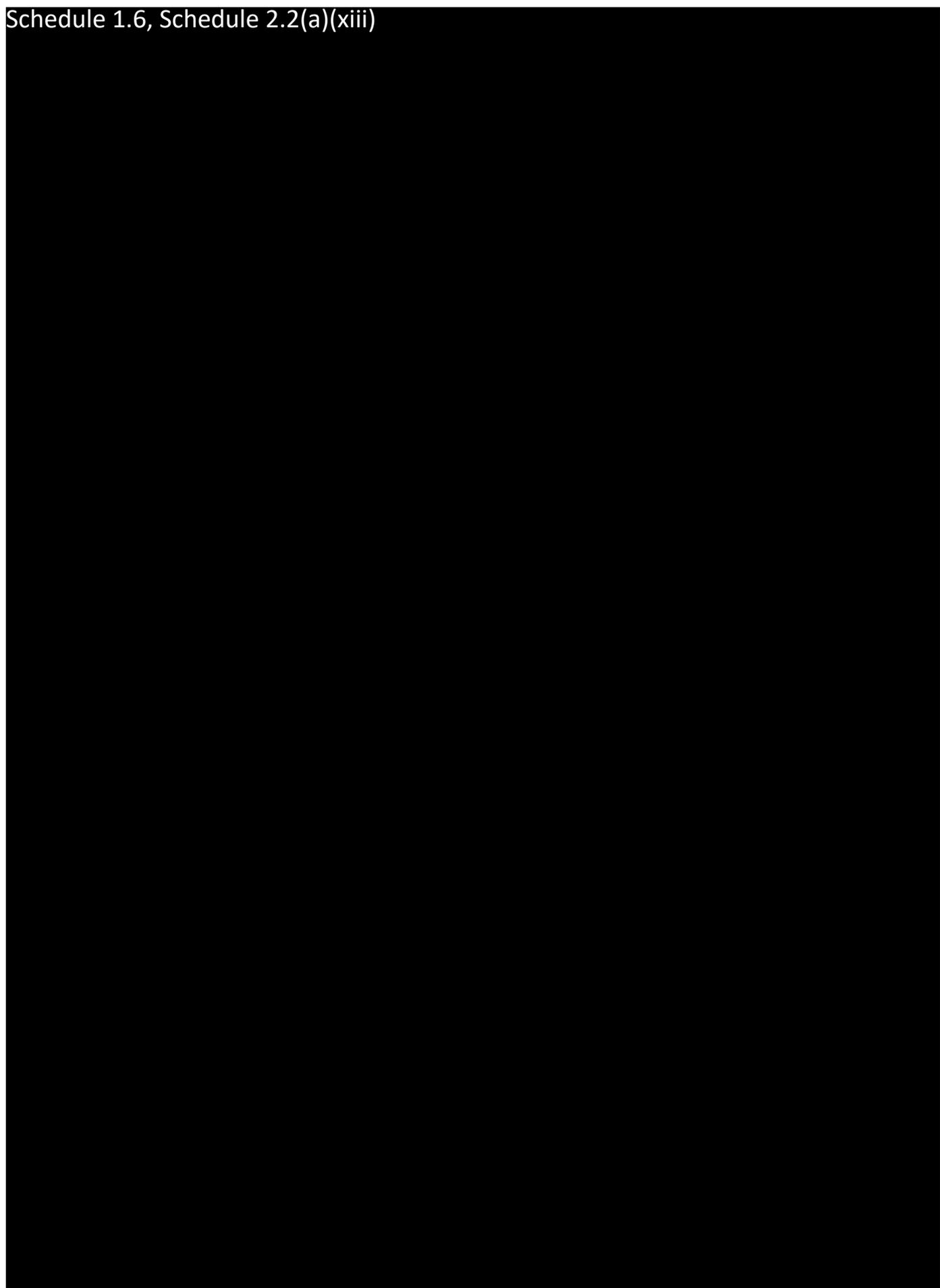
Issues

3. A standing agenda for these fortnightly briefings on the Northside Hospital Project has been developed to guide discussions. The standing agenda is provided at Attachment A.
4. Updates for each agenda item is below.

Schedule 1.6, Schedule 2.2(a)(xiii)



Schedule 1.6, Schedule 2.2(a)(xiii)



Schedule 1.6, Schedule 2.2(a)(xiii)

Schedule 1.2

Northside Hospital Transition Advisory Group

32. The Northside Hospital Transition Advisory Group (TAG) met on 21 February 2023.
33. The Cabinet submission being developed for consideration in February/March 2023 will seek agreement to the establishment of a transition team and supporting consultants, which would initially be funded from the existing Northside Hospital Project budget.
34. The structure of a transition team was discussed with the TAG on 21 February 2023. Liz Lopa, Executive Group Manager, Infrastructure, Communication and Engagement can provide a verbal update regarding the outcomes of this discussion at the Northside briefing on 27 February 2023. ✓

Clinical and Community engagement

35. Northside Hospital engagement with Ministerial Advisory Councils has commenced this month. Presentations were given at the Ministerial Advisory Council for Veterans and Families on 1 February 2023, and the Ministerial Advisory Council for Ageing on 14 February 2023. ✓
36. Union engagement will also commence; a Northside Hospital presentation will be delivered at the ACTHD Consultative Committee in March 2023. ✓
37. As previously updated the Executive User Group meetings have concluded and the outputs are informing the Functional Design Brief for inclusion in the Business Case.
38. You previously queried the concerns raised by ACTHD regarding difficulties in engaging with CPHB clinicians on the project.
39. A separate briefing relating to consultation and engagement with CPHB, and the provision of an engagement and meeting register is being prepared for you.
40. The Northside Hospital Project Team continue to work closely with Health System, Planning and Evaluation division on the development of models of services that refine our understanding of the clinical services to be provided.
41. The Northside Hospital Project Team is continuing clinical engagement with speciality areas.

Financial Implications

42. Nil.

ConsultationInternal

43. Nil.

Cross Directorate

44. Nil.

External

45. Nil.

Work Health and Safety

46. Not applicable.

Benefits/Sensitivities

47. The development of a new Northside Hospital will be of significant interest to the community, stakeholders and Calvary.

CABINET

48. There will be sensitivities associated with the outcome of Calvary negotiations and next steps. These will continue to form the basis of deliberations by Cabinet.

Communications, media and engagement implications

49. A communications and engagement plan for the broader project has been developed and provided to your office.
50. Community engagement on a range of health planning and infrastructure projects, including the Northside Hospital commenced in August 2022 and was completed in November 2022.

Signatory Name: Liz Lopa, Executive Group Manager, Phone: Schedule 2.2(a)(ii)
 Infrastructure Communication and
 Engagement Division

Action Officer: Caitlin Bladin, Project Director, Phone: MS Teams
 Northside Hospital Project

Attachment

Attachment A	Standing Agenda for fortnightly Northside Hospital project briefings with Minister for Health
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Northside Hospital Project Fortnightly Briefing with Minister for Health



ACT Health

Standing Agenda

Date: 27 February 2023

Time: 09:30am – 10:00am

Location: Ministers office or MS Teams

		Speaker
Item 1	Acknowledgement of Country	
Item 2	General project update	Liz Lopa
Item 3	Business Case – status	Liz Lopa
Item 4	Commercial/legal matters	Liz Lopa
Item 5	Upcoming decision points ERC 27 February 2023, Cabinet 15 March 2023	All
Item 6	Key Items for Discussion: <ul style="list-style-type: none"> • Project Designation • Transition Advisory Group • Clinical Engagement 	All
Next Meeting: 13 March 2023		

ACT Health Directorate

CABINET-IN-CONFIDENCE

To: Minister for Health

Tracking No.: GBC22/762

CC: Rebecca Cross, Director-General

From: Liz Lopa, Executive Group Manager, Infrastructure, Communication and Engagement Division, ACT Health

Subject: Lodgement of CAB22/798 – Northside Hospital project – commercial negotiation outcomes and next steps

Critical Date: 22/02/2023

Critical Reason: The Cabinet Submission is overdue for lodgement.

Recommendations

That you:

1. Agree to lodge the Cabinet Submission at Attachment 1 for consideration at Expenditure Review Committee of Cabinet on 27 February 2023; and

Agreed / Not Agreed / Please Discuss

2. Sign the discussion paper at Attachment 1.

Signed / Not Signed / Please Discuss

Rachel Stephen-Smith MLA



22/2/23

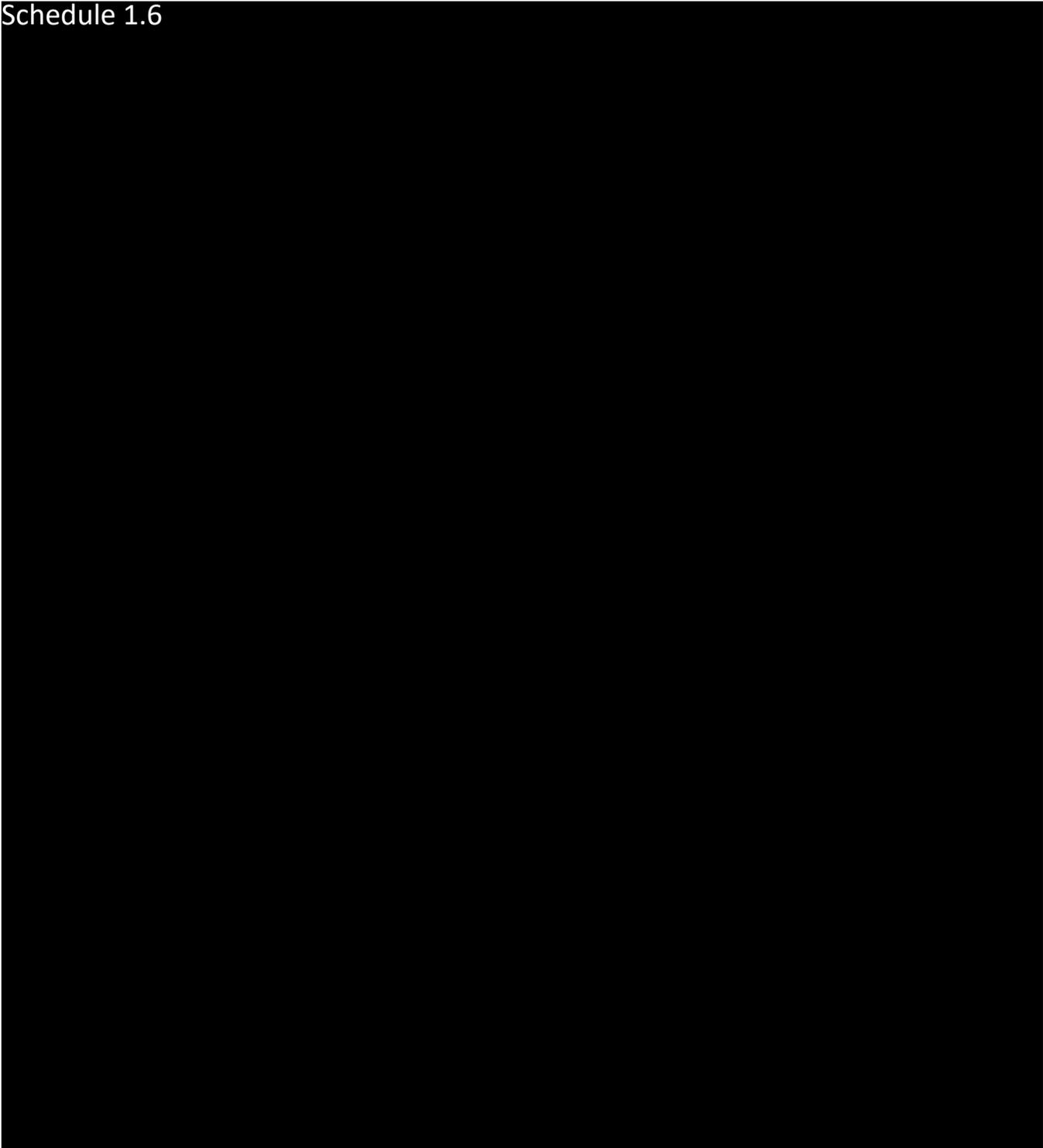
Minister's Office Feedback

Background

1. This Cabinet Submission follows the northside hospital (NH) project update to the Expenditure Review Committee of Cabinet (ERC) on 6 December 2022 (CAB22/773).
2. This submission is scheduled for ERC consideration on 27 February 2023, and subsequent consideration by Cabinet on 15 March 2023.

Issues

Schedule 1.6



Schedule 1.6

Financial Implications

11. This Cabinet submission does not explicitly seek funding, however the decisions taken from Cabinet are related to the business case being prepared for the 2023-24 Budget.
12. The northside hospital will be a significant investment from the Territory and its health system in the ACT to provide a modern facility, capital cost estimates for all the infrastructure options are included in the Submission.
13. A Business Case will be developed based on the suitable site options and presented to Cabinet for consideration as part of the 2023-24 Budget Process.
14. The funding provided in 2021-22 Budget is funding the current work.
15. A transition team is proposed to be funded through the existing NH project budget.

Consultation

Internal

16. Not applicable.

Cross Directorate

17. ACTGSO and MPC are working closely with ACT Health on the project.
18. MPC, EPSDD, TCCS, CMTEDD and JACS (including ESA) are involved in the site, planning and design considerations associated with the Northside Hospital Project.
19. ACT Treasury are assisting ACTHD with the development of valuation methodology and compensation matrix to inform any compensation package.

External

20. This Cabinet submission contains commercially sensitive information and has not been circulated externally. The submission will remain on restricted circulation ahead of ERC on 22 February 2023.
21. ACTHD has a range of external advisors that have provided advice on the submission from a commercial and legal perspective.

Work Health and Safety

22. Nil.

CABINET

Benefits/Sensitivities

23. The development of a new northside hospital will be of significant interest to the community, stakeholders, and Calvary.
24. There will be sensitivities associated with the outcome negotiations and next steps, these have all been outlined in the cabinet submission for ERC consideration.

Communications, media and engagement implications

25. Media interest is not expected regarding this submission as it remains Cabinet in confidence.
26. However, there is media and community interest in the site and operator of the new northside hospital so there will be future opportunities for announcements through the Budget process, pending approval of the business case.
27. A communications and engagement plan for the broader project has been developed and provided to your office.
28. Community engagement on a range of health planning and infrastructure projects, including the northside hospital commenced in August 2022 and were completed on 30 November 2022.
29. Clinical engagement has occurred through executive user group meetings, and direct engagement with divisions where possible.

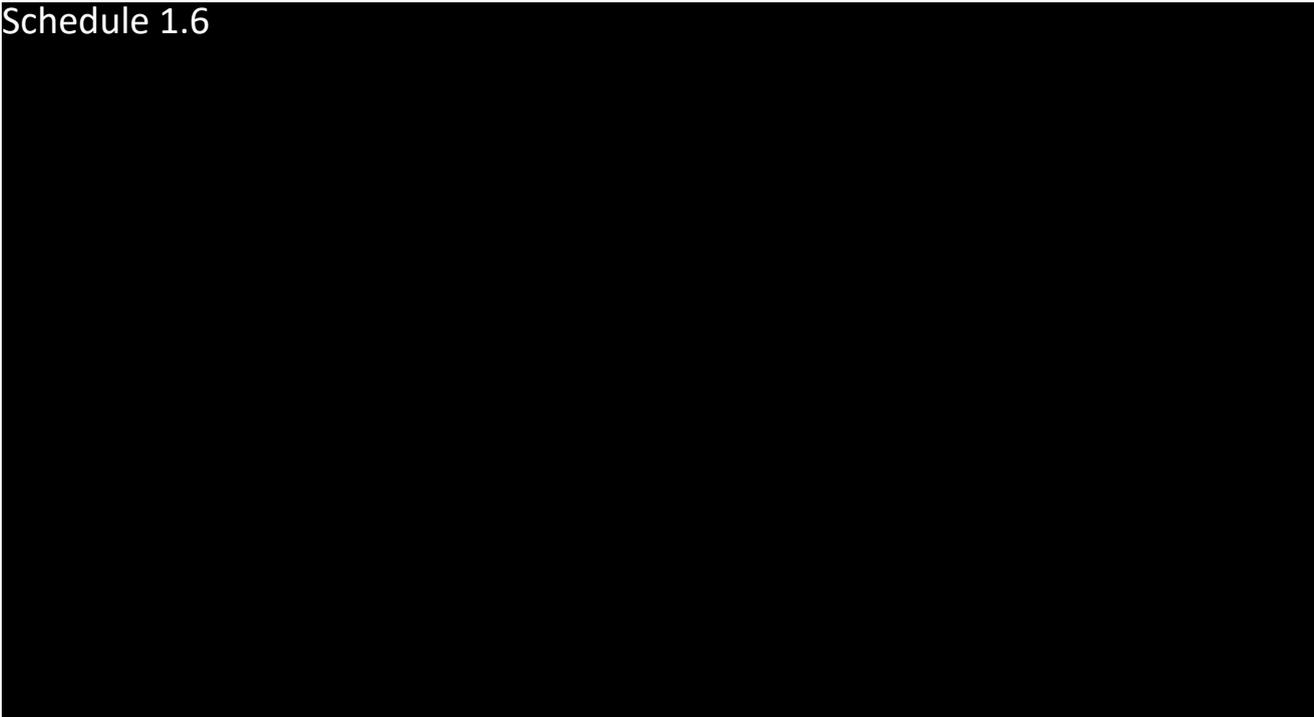
Signatory Name: Liz Lopa

Phone: Schedule 2.2(a)(ii)

Action Officer: Caitlin Bladin

Phone: Schedule 2.2(a)(ii)

Schedule 1.6



Schedule 1.6



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March – April	May – June	July – August	September – October	November - December
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Transition Planning	Establish Transition Team and prepare advice	Undertake transition work, including accessing all Calvary records, documents and site.			December: CHS operate CPHB
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Legislation	Draft legislation	May: Introduce Legislation June: Inquiry (or not)	Late August: Debate Bill	Pass Bill	December: Legislation comes in effect
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Business Case	Business case submitted and considered	Budget announcement	Establish relevant project teams and commence procurement activity for design phase (requires site and operator certainty)		
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Compensation negotiations*	<i>*this pathway assumes Calvary agree to discuss compensation with the Territory</i>	Inform Calvary of outcome and invite Calvary to negotiation on compensation	Negotiations on 'just terms'		Agreed just terms included in regulation
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Land tenure	Formal valuations undertaken		Full survey, land and asset studies undertaken, block boundaries developed	Cessation of crown lease and regrant of new leases
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Potential legal action by Calvary	Injunction against legislation Dispute on existing contractual matters		Legal action to prevent Territory access to records, documents and site	Suing the Territory
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CABINET

ATTACHMENT N

EXPOSURE DRAFT COMMENTS – 22/798

Exposure circulation undertaken: Bypassed exposure circulation

Reason for exception: State reason for exception to full circulation or state N/A

Dates circulated: Provide dates circulated

FINAL COMMENTS – 22/798

Final circulation undertaken: Lodged for briefing only

Reason for exception: Final circulation only – restricted to CMTEDD, MPC, EPSDD, ACTHD

Dates circulated: N/A

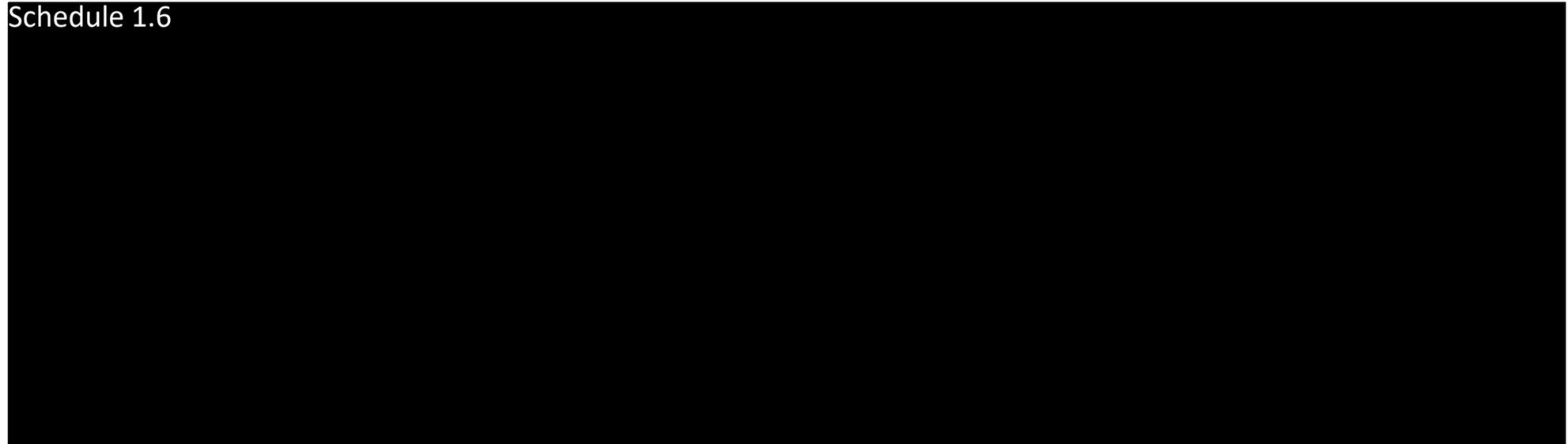
POST ERC - FINAL COMMENTS – 22/798

Final circulation undertaken: 2 day final circulation

Reason for exception: Final circulation only – restricted to CMTEDD, MPC, EPSDD, ACTHD

Dates circulated: Provide dates circulated

Schedule 1.6



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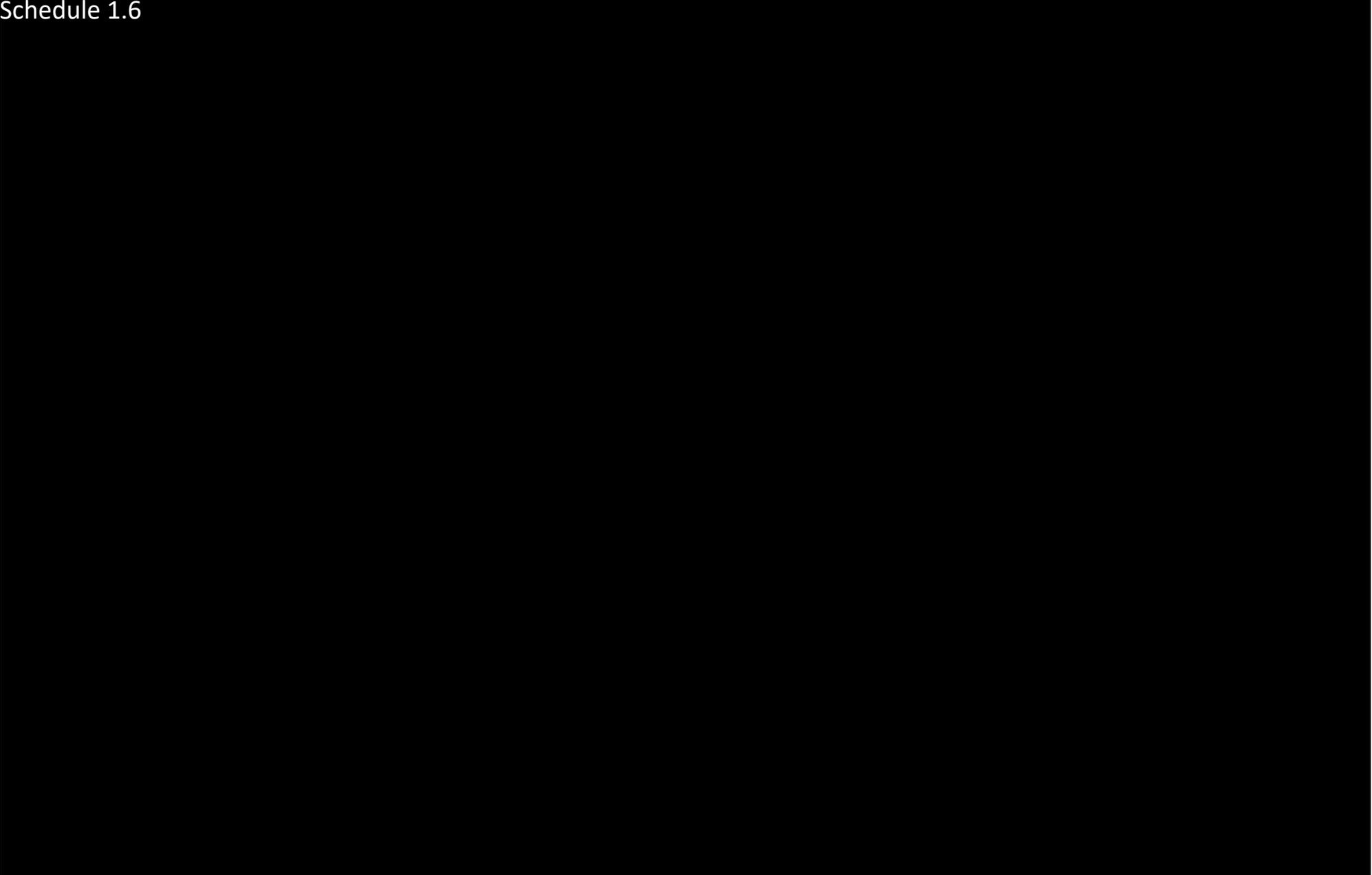
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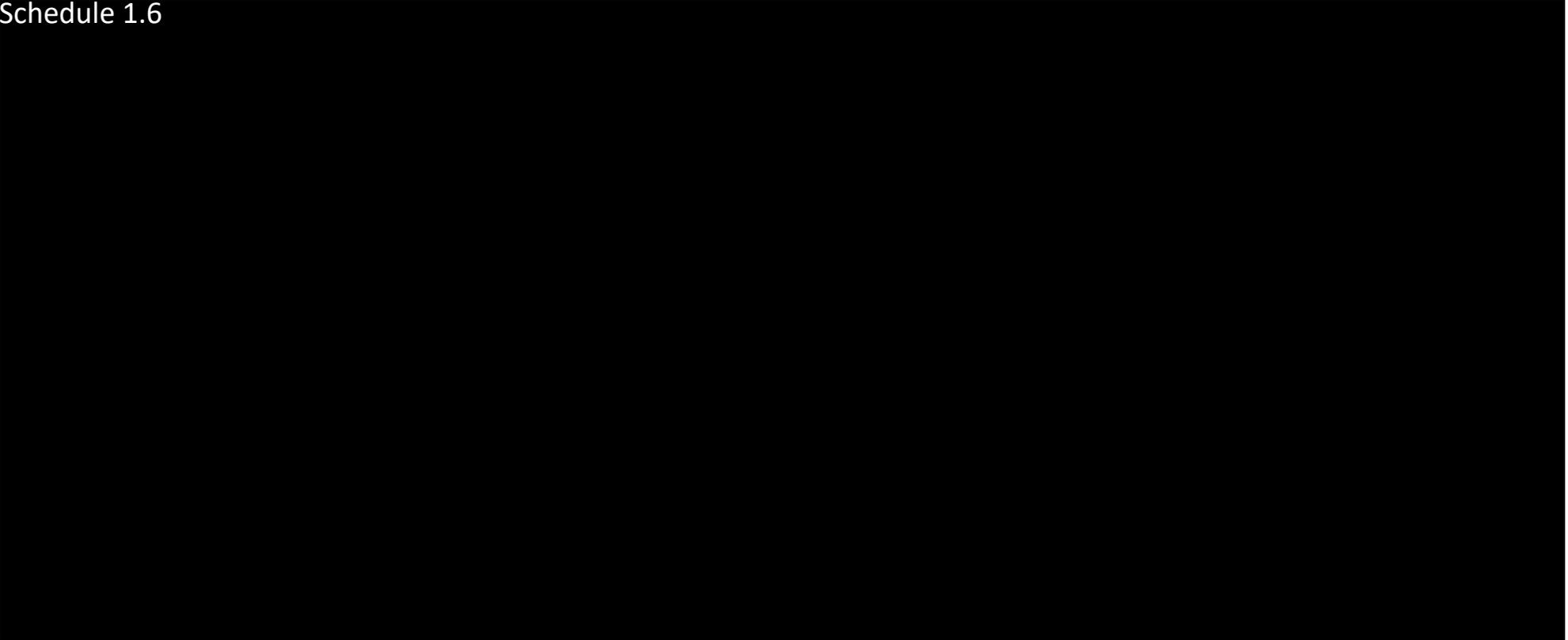
Schedule 1.6



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Schedule 1.6



CABINET

ACT Health Directorate

CABINET-IN-CONFIDENCE

To: Minister for Health

Tracking No.: GBC22/762

CC: Rebecca Cross, Director-General

From: Liz Lopa, Executive Group Manager, Infrastructure, Communication and Engagement Division

Subject: Final Lodgement of CAB22/798 – Northside Hospital project – commercial negotiation outcomes and next steps

Critical Date: 07/03/2023

Critical Reason: The cabinet submission is due for final lodgement on this date to enable consideration at Cabinet on 15 March 2023.

Recommendations

That you:

1. Agree to lodge the Cabinet Submission at Attachment 1 for consideration at Cabinet on 15 March 2023; and

Agreed / Not Agreed / Please Discuss

2. Sign the Cabinet Submission at Attachment 1.

Signed / Not Signed / Please Discuss

Rachel Stephen-Smith MLA



7./3./23

Minister's Office Feedback

Submission signed with minor edits. Please withhold Attachment H from lodgement at this time and discuss. The timelines presented are not what has been discussed. This will not be a standard Assembly process - the Government will need to make some specific decisions to provide certainty to all, particularly staff.

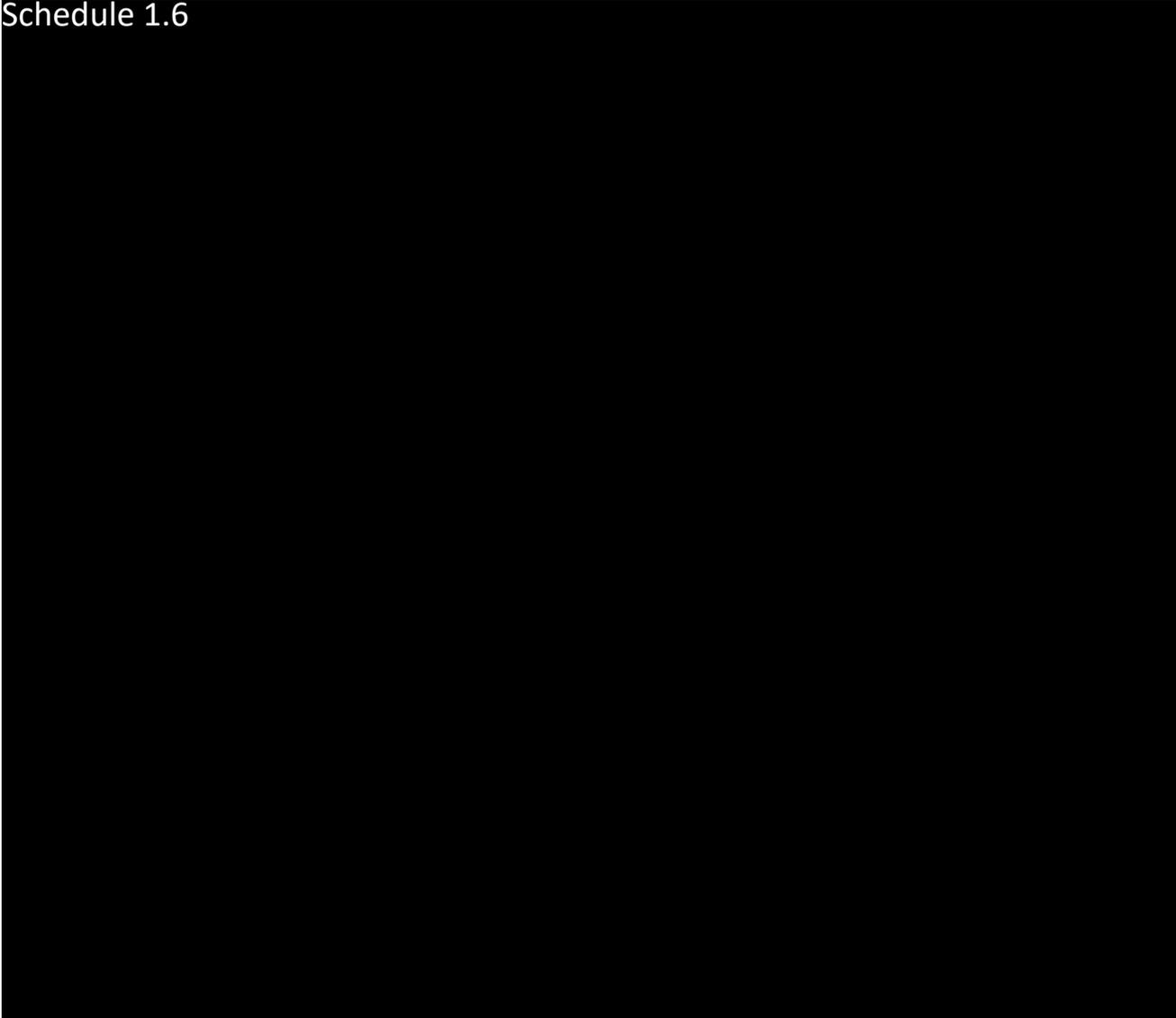
Schedule 1.6

Background

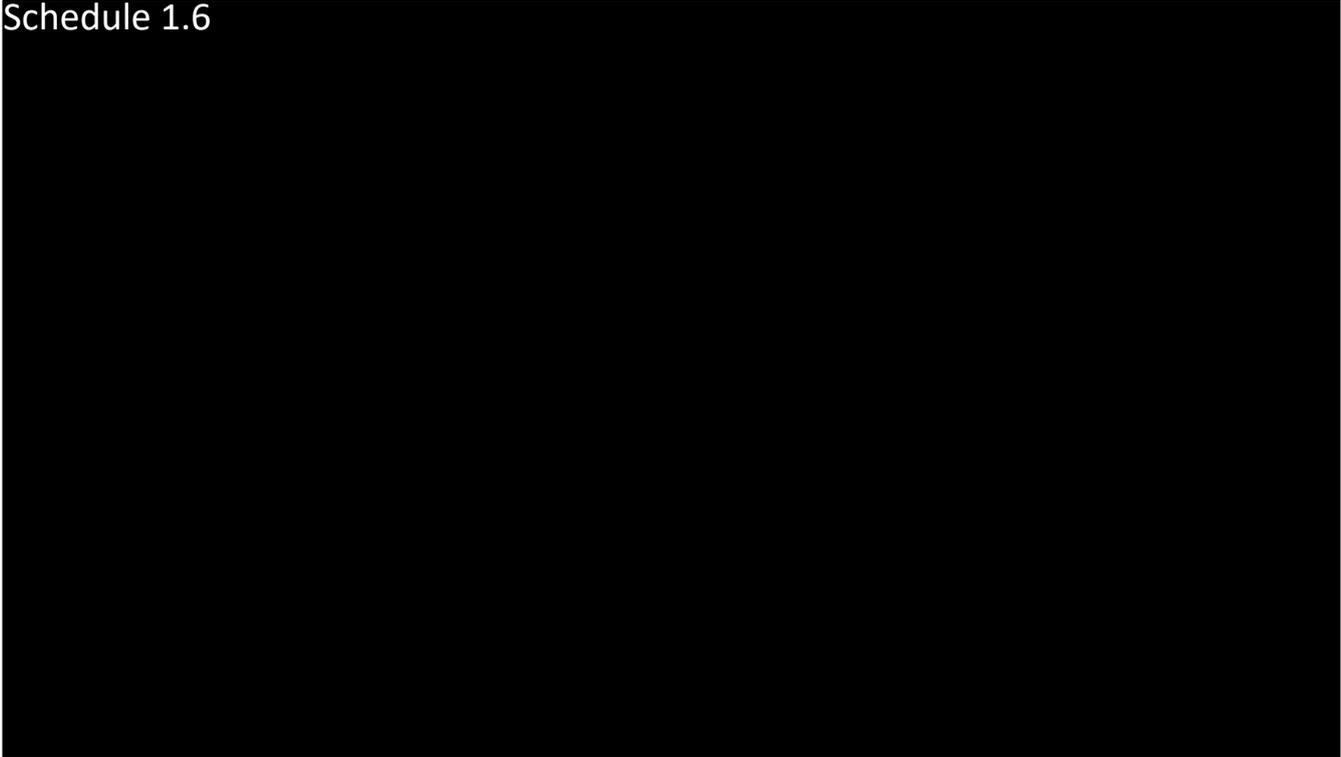
1. This Cabinet Submission follows the northside hospital project update to the Expenditure Review Committee (ERC) of Cabinet on 6 December 2022 (CAB22/773).
2. This submission was considered by ERC on 27 February 2023 and is scheduled for consideration by Cabinet on 15 March 2023.

Issues

3. Following Cabinet consideration on 6 September 2022, a letter to Mr Bowles (Attachment D) was sent to communicate the Government's position and next steps regarding Calvary's role in the northside hospital project.
4. You met with Mr Bowles on 21 November 2022 to discuss Calvary's response to the Government's position. A formal written response was received on 28 November 2022 (Attachment A). Calvary's response to the Territory's letter of offer was 'no'.
The submission outlines the pathways open to Government at this point in the project.

Schedule 1.6

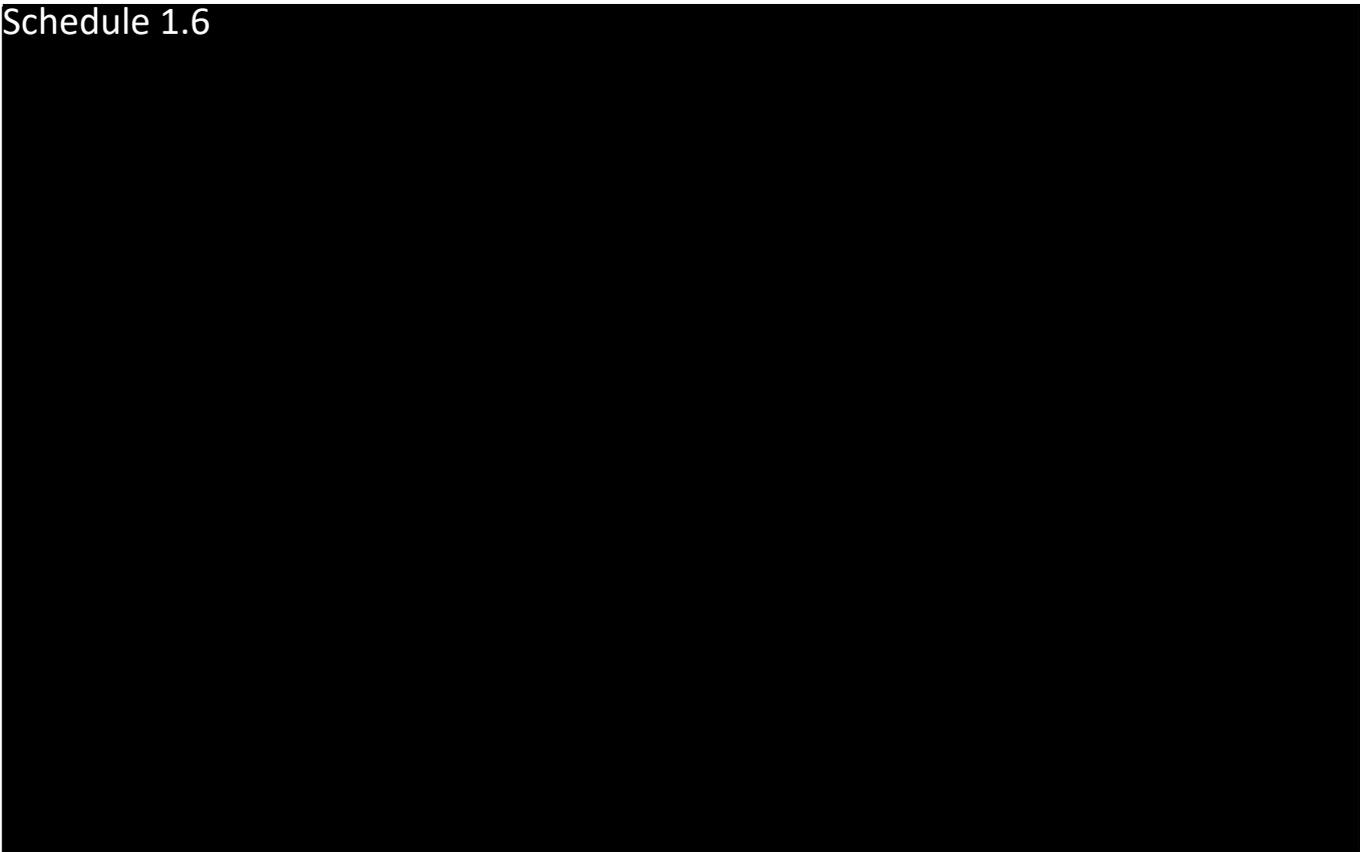
Schedule 1.6



Financial Implications

13. This Cabinet submission does not explicitly seek funding, however the decisions taken from Cabinet are related to the Business Case being prepared for the 2023-24 Budget.

Schedule 1.6



CABINET

18. The northside hospital will be a significant investment from the Territory and its health system in the ACT to provide a modern facility. Capital cost estimates for all the infrastructure options are included in the Submission.
19. A business case will be developed based on the suitable site options and presented to Cabinet for consideration as part of the 2023-24 Budget Process.
20. The funding provided in 2021-22 Budget is funding the current work.
21. A transition team is proposed to be funded through the existing northside hospital project budget.

ConsultationInternal

22. Not applicable.

Cross Directorate

23. ACTGSO and MPC are working closely with ACTHD on the project.
24. MPC, EPSDD, TCCS, CMTEDD and JACS (including ESA) are involved in the site, planning and design considerations associated with the Northside Hospital Project.
25. ACT Treasury are assisting ACTHD with the development of valuation methodology and compensation matrix to inform any compensation package.
26. ACTGSO, MPC, CMTEDD and CHS were consulted prior to ERC on the contents of the submission.

External

27. This Cabinet submission contains commercially sensitive information and has not been circulated externally. The submission remained on restricted circulation ahead of ERC on 27 February 2023.
28. ACTHD has a range of external advisors that have provided advice on the submission from a commercial and legal perspective.

Work Health and Safety

29. Nil.

Benefits/Sensitivities

30. The development of a new northside hospital will be of significant interest to the community, stakeholders, and Calvary.

CABINET

31. There will be sensitivities associated with the outcome negotiations and next steps, these have all been outlined in the cabinet submission.

Communications, media and engagement implications

32. Media interest is not expected regarding this submission as it remains Cabinet-in-Confidence.

33. However, there is media and community interest in the site and operator of the new northside hospital so there will be future opportunities for announcements through the Budget process, pending approval of the business case.

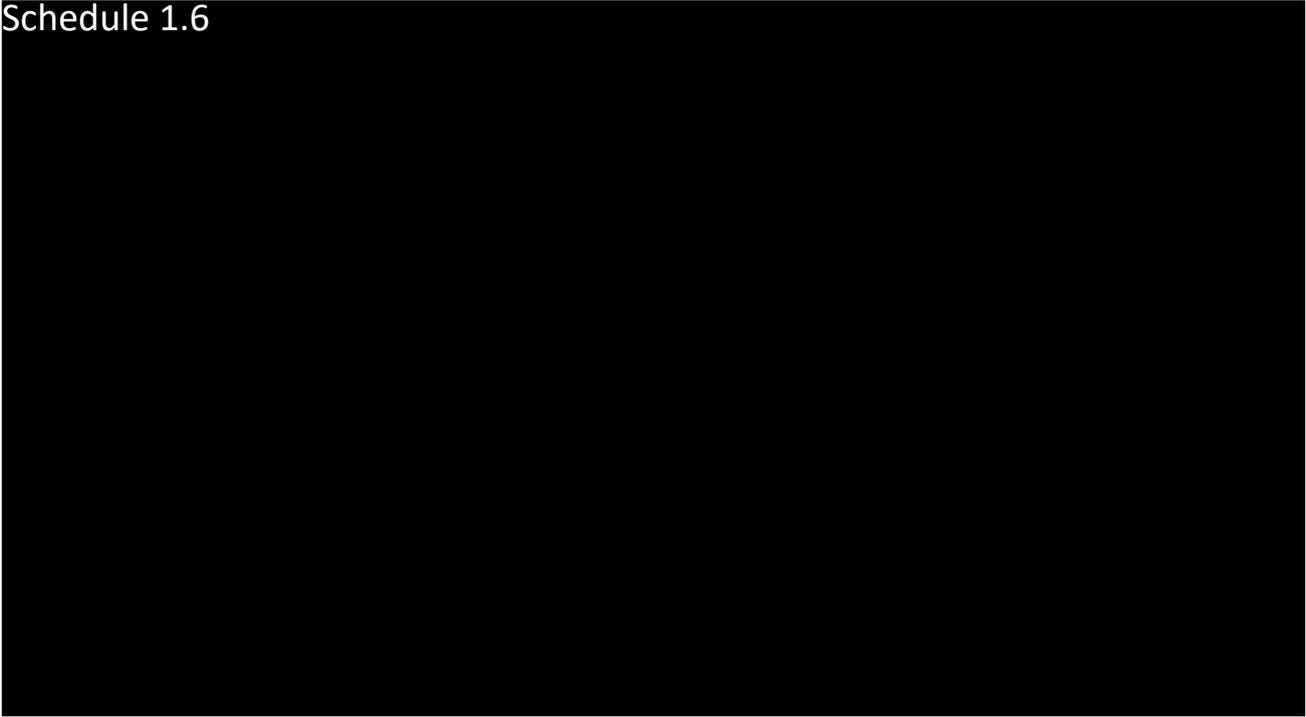
34. A communications and engagement plan for the broader project has been developed and provided to your Office.

35. Community engagement on a range of health planning and infrastructure projects, including the northside hospital commenced in August 2022 and were completed on 30 November 2022.

36. Clinical engagement has occurred through executive user group meetings, and direct engagement with divisions where possible.

Signatory Name: Liz Lopa, Executive Group Manager, Infrastructure, Communication and Engagement Division Phone: Schedule 2.2(a)(ii)

Action Officer: Caitlin Bladin Phone: Schedule 2.2(a)(ii)

Schedule 1.6


Schedule 1.6



Schedule 1.6

Schedule 1.6

Schedule 1.6

Schedule 1.6

ACT Health Directorate

To: Minister for Health Tracking No.: MIN23/17

Cc: Rebecca Cross, Director-General

From: Liz Lopa, Executive Group Manager, Infrastructure, Communication and Engagement

Subject: Northside Hospital project update – Regular briefing

Critical Date: 14/03/2023

Critical Reason: To provide you a progress update on the Northside Hospital project, ahead of the regular fortnightly meeting on 14 March 2023.

Recommendations

That you:

1. Note the Standing Agenda at Attachment A;

Noted / Please Discuss

2. Note the Information on the modelling that underpins the Mental Health bed requirements at Attachment B; and

Noted / Please Discuss

3. Note the Architectural renders for Bruce and the Greenfield site at Attachment C.

Noted / Please Discuss

Rachel Stephen-Smith MLA  14/3/23

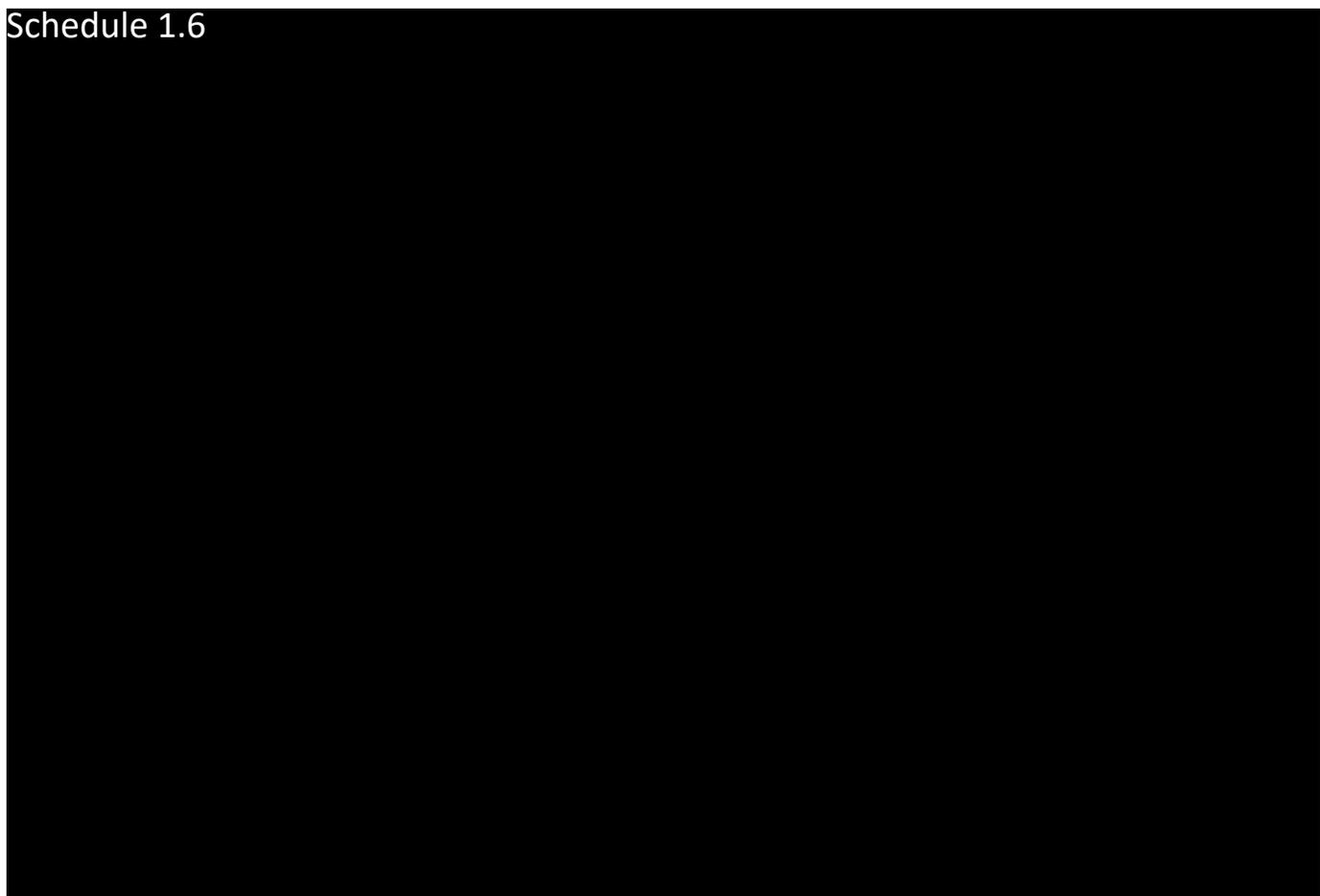
Minister's Office Feedback

Background

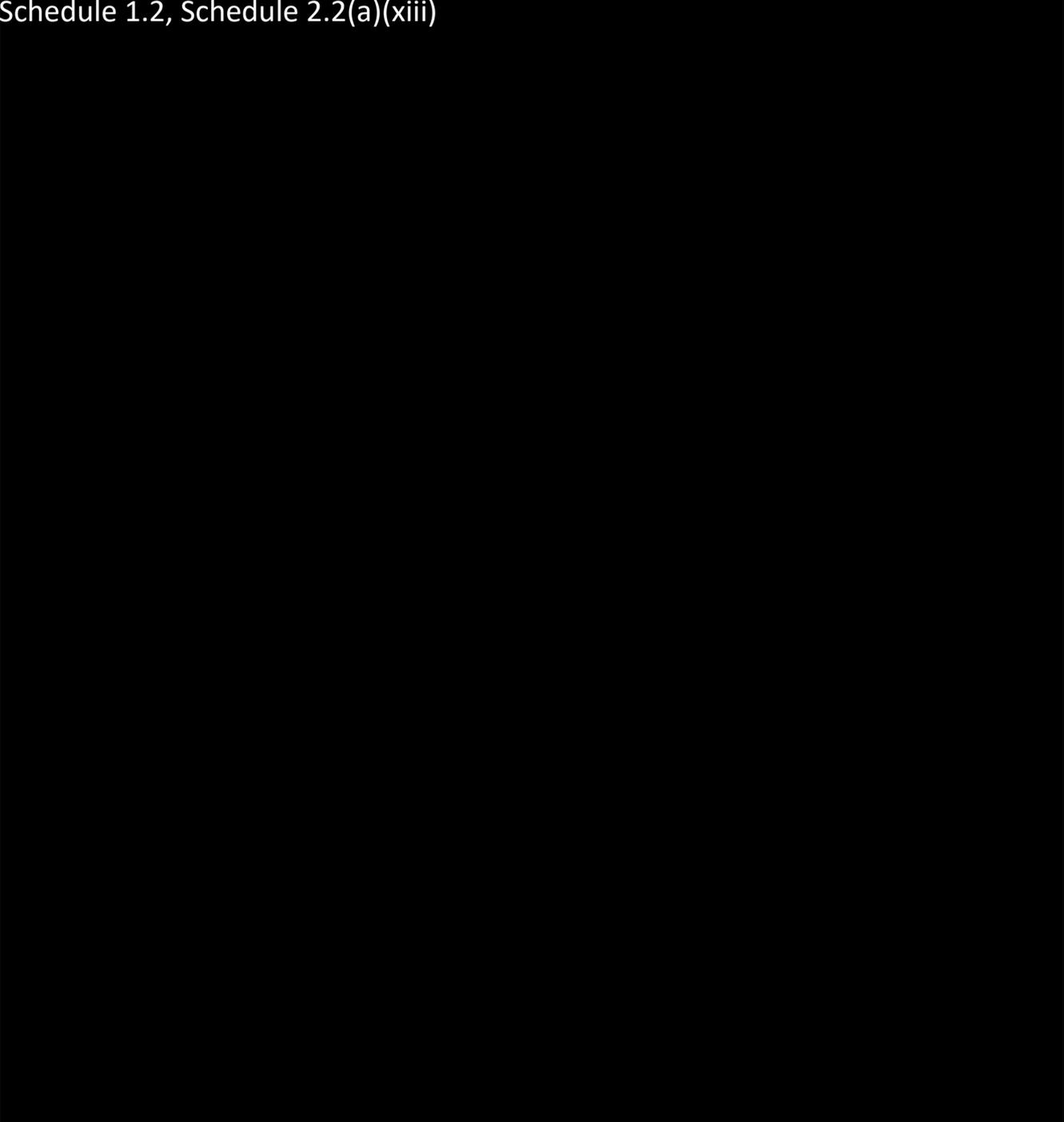
1. Fortnightly meetings are scheduled between you and the Director-General, ACT Health Directorate and Executive Group Manger, Infrastructure, Communication and Engagement (EGM ICE) to discuss progress of the northside hospital project.
2. This briefing has been prepared in advance of the meeting scheduled for Tuesday, 14 March 2023 at 11.30am.

Issues

3. A standing agenda for these fortnightly briefings on the Northside Hospital Project has been developed to guide discussions. The standing agenda is provided at Attachment A.
4. Updates for each agenda item is below.

Schedule 1.6**Schedule 1.2, Schedule 2.2(a)(xiii)**

Schedule 1.2, Schedule 2.2(a)(xiii)



Northside Hospital Transition Advisory Group

19. The Northside Hospital Transition Advisory Group (TAG) met on Tuesday, 21 February 2023.
20. Agreement has been reached for the establishment of a transition team and supporting consultants. This would initially be funded from the existing Northside Hospital Project budget ahead of ongoing planning and submissions for funding.
21. The structure of a transition team is being considered out of session, with TAG members to provide advice on resourcing requirements for the various workstreams encompassed in the draft transition team structure.

CABINET

22. The TAG has agreed to expand its membership to include the following positions from across ACT Government:
 - a. Chief Finance Officer, ACTHD;
 - b. EGM, Communications and Engagement, Chief Minister, Treasury and Economic Development Directorate (CMTEDD); and
 - c. Chief Digital Officer, CMTEDD.
23. The TAG is next scheduled to meet on Tuesday, 21 March 2023.

Clinical and Community engagement

24. Union engagement has commenced with a Northside Hospital presentation delivered at the ACTHD Consultative Committee on 9 March 2023.
25. On 3 March 2023, the EGM ICE and EGM Health System Planning and Evaluation (HSPE) were approached by the Regional Chief Executive Officer, Calvary ACT, to meet with Calvary Public Hospital Bruce (CPHB) clinicians on 14 March 2023 about northside clinical services planning and northside hospital project planning.
26. This session will provide clinicians opportunity to review the points of care and functional relationships proposed. The NHPT will brief you on the outcomes of this session as part of your fortnightly northside project briefing on 27 March 2023.

Clinical Services Planning

27. A draft of the Functional Design Brief has been received and is being reviewed by the project team.
28. You have previously requested information on the modelling that underpins the Mental Health bed requirements.
29. HSPE contracted Health Policy Analysis who have provided long term activity forecasting. This forecasting indicates that demand for acute inpatient mental health services is expected to roughly double over the next 20 years if the current service delivery options and presentation trends continue.
30. HPSE further advise that they are working with the Office of Mental Health and Wellbeing, Chief Psychiatrist and Mental Health, Justice Health, Alcohol and Drug Services to explore more community-based options for mental health services and to test future bed demand projections against the more system focussed National Mental Health Service Planning Framework, in the ACT context. ✓
31. Key variables for ongoing modelling include the extent to which demand will shift from the public sector, including on the northside, to the Deakin facility (and the impacts between Canberra Hospital and the northside hospital); and the extent to which increased investment in the community sector as well as improved case management of frequent presenters could reduce acute admissions.

CABINET

32. In 2021 -22 bed occupancy at Canberra Health Service Acute Mental Health Unit was 82 per cent (close to the 85 per cent benchmark full occupancy rate for a unit with high dependency beds). In the same period CPHB bed occupancy was over 90 per cent (above the benchmark occupancy rate of 90 per cent for an acute adult mental health unit).
33. The full advice from HPSE is provided for your office at Attachment B.
34. The NHPT continue to work closely with HSPE division on the development of models of services that refine our understanding of the clinical services to be provided.
35. The NHPT is continuing clinical engagement with speciality areas.

Financial Implications

36. Nil.

ConsultationInternal

37. HSPE were consulted and provided input into this briefing.

Cross Directorate

38. Nil.

External

39. Nil.

Work Health and Safety

40. Not applicable.

Benefits/Sensitivities

41. The development of a new Northside Hospital will be of significant interest to the community, stakeholders and Calvary.
42. There will be sensitivities associated with the outcome of Calvary negotiations and next steps. These will continue to form the basis of deliberations by Cabinet.

Communications, media and engagement implications

43. A communication and engagement plan for the broader project has been developed and provided to your Office.
44. Community engagement on a range of health planning and infrastructure projects, including the Northside Hospital commenced in August 2022 and was completed in November 2023.

CABINET

Signatory Name: Liz Lopa, Executive Group Manager, Infrastructure Communication and Engagement Division Phone: Schedule 2.2(a)(ii)

Action Officer: Rebecca Sweetman, Director, Northside Hospital Project Phone: MS Teams

Attachments

Attachment A	Standing Agenda for fortnightly Northside Hospital project briefings with Minister for Health
Attachment B	Information on the modelling that underpins the Mental Health bed requirements
Attachment C	Architectural renders for Bruce and the Greenfield site

Northside Hospital Project Fortnightly Briefing with Minister for Health



ACT Health

Standing Agenda

Date: 14 March 2023

Time: 1130 -1200

Location: Ministers office or MS Teams

		Speaker
Item 1	Acknowledgement of Country	
Item 2	General project update	Liz Lopa
Item 3	Commercial/legal matters	Liz Lopa
Item 4	Business Case – status	Liz Lopa
Item 5	Upcoming decision points Cabinet 14 March	All
Item 6	Key Items for Discussion: <ul style="list-style-type: none"> • Decisions from ERC • Project Designation • Transition Advisory Group • Clinical Engagement 	All
Next Meeting: 27 March 2023		

ACT Mental Health Services Planning

Residents of Canberra self report mental health as the most common long-term condition across the Territory. Over the last six years, multi-day psychiatry separations at Canberra Hospital and Calvary Public Hospital Bruce have increased by 60 per cent – from 1,637 separations in 2014-15 to 2,613 separations in 2020-21. At the same time, mental health related emergency department presentations have increased by 68 per cent – from 4,653 presentations in 2014-15 to 6,846 presentations in 2020-21.

Canberra Health Services and Calvary Public Hospital Bruce clinicians have advised that their acute mental health units are running at capacity. See [Attachment A](#) for a mapping of capacity across the ACT as well as statistics on current usage.

The Directorate has engaged a company called Health Policy Analysis for long term activity forecasting and has recently provided updated forecasts. This has included forecasting for admitted mental health patients and covers from 2020-21 to 2040-41.

Based on the updated forecast, demand for mental health inpatient services in the ACT (Canberra Hospital and CPHB) is expected to roughly double over the next 20 years, if the current service delivery options and presentation trends continue.

Total ACT psychiatry multiday separations, 2014-15 to 2040-41

	Actual			Forecast	
	2014-15	2017-18	2020-21	2030-31	2040-41
Separations	1,637	2,556	2,613	4,133	4,971

Source: Health Policy Analysis

Planning for acute mental health services

The planning team within the Directorate are working on a draft Northside Clinical Services Plan to provide direction for the northside hospital. The context for the Plan is the demographic growth on the northside of Canberra where we expect there will be an additional 51,000 people in the districts of Belconnen, Gungahlin, North Canberra and Molonglo by 2030.

At this stage of planning, projections for the Northside Hospital forecast capacity of 90 mental health beds by 2040-41 with all mental health areas to be Approved under the Mental Health Act including the emergency department (ED). The planning team is working with the Office of Mental Health and Wellbeing, Chief Psychiatrist and MHJHADS to explore more community based options for mental health services and to test future bed demand projections against the more system focussed National Mental Health Service Planning Framework (NMHSPF), in the ACT context. Further work is being undertaken around the specialty role of Canberra Hospital and the planned Northside Hospital.

- The NMHSPF is an evidence based tool built by the Commonwealth to plan, coordinate and resource mental health services to meet population-based benchmarks.
- The NMHSPF forecasts 139 acute mental health beds in the ACT by 2030-31 with 138 sub-acute and non-acute hospital and community based beds staffed by mental health professionals.
- The ACT currently has 52 sub-acute/non-acute hospital and community based beds staffed by mental health professionals.

The current draft northside hospital plan for 2030, plans to open with approximately*:

- A territory wide 25 bed older persons mental health unit
- 47 bed acute adult mental health unit
- A neurostimulation suite
- Approved emergency department

*these are the modelled bed numbers, but designs will incorporate closest operational effective bed configurations

Benchmarking also indicates the ACT requires more places for people requiring mental health care in community residential settings to complement hospital and other community services. Providing more high support community residential beds (including 24 hours mental health support) would enable provision of more care in the community and different levels of care across the whole mental health care continuum. It is estimated that there will be a requirement for at least 100 additional community residential places by the mid-2030s in a variety of residential configurations. Community residential beds are likely to be substitutes for acute mental health beds however the impact difficult to quantify.

Construction on the hospital will commence in the mid-2020s and it is expected to be built by around 2030. During the eight-year time frame of the Northside CSP, and prior to the opening of the northside hospital, the gaps identified for mental health beds include acute mental health youth beds and community-based rehabilitation residential beds for people with chronic mental health conditions requiring recovery orientated treatment and rehabilitation over 12 months or more.

Territory wide forecasting for the acute hospitals provides the following occupied bed days and bed forecasts by age and separations by place of residence. It is however important to note that the impact of the 52-bed private mental health facility in Deakin has not been modelled. Key variables that will need to be determined include:

- the extent to which demand will shift from the public sector, including on the northside, to the Deakin facility (and the impacts between Canberra Hospital and the northside hospital); and
- the extent to which increased investment in the community sector as well as improved case management of frequent presenters could reduce acute admissions.

Territory wide forecasting - CHS Total Length of Stay

Age / Year	Acute Activity			Acute Beds		
	2022	2031	2041	2022	2031	2041
Under 17 years	1,280	1,938	2,013	5	7	8
18-64 years	37,791	52,370	70,421	116	161	215
65+ years	6,269	8,983	14,196	20	27	44
Total	45,340	63,291	86,630	141	195	267

Source: Health Policy Analysis

Mental health separations by place of residence 2014-15 to 2040-41									
	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2030-31	2040-41
ACT North	1,813	2,222	2,589	2,621	2,710	3,022	3,225	5,170	6,612
ACT South	1,477	1,725	1,847	1,884	1,925	1,992	2,131	2,647	2,747
SNSW	338	361	432	455	487	571	643	808	902
Other or Unknown	297	360	437	395	443	419	552	716	781
Total	3,925	4,668	5,305	5,355	5,565	6,004	6,551	9,341	11,042

Source: Health Policy Analysis (includes same day and multiday)

The National Mental Health Service Planning Framework provides Territory wide bed forecasts by care type, categorised by age, for the ACT Government Funded Services which are provided in the table below.

ACT Projected Demand for State Funded Bed Based Services						
		Year	2021-22	2021-22	2026-27	2030-31
Bed Type	Service Element		2021-22 Current	Forecast (ACT Govt funded)	Forecast (ACT Govt funded)	Forecast (ACT Govt funded)
Acute	Acute - Child (0-11 years) (Hospital)		Nil	0	0	0
	Acute Youth (12-17 years)		Nil	8	9	9
	Acute - Youth (12-24 years) (Hospital)		Nil	23	25	27
	Acute - Adult (25-64 years) (Hospital)		59	60	64	68
	Acute - Older Adult (65+ years) (Hospital)		15	9	10	11
	Acute - Older Adult (65+ years BPSD) (Hospital)		Nil	3	3	3
	Acute - Perinatal and Infant Mental Health (Hospital)		Nil	4	5	5
	Acute - Intensive Care Service (Hospital)		18	17	19	20
	Total		92	120	131	139
Sub-Acute	Step Up/Step Down - Youth (12-17 years) (Residential)		5	0	0	1
	Step Up/Step Down - Adult and Older Adult (18+ years) (Residential)		17	7	8	8
	Sub-Acute Rehabilitation - Adult and Older Adult (18 years) (Residential)		30	14	15	16
	Sub-Acute - Intensive Care Service (Hospital)		nil	2	2	3
	Sub-Acute - Older Adult (65+ years) (Hospital)		nil	8	10	10
	Total		52	32	36	38
Non-Acute	Non-Acute - Adult and Older Adult (18+ years) (Residential)		16	52	56	60
	Non-Acute - Older Adult (65+ years) (Hospital/Nursing Home Based)		Nil	19	23	25
	Non-Acute - Intensive Care Service (Hospital)		Nil	11	12	13
	Non-Acute - Intensive Care - Older Adult (65+ years) (Hospital)		Nil	2	2	2
	Total		16	85	93	100
Total		160	237	260	277	

* Note: Eating disorder beds have been removed from the above numbers

Source: National Mental Health Service Planning Framework

AIHW Territory wide Bed Benchmarking

Another comparison is the 2019-20 AIHW reporting which provides a comparison between mental health beds in the ACT and national capacity:

- 27.6 older persons mental health beds per 100,000 population (national average 22.1 beds),
- 31.8 specialised mental health beds per 100,000 population (national average 31.9 beds)
- nil youth beds per 100,000 population (national average 2.4 beds)
- nil child and adolescent beds per 100,000 population (national average 5.5 beds) and
- 3.7 mental health residential beds with 24-hour staffing services per 100,000 (national average 7.7 beds)¹

Mental health presentations to the Emergency Departments

The HPA territory wide forecasting for the emergency department provides the following presentations.

ED mental health related presentations by hospital 2014-15 to 2040-41									
	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2030-31	2040-41
Alcohol and drug related mental and behavioural disorders	475	544	552	506	486	528	532	827	1,069
Mental, behavioural and neurodevelopment disorders, other	994	1,124	1,149	1,058	1,111	1,047	1,304	1,935	2,336
Psychoses	73	84	106	138	100	93	111	175	239
<i>Calvary Public</i>	<i>1,542</i>	<i>1,752</i>	<i>1,807</i>	<i>1,702</i>	<i>1,697</i>	<i>1,668</i>	<i>1,947</i>	<i>2,937</i>	<i>3,644</i>
Alcohol and drug related mental and behavioural disorders	449	475	455	396	486	686	716	960	1,149
Mental, behavioural and neurodevelopment disorders, other	1,977	2,067	2,406	2,407	3,240	3,275	3,398	5,070	6,075
Psychoses	685	711	756	798	821	895	785	1,260	1,673
<i>The Canberra Hospital</i>	<i>3,111</i>	<i>3,253</i>	<i>3,617</i>	<i>3,601</i>	<i>4,547</i>	<i>4,856</i>	<i>4,899</i>	<i>7,290</i>	<i>8,897</i>
Total	4,653	5,005	5,424	5,303	6,244	6,524	6,846	10,227	12,541

Source: Health Policy Analysis - Australian Emergency Care Classification (E19 Mental, behavioural and neurodevelopment)

Note: AECC E19 does not include mental health related Emergency Department presentations where mental health is not the primary reason for the presentation

In the ACT, there is concern about the time mental health patients currently spend in the EDs waiting for care as patients with acute mental and behavioural conditions experience disproportionately long waits for inpatient mental health care. Improving the flow of mental health patients through both EDs in the ACT is critical to achieving Emergency Access targets.

The Emergency Department (ED) at Calvary Hospital is not an Approved area under the Mental Health Act therefore all involuntary patients must be transferred to Canberra Hospital Emergency Department. The health planning team is completing an analysis on the impact of patients presenting to Calvary ED and then being transferred to CHS ED.

One of the issues is Calvary ED does not have a de-escalation space within the ED: there is a quiet room being used for mental health patients which is isolated in the Fast Track area. This area is closed overnight meaning there is no quiet and safe area within the ED for mental health patients presenting to the ED. The current Calvary ED environment has been raised as a safety risk by the Calvary Director Emergency Medicine, Director Mental Health and Chief Psychiatrist. This is being addressed through a funding submission for 2023-24.

MENTAL HEALTH SERVICES IN THE ACT as at 16 December 2022**Acute Mental Health Capacity in the ACT 2022**

Name	Age Range	Location	Description	Beds	Approved, not approved for	Service Provider
Adult Mental Health Unit (AMHU)	18-64	Garran	A purpose built facility with high dependency and low dependency care for people with acute mental health issues. The average length of stay is generally 12-14 days.	40 (10 HDU)	Approved	CHS
Mental Health Short Stay Unit (MHSSU)	18-64	Garran	Located within the Emergency Department footprint at Canberra Hospital, this service provides short-term care for people who need extended assessment or crisis intervention. The length of stay is less than 72 hours.	6	Approved	CHS
12B Low Dependency Unit (LDU)	18-64	Garran	Low dependency inpatient ward at Canberra Hospital is for people with acute mental health issues designed to support recovery. Opened 10 September 2021.	10	Approved	CSH
Total Southside Acute Beds				56		
Acacia – Calvary CHPB (prev 2N)	18-64	Bruce (Calvary)	Adult mental health unit providing acute care for people experiencing mental illness.	21	Facility not approved for: <ul style="list-style-type: none"> • Section 80 – Apprehension • Chapter 8 – Correctional patients 	CPHB
Older Persons Mental Health inpatient Unit (OPMHU)	65+	Bruce (Calvary)	A territory wide purpose-built unit at CPHB for people over the age of 65 with acute mental health disorders and co-existing age-related disorders. The average length of stay is 30-40 days.	15	Facility not approved for: <ul style="list-style-type: none"> • Section 80 – Apprehension • Chapter 8 – Correctional patients 	CPHB
Total Northside Acute Beds				36		
Total Acute Beds				92		

Key points:

- CHS AMHU was at 82 per cent occupancy rate in 2021-22, up from 81 per cent in 2020-21 and close to the 85 per cent benchmark full occupancy rate for an acute mental health unit with a high dependency area. This is with an ALOS of 13.8 days (2021-22) and 12.3 days (2020-21). In 2021-22, around 74 per cent of patients were an involuntary admission to AMHU.
- CPHB Acacia ward was over 90 per cent occupancy in 2021-22, above the benchmark occupancy rate of 90 per cent for an acute adult mental health unit. In 2021-22, around 18 per cent of patients were an involuntary admission to Acacia ward (up from 9 per cent in 2019-20). The greater than 30 days episodes account for 20 per cent or all inpatient episodes in 2021-22 and has a direct influence over the ALoS for the whole unit at 20 days on average (mean), this is closer to 12 days (median) for 50 per cent of all admissions.
- The MHSSU average length of stay increased to 4.6 days in 2021-22, above the intended 'less than 72 hours' LOS and is operating at 64 per cent occupancy in 2021-22. These patients are waiting longer periods in the MHSSU before being transferred to an acute mental health ward.
- Mental Health readmission rates are climbing in the ACT, this may be impacted by bed pressure in discharging people too early.

Sub-Acute Mental Health Services (Residential, Hospital or Nursing Home)

The NMHSPF has a range of sub-acute bed-based services that may be provided in a hospital or residential setting. They are an important component of a comprehensive mental health service system with 24 hour per day multidisciplinary staff on site. Individuals requiring sub-acute services have complex care needs that require high levels of support from clinical services that is beyond what can be appropriately provided in the community at an individual's place of residence. Improvements are expected to occur in the short to medium term and length of stay is generally measured in weeks and months (not years).

Sub-Acute (approved community care facilities) - includes Step Up, Step Down (SUSD) Facilities

Name	Age Range	Location	Description	Beds	But, not approved for	Provider	Scope Creep
Adult Mental Health Rehabilitation Unit (AMHRU)	18+	Bruce (UCH)	Specialist mental health rehabilitation unit. Support people with a primary diagnosis of mental illness, who would benefit from an intensive rehabilitation program. Aim 30-45 day stay. Territory wide service	20	Facility not approved for the following: <ul style="list-style-type: none"> • Section 80 – Apprehension • Chapter 8 – Correctional patients • Section 309 Crimes Act 1900 – Assessment whether emergency detention required 	CHS	ALOS 73 days, med 55 days. 65+ admissions (3 people) Biggest group 40-50 years 10 beds allocated for rehabilitation and 10 beds for sub-acute care 93% occupancy.

STEPS SUSD -	13-18	Watson	Provides five residential beds for youth (for up to 3 months)	5		Catholic Care	Business case in to expand to 10 beds.
Adult SUSD	25-65	Lyneham	Provides residential beds is located for adults aged 25 to 65 years (for up to 3 months) – includes 6 weeks outreach	5		Wellways	
Gawanggal Mental Health Unit (GMHU) – (sub acute intensive care service)	18+	Calvary Hospital Bruce site	Community rehabilitation and reintegration. Supports transition back into the community from inpatient mental health care. Provides ongoing medium-term treatment to develop skills of daily living. Longer term rehab for people discharged from Dhulwa	10	Facility not approved for the following: <ul style="list-style-type: none"> • Section 80 – Apprehension • Chapter 8 – Correctional patients Section 309 Crimes Act 1900 - Assessment whether emergency detention required	CHS	Mean 119 days, ALOS 92 days. MHJADS are looking at MoC – small role as Forensic step down.
Total North Side Sub Acute beds				40			
Youth SUSD	18-24	Kambah	Provides residential beds for 18- to 24-year-olds experiencing mental illness (for up to 3 months)	6		Wellways	
Southside community SUSD	18-65	Garran	Provides a six week program in partnership with Stride, providing 2 week residential support and four weeks outreach (non-residential) support for 18 to 65 years olds.	6			
Total Southside sub acute beds				12			
TOTAL ACT SUB ACUTE BEDS				52			

Non-Acute Mental Health

Non acute length of stays are typically measured in a year or more. Non-Acute Residential beds are supported by mental health trained staff on site or by a local mental health service (community MH Team).

Non Acute Mental Health Accommodation

Name	Age	Location	Description	Beds	Provider	Scope Creep
Burrangiri Aged Care and Respite Centre	65+	Rivett	Psychogeriatric residential aged care. Can take younger than 65yrs if on NDIS Registered Nurses	15		Needs a redevelopment.
Total non-acute beds						

FORENSIC BEDS

Name	Age	Location	Description	Beds	Approved, not approved for	Provider	Scope Creep
Dhulwa	18-64		Dhulwa provides 24-hour treatment and care for adults with complex mental health needs that are not met by existing mental health facilities in the Canberra region.	10 (Acute) 15 (rehab)		CHS	Mean LOS 173 days, ALOS 57 days. Occupancy 12 beds. 17 beds being used.
Total non-acute beds				25			

ⁱ [Mental health Overview - Australian Institute of Health and Welfare \(aihw.gov.au\)](https://www.aihw.gov.au)



ACT Health Directorate

To: Minister for Health Tracking No.: MIN23/14

Cc: Rebecca Cross, Director-General

From: Liz Lopa, Executive Group Manager, Infrastructure, Communication and Engagement

Subject: Northside Hospital project update – Regular briefing

Critical Date: 27/03/2023

Critical Reason: To provide you a progress update on the Northside Hospital project, ahead of the regular fortnightly meeting on 27 March 2023.

Recommendations

That you:

1. Note the Standing Agenda at Attachment A; and

Noted / Please Discuss

2. Note the Draft Transition team structure at Attachment B.

Noted / Please Discuss

Rachel Stephen-Smith MLA  9./4./23

Minister's Office Feedback

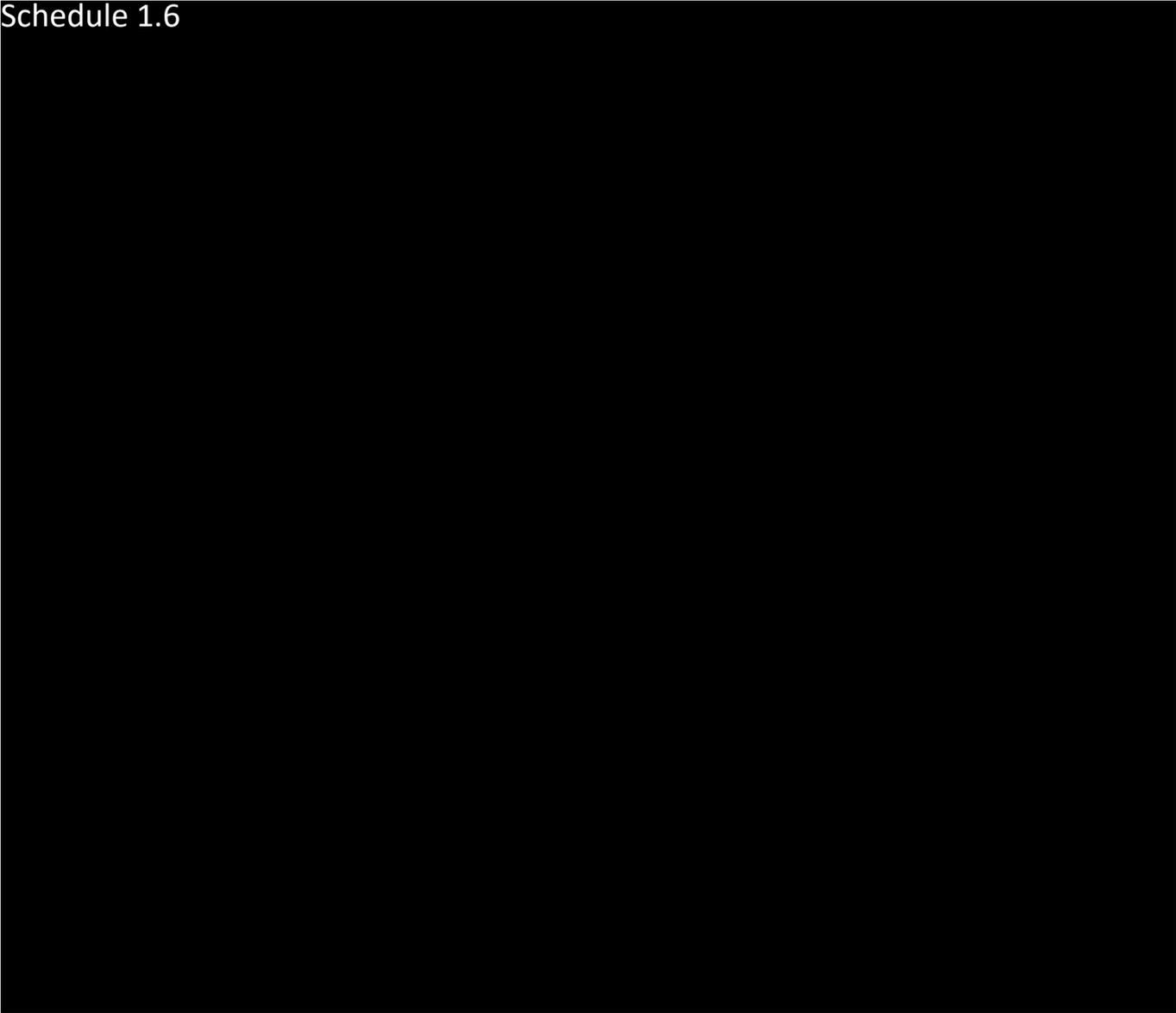
Apologies for delayed sign-off. We didn't discuss Att B in any detail - please discuss the CPHB + CHH/pall care reference re operating model. I assume this is about how to separate the two but just need to have clarity about what is being considered here. Thank you

Background

1. Fortnightly meetings are scheduled between you and the Director-General, ACT Health Directorate (ACTHD) and Deputy Director-General, ACT Health (Infrastructure, Communication and Engagement (Executive Group Manage, Infrastructure, Communication and Engagement – EGM ICE) to discuss progress of the northside hospital project.
2. This briefing has been prepared in advance of the meeting scheduled for Monday, 27 March 2023 at 11.30am.

Issues

3. A standing agenda for these fortnightly briefings on the Northside Hospital Project has been developed to guide discussions. The standing agenda is provided at [Attachment A](#).
4. Updates for each agenda item is below.

Schedule 1.6

Schedule 1.6

Schedule 1.2, Schedule 2.2(a)(xiii)

Schedule 1.6, Schedule 2.2(a)(xiii)

Greenfield options

13. Cabinet endorsed Diddams Close as the preferred greenfield option on 15 March 2023. Any further activity or expenditure on Diddams Close has been paused until after the Business Case has been considered.

Northside Hospital Transition Advisory Group

14. Work has commenced on the establishment of a transition team and supporting consultants. This would initially be funded from the existing Northside Hospital Project budget ahead of ongoing planning and submissions for funding. A draft team structure is at Attachment B.
15. A Cabinet submission providing advice from the Transition Advisory Group (TAG) regarding timing of introduction and timing for transition of services, along with a communications strategy and a Business Case for transition funding, is being prepared.

Schedule 1.6

CABINET

17. The TAG met on Tuesday, 21 March 2023. Key matters for discussion included:
 - a. transition team structure and resourcing requirements;
 - b. timing of key decision points; and
 - c. key messaging and considerations for inclusion in the communications strategy.
18. Further discussions regarding timing and workforce considerations are to be held out of session.
19. The next TAG meeting is scheduled for 18 April 2023.

Clinical and Community engagement

20. Union engagement commenced on 9 March 2023 with a northside hospital presentation delivered at the ACTHD Consultative Committee.
21. Questions raised during this consultation related to the operator for the hospital and if workforce can contribute to that decision-making process. Members were advised this is a matter before government and further engagement will occur once decisions have been made.
22. On Friday, 3 March 2023, the EGM ICE and EGM Health System Planning and Evaluation (HSPE) were approached by the Regional Chief Executive Officer, Calvary ACT, to meet with Calvary Public Hospital Bruce clinicians on 14 March 2023 about northside clinical services planning and northside hospital project planning.
23. This session provided an overview of the points of care and functional relationships proposed and the concept design of the Northside hospital. The session was attended by medical staff and did not include any nursing or allied health professionals.

Clinical Services Planning

24. The Strategic Functional Design Brief has been finalised as part of the Technical Advisory services and provided to Pricewaterhouse Coopers for inclusion in the Business Case.
25. The Northside Hospital Project Team (NHPT) continue to work closely with HSPE division on the development of models of services that refine our understanding of the clinical services to be provided.
26. The NHPT is continuing clinical engagement with speciality areas.

Financial Implications

27. Nil.

CABINET

ConsultationInternal

28. Nil.

Cross Directorate

29. Nil.

External

30. Nil.

Work Health and Safety

31. Not applicable.

Benefits/Sensitivities

32. The development of a new Northside Hospital will be of significant interest to the community, stakeholders and Calvary.

33. There will be sensitivities associated with the outcome of Calvary negotiations and next steps. These will continue to form the basis of deliberations by Cabinet.

Communications, media and engagement implications

34. A communication and engagement plan for the broader project has been developed and provided to your Office.

35. Community engagement on a range of health planning and infrastructure projects, including the Northside Hospital commenced in August 2022 and was completed in November 2023.

Signatory Name: Liz Lopa, Executive Group Manager, Infrastructure Communication and Engagement Division Phone: Schedule 2.2(a)(ii)

Action Officer: Caitlin Bladin, Project Director, Northside Hospital Project Phone: MS Teams

Attachments

Attachment A	Standing Agenda for fortnightly Northside Hospital project briefings with Minister for Health
Attachment B	Draft Transition team structure

Northside Hospital Project Fortnightly Briefing with Minister for Health



ACT Health

Standing Agenda

Date: 27 March 2023

Time: 0930 - 1000

Location: Ministers office or MS Teams

		Speaker
Item 1	Acknowledgement of Country	
Item 2	General project update	Liz Lopa
Item 3	Commercial/legal matters	Liz Lopa
Item 4	Infrastructure Business Case – status	Liz Lopa
Item 5	Upcoming decision points <ul style="list-style-type: none"> • April 2023 • Infrastructure Business Case • Transition cabinet submission and business case 	All
Item 6	Key Items for Discussion: <ul style="list-style-type: none"> • Transition establishment 	All
Next Meeting: 10 April 2023		

ACT Health Directorate

To: Minister for Health

Tracking No.: MIN23/16

CC: Rebecca Cross, Director-General

From: Liz Lopa, Deputy Director-General, Infrastructure and Engagement

Subject: Northside Hospital project update – Regular briefing on 11 April 2023

Critical Date: 11/04/2023

Critical Reason: To provide you a progress update on the Northside Hospital project, ahead of the regular fortnightly meeting on 11 April 2023.

Recommendations

That you note the information at Attachment A and Attachment B.

Noted / Please Discuss

Rachel Stephen-Smith MLA



11/4/23

Minister's Office Feedback

Please add land issues to agenda for next meeting - how the block is subdivided with immediate effect to ensure Calvary retains the lease on the land we don't need. Thank you

Will seek to release the Listening Report as soon as possible.

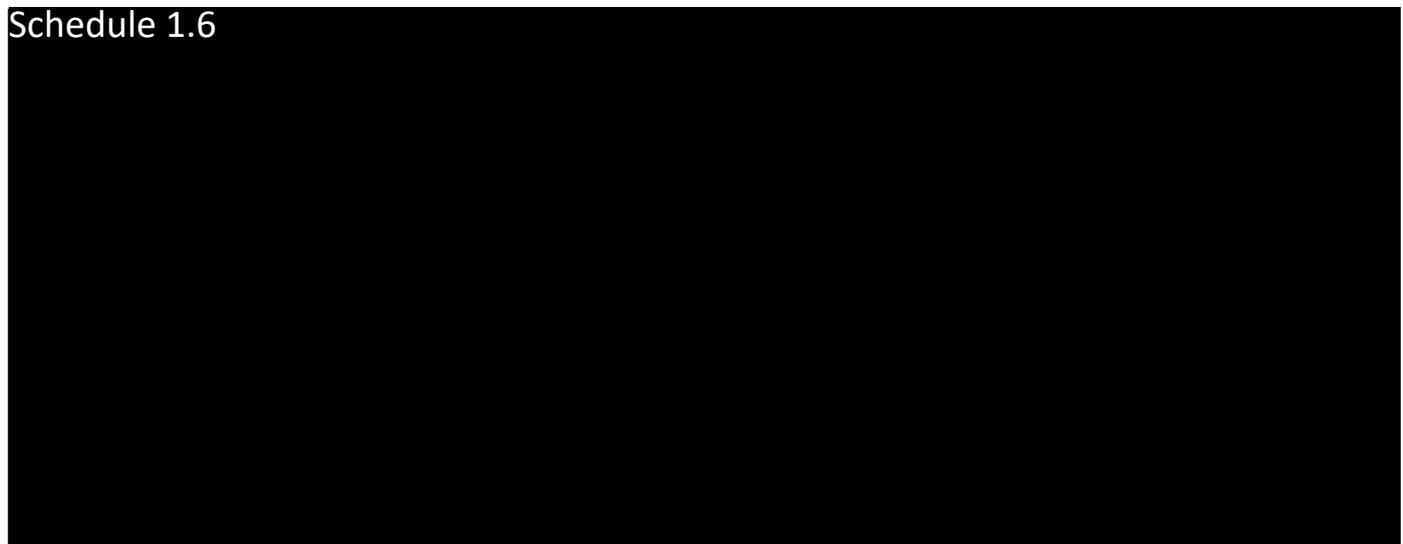
CABINET

Background

1. Fortnightly meetings are scheduled between you, the Director-General and the Deputy Director-General, ACT Health Directorate (ACTHD) to discuss progress of the northside hospital project.
2. This briefing has been prepared in advance of the meeting scheduled for Tuesday, 11 April 2023 at 12:30pm.

Issues

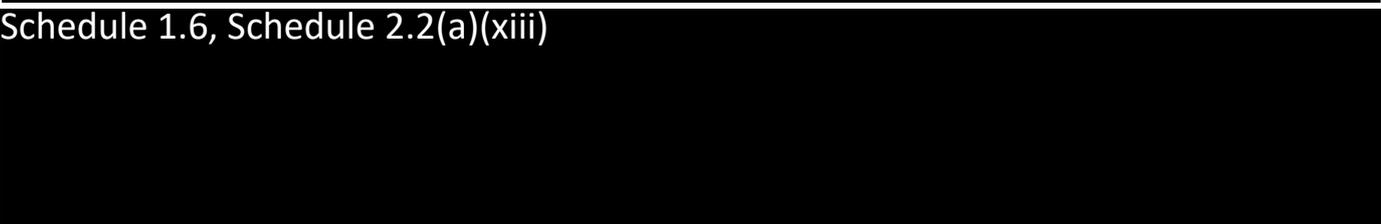
3. A standing agenda for these fortnightly briefings on the Northside Hospital Project has been developed to guide discussions. The standing agenda is provided at [Attachment A](#).
4. Updates for each agenda item is below.

Schedule 1.6**Schedule 1.2, Schedule 2.2(a)(xiii)**

Schedule 1.2, Schedule 2.2(a)(xiii)



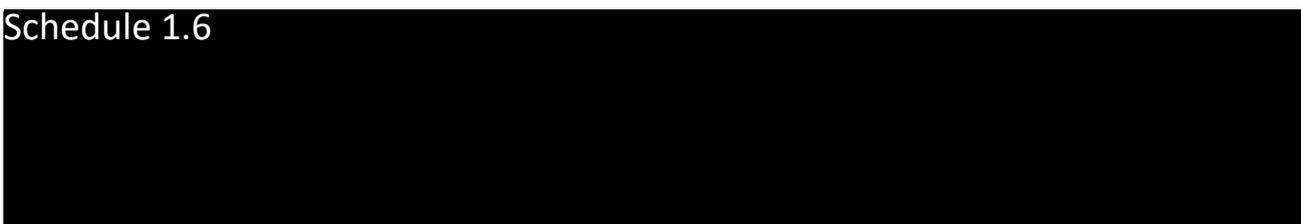
Schedule 1.6, Schedule 2.2(a)(xiii)



Northside Hospital Transition Advisory Group

16. A transition team has been established bringing together a core team across CHS and ACTHD. Executive leads have been identified for both the operational and commercial streams. The Operational Team will focus on the transition of the operations of the hospital from Calvary to CHS. The Commercial Stream will focus on the facilitators of this, including legislation, regulation, finance, assets, land and ICT streams.
17. Teams are being established to commence the development of project plans and undertaken business continuity planning and risk mitigation planning.
18. A communications team is being established including stakeholder engagement and workforce communications.
19. A Business Case is being developed for the ongoing operations of the Transition Team.
20. The proposed transition team resourcing is at Attachment B.

Schedule 1.6



Schedule 1.6

24. The next TAG meeting is scheduled for 18 April 2023.

Clare Holland House

25. Currently Clare Holland House is currently out of scope for the Northside Hospital Project. As we progress through transition it will need to form part of the discussions with Calvary because:

- a. It is operated by CPHB staff; and
- b. There is no current services agreement in place and annual funding is through the Calvary Public Hospital Performance Plan; and

26. ACTHD will provide preliminary advice to Government in the upcoming submission.

Financial Implications

27. The financial implications of transition are still being developed, but are likely to be significant over the first few months; decreasing as the transition to business as usual occurs.

28. Business cases for both the infrastructure project and transition will be considered at ERC on 27 April 2023. 

Consultation

Internal

29. Nil.

Cross Directorate

30. Nil.

External

31. Nil.

Work Health and Safety

32. Not applicable.

CABINET

Benefits/Sensitivities

33. The development of a new Northside Hospital will be of significant interest to the community, stakeholders and Calvary.
34. There will be sensitivities associated with the outcome of Calvary negotiations and next steps. These will continue to form the basis of deliberations by Cabinet.

Communications, media and engagement implications

35. A communication and engagement plan for the broader project has been developed and provided to your Office. A communication and engagement plan for transition is being finalised and will be provided to your Office as part of the suite of Cabinet documents.
36. Community engagement on a range of health planning and infrastructure projects, including the Northside Hospital commenced in August 2022 and was completed in November 2023.
37. The Phase one listening report for this engagement work is with your Office (MIN23/280 refers) for review prior to public release on the YourSay website.

Signatory Name: Liz Lopa, Deputy Director-General,
Infrastructure and Engagement

Phone:

Schedule 2.2(a)(ii)

Action Officer: Caitlin Bladin, Project Director,
Northside Hospital Project

Phone:

MS Teams

Attachments

Attachment A	Standing Agenda for fortnightly Northside Hospital project briefings with Minister for Health
Attachment B	Transition Team Structure

Northside Hospital Project Fortnightly Briefing with Minister for Health


ACT Health

Standing Agenda

Date: 10 April 2023

Time: 0930 - 1000

Location: Ministers office or MS Teams

		Speaker
Item 1	Acknowledgement of Country	
Item 2	General project update	Liz Lopa
Item 3	Commercial/legal matters	Liz Lopa
Item 4	Business Case – status	Liz Lopa
Item 5	Upcoming decision points ERC 27 April, Cabinet 8 May	All
Item 6	Key Items for Discussion: <ul style="list-style-type: none"> • Transition Advisory Group • Clare Holland House 	All
Next Meeting: 24 April 2023		

ACT Health Directorate**To:** Minister for Health

Tracking No.: MIN23/367

Through: Rebecca Cross, Director-General**From:** Liz Lopa, Deputy Director-General, Infrastructure, Communication and Engagement**Subject:** Letter to Martin Bowles, Chief Executive Officer, Calvary National – in response to letter of 28 November 2022 – Northside Hospital**Critical Date:** 14/04/2023**Critical Reason:** To issue a formal response to Calvary's letter of November 2022 as soon as possible following receipt of legal advice.**Recommendations**

That you:

1. Finalise the draft response at Attachment B to Martin Bowles, Chief Executive Officer, Calvary National; and

Noted / Please Discuss

2. Sign and issue the letter to Martin Bowles, once agreed.

Agreed / Not Agreed / Please Discuss

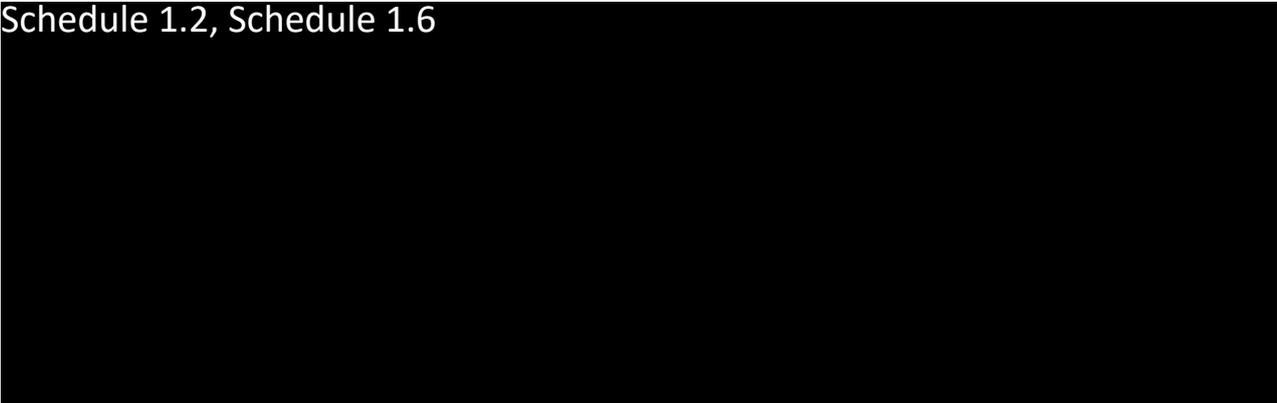
Rachel Stephen-Smith MLA/...../.....

Minister's Office Feedback

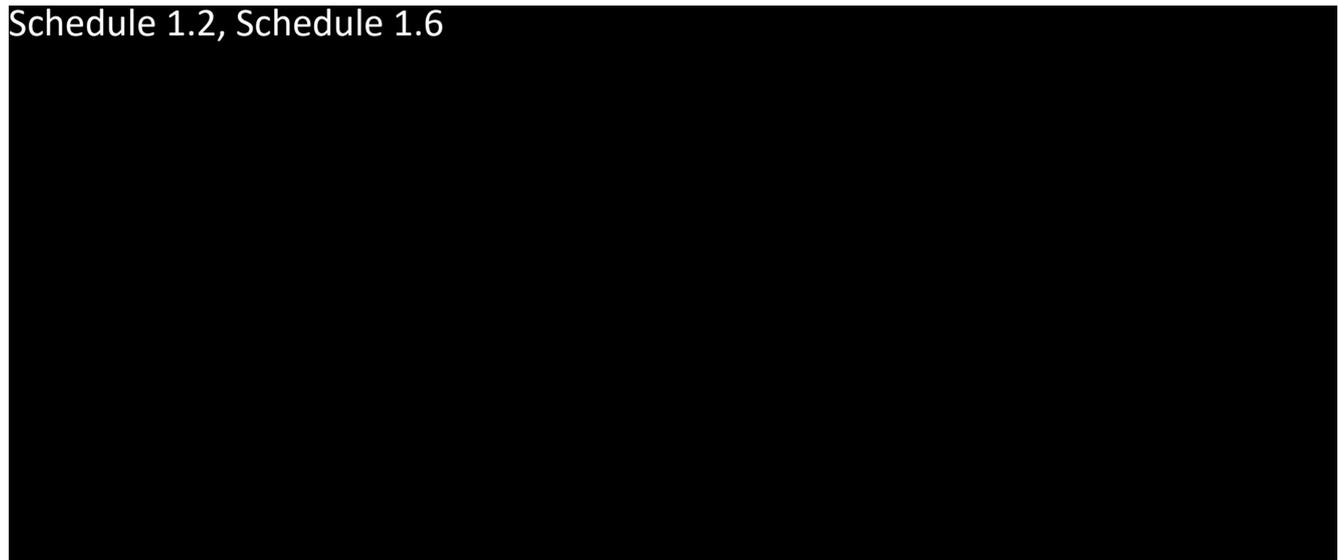
Background

1. Throughout 2022, the ACT Health Directorate (ACTHD), on behalf of the ACT Government, participated in negotiations with Calvary National regarding its role in the development of the northside hospital project, and future provision of services on Canberra's northside.
2. An exclusive period of negotiations with Calvary ended on 31 July 2022, with a subsequent briefing regarding next steps to Cabinet on 6 September 2022 (CAB22/319).
3. On 14 September 2022, following Cabinet agreement, you wrote to Mr Martin Bowles OAM, Chief Executive Officer, Calvary National asking that further negotiations be undertaken regarding:
 - a. Title to the land for the new Northside Hospital and expansion space (Land) is transferred by an appropriate mechanism to the ACT Government – this Land is the land on which all current and future public health services and support services are located but excludes the land currently used by Calvary for its Private Hospital, Hyson Green and associated facilities.
 - b. The Territory will build the new Northside Hospital on the Bruce site and offer Calvary a modern services agreement for the operation of the new hospital with a 25-year term. The Territory will also negotiate with Calvary compensation for the transfer of the Land.
4. You met with Mr Bowles on 21 November 2022, following which on 28 November 2022, Mr Bowles issued a formal response advising that the Calvary National Board had rejected the Territory's position and offer of a new, modern 25-year services agreement. A copy of the letter is provided at Attachment A.
5. A progress update by way of a discussion paper was provided to the Expenditure Review Committee on 6 December 2022 (CAB22/773).
6. A holding response was issued to Mr Bowles on 10 January 2023, advising a more fulsome response would be provided in due course.

Schedule 1.2, Schedule 1.6



Schedule 1.2, Schedule 1.6



Consultation

Internal

13. Not applicable.

Cross Directorate

14. ACT GSO provided advice and input to the draft response to Mr Bowles.

External

15. Legal advice from the northside hospital project legal advisory firm has informed the contents of the draft letter at Attachment B.

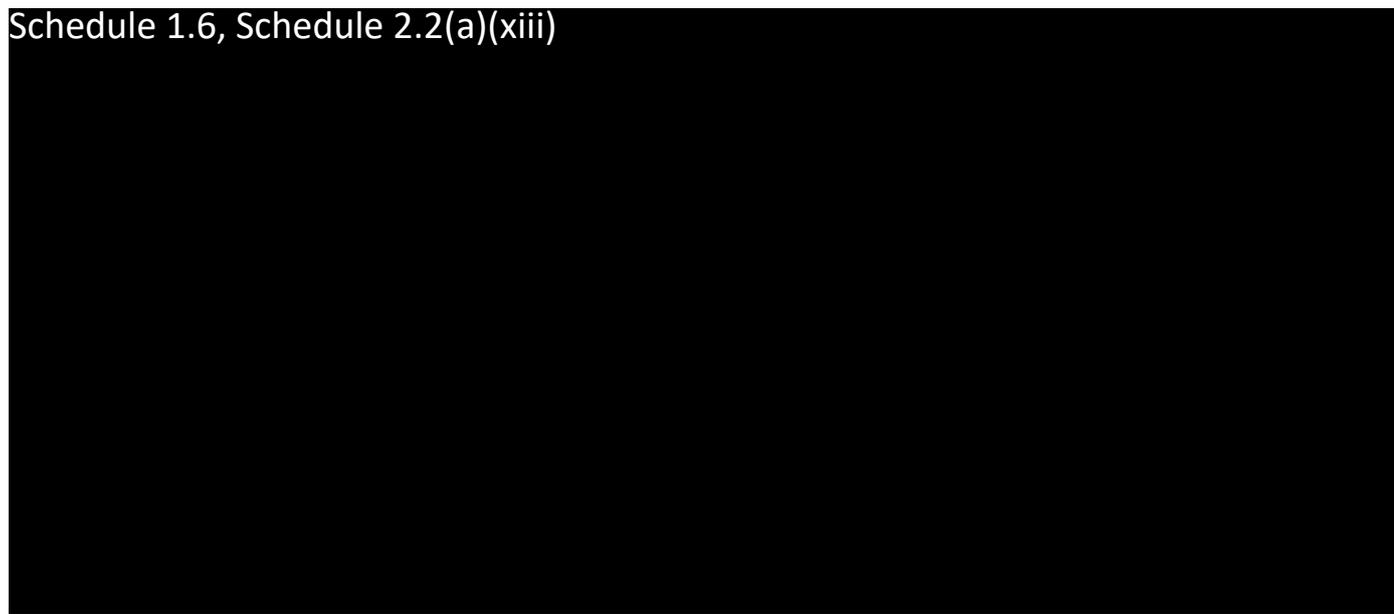
Work Health and Safety

16. Not applicable.

Benefits/Sensitivities

17. There are significant sensitivities associated with this project.

Schedule 1.6, Schedule 2.2(a)(xiii)



CABINET IN CONFIDENCE

Communications, media and engagement implications

23. A detailed communications strategy regarding the northside hospital project and related workstreams has been developed in consultation with your office and the Chief Minister's office.

Signatory Name: Liz Lopa

Phone: Schedule 2.2(a)(ii)

Action Officer: Alice West

Phone: MS Teams

Attachments

Attachment	Title
Attachment A	Letter from Martin Bowles dated 28 November 2022
Attachment B	Draft response to Martin Bowles



ACT
Government

ACT Health

CAVEAT BRIEF

SENSITIVE: CABINET

To: Rachel Stephen-Smith MLA, Minister for Health

Through: Rebecca Cross, Director-General
Dave Peffer, CEO, CHS

Subject: Northside Briefing note

Northside infrastructure project

- The northside infrastructure business case has been provided to your office.
- Internal renders are being discussed with the architectural team to include in media announcements.

Schedule 1.6



Contact Officer: Liz Lopa, Deputy Director-General
Contact Number: Schedule 2.2(a)(ii)
Date: 14 April 2023

Noted/Please Discuss

.....
Rachel Stephen-Smith
Minister for Health



ACT
Government

ACT Health

CAVEAT BRIEF

SENSITIVE: CABINET

To: Rachel Stephen-Smith MLA, Minister for Health

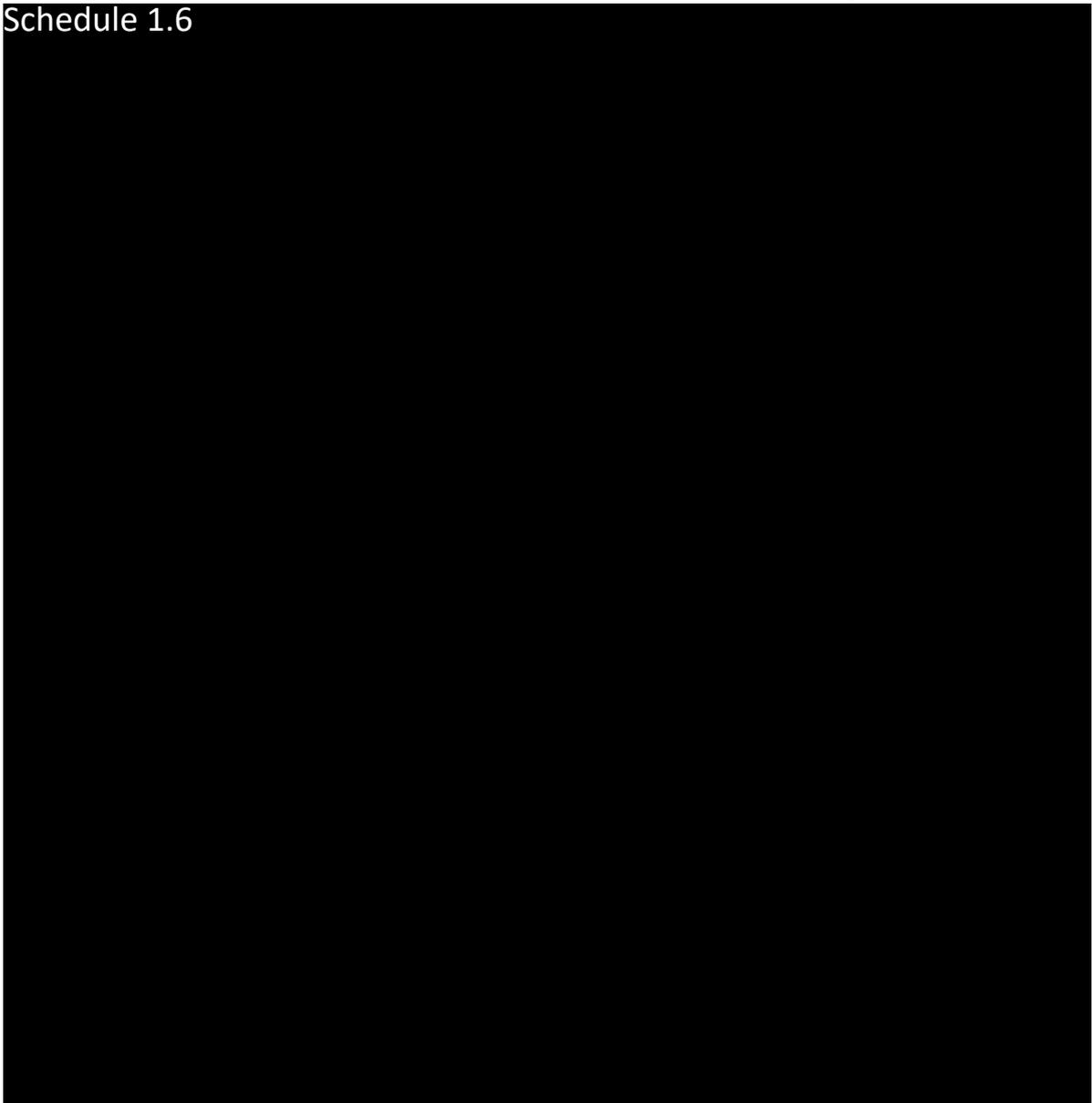
Through: Rebecca Cross, Director-General
Dave Peffer, CEO, CHS

Subject: Northside Briefing note

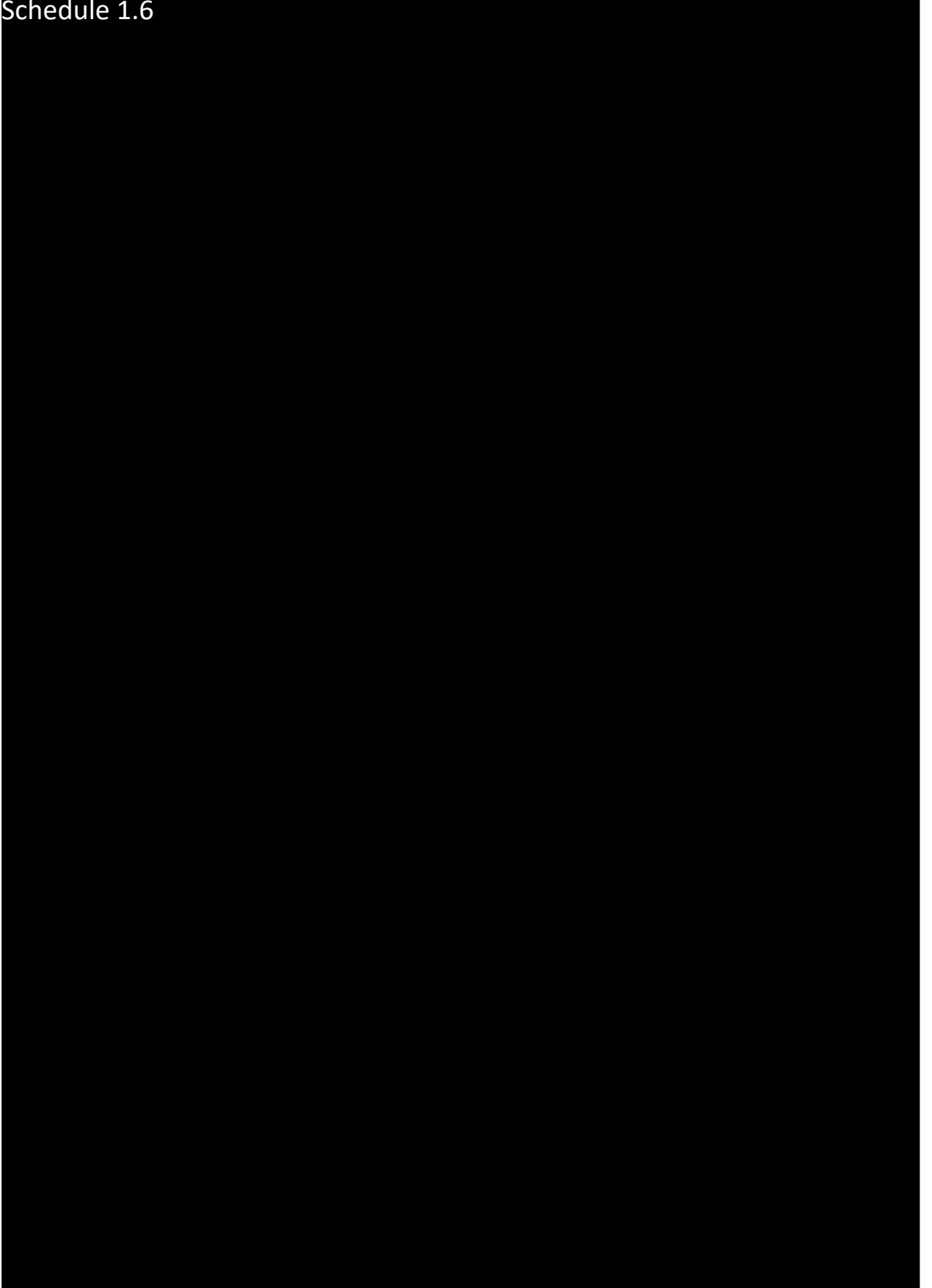
Northside Hospital Business Case

- The Northside Hospital Business Case will be before the ERC on 27 April. The two main decisions in the business case are location and funding.

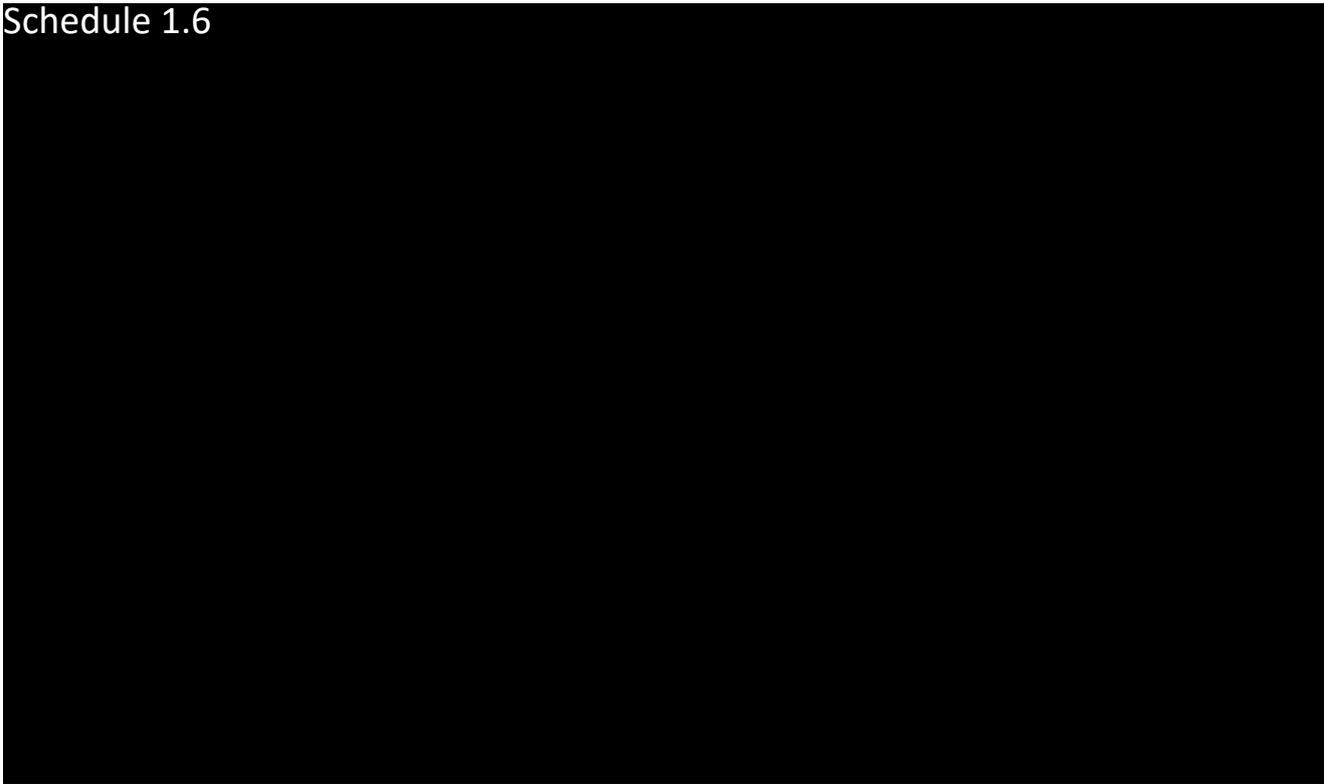
Schedule 1.6



Schedule 1.6



Schedule 1.6



Contact Officer: Liz Lopa, Deputy Director-General
Contact Number: Schedule 2.2(a)(ii)
Date: 21 April 2023

Noted/Please Discuss

.....
Rachel Stephen-Smith
Minister for Health



SENSITIVE: CABINET

To: Rachel Stephen-Smith MLA, Minister for Health

Through: Rebecca Cross, Director-General
Dave Pepper, CEO, CHS

Subject: Northside Briefing note

Northside Hospital Business Case

- The Northside Hospital Business Case was before Expenditure Review Committee (ERC) on 27 April.

Schedule 1.6

- Funding for two years of detailed planning and provisional allocation for construction of the new hospital was approved.
- ACT Health Directorate (ACTHD) will undertake further work to determine scope of the new northside hospital with consideration of the Canberra Hospital Master Plan projects. The scope will be brought back to Cabinet for decision prior to any detailed design.

Schedule 1.6Transition Business Case

- ERC endorsed the transition business case on 27 April 2023.

- As recommended by Treasury, expense funding of \$5 million will be absorbed by directorates as a cost pressure. The transition team will work closely with directorates to manage this cost pressure.
- On 14 April, you wrote to the Treasurer requesting a transfer funds from the Canberra Hospital Master Plan project to support the Transition Team. A letter from the A/g Treasurer to you providing formal notification of approval of a Treasurer's Advance of \$4 million was received 27 April. The letter requests that ACTHD continues to work with Treasury to identify excess capital funding that may be available to be offset Health cost pressures in 2022-23, including up to \$6.5 million allocated to the Canberra Hospital Master Plan but no longer required for that purpose. The transition team will work with ACTHD Strategic Finance and Treasury on this matter.

Assembly Business Paper (APB) and Legislation

- ERC endorsed the *Health Infrastructure Enabling Bill* and Regulations to be considered by Cabinet on 4 May.
- ACTHD is working across government and with GSO and PCO to provide you with final drafts of the Bill and Regulations by 2 May ahead of Cabinet.
- If further refinements to the Bill and supporting documentation are required, the Assembly Business Paper recommends these be settled between you and the Chief Minister.
- It is likely that amendments to the Regulations will be made between introduction and passage. Any amendments will be made in conjunction with your office.
- The Commercial and legal stream is working closely with GSO and EPSDD to better understand servicing of the land, including the existing easements and any possible subleases (i.e Telecommunications companies).
- A brief will be provided to you by 2 May to provide property and land related information and outline the process required for the surrendering and granting of a new lease to Calvary to operate its private facilities.

Service continuity

- The Service Continuity stream is progressing well – key leads have been appointed for each of the following workstreams:
 - Human Resources (payroll, employment, IR) – David Robertson
 - Engagement (staff, contractors and key stakeholders) – Tarryn Guinard
 - Operations – Susan Frieberg
 - Clinical Governance – Kath Wakefield
 - Finance – David Morgan
 - Digital – Luke Cartwright
- Significant planning focusing on process, risks and contingency has occurred in each of the streams. These are progressing through workshops to confirm with key stakeholders from CHS, ACTHD, CMTEDD, DDTS and others as required.

- The Engagement Team are well progressed with workflows, scripting, FAQs, data capture for the Hotline and have commenced booking a number of engagement events such as pop-ups, town halls and webex into diaries and venues ahead of notification to stakeholders.
- From next Monday this report will include a range of project dashboard reports which will demonstrate progress in each workstream and other key project metrics.

Project Governance

- PWC is providing some independent support to work streams as required.
- Project management governance is well underway. A Transition Operations Manual will be provided to you next week.
- The first meeting of the Transition Executive Steering Committee is scheduled for 3 May chaired by Kathy Leigh.
- The existing Transition Advisory Group is proposed to meet more frequently going forward on a fortnightly basis.

Other Northside issues

- Provisions of services at Clare Holland House needs to be considered alongside the introduction of the Bill. The Bill does not mention CHH but termination of the CNA will impact on CHH.
- Clare Holland House is not included in the CNA but is included in the Calvary Performance Plan managed by ACTHD.

Schedule 2.2(a)(xiii)

- A brief about options pertaining to CHH has been prepared for your office.

Communications

- The Communications on a Page has been updated in line with your comments of 24 April 2023.
- A Workforce communication plan is being developed which reflects the different communications workforce may need from other community members or stakeholders.
- A timeline of meetings, briefings and announcements is being developed which will outline chronologically all of the key activities you, the Director-General ACTHD and Chief Executive Officer, CHS, will be undertaking in the week of 8 May 2023.
- As requested by your office, a final communications pack has been provided to you for your revisions.

ACTHD Workforce

- ACTHD People and Culture branch are supporting the transition team to identify staff affected by the cessation of the Calvary Network Agreement (CNA) within ACTHD, namely those responsible for governance and contract management of the CNA.
- Consultation with affected staff will be undertaken in accordance with the relevant enterprise agreement.
- The DG ACTHD has committed to meet with affected staff prior to public announcements, followed by communications to all ACTHD staff.

Contact Officer: Liz Lopa, Deputy Director-General

Contact Number: Schedule 2.2(a)(ii)

Date: 28 April 2023

Noted/Please Discuss

.....
Rachel Stephen-Smith
Minister for Health

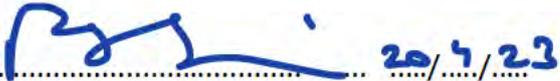
ACT Health Directorate

To:	Minister for Health	Tracking No.: GBC23/157
From:	Rebecca Cross, Director-General, ACT Health Directorate Dave Pepper, Chief Executive Officer, Canberra Health Services	
Subject:	Final lodgement of Submission for Cabinet – CAB23/364 - Northside Hospital – transition of health services on Canberra’s northside	
Critical Date:	18/04/2023	
Critical Reason:	The Cabinet submission is due for final lodgement to enable consideration at Expenditure Review Committee on 27 April and Cabinet on 4 May 2023	

Recommendation

That you sign the final Cabinet submission at Attachment 1 for lodgement with Cabinet Office ahead of consideration at Expenditure Review Committee on 27 April 2023 and Cabinet on 4 May 2023.

Signed / Not Signed / Please Discuss

Rachel Stephen-Smith MLA  20/4/23

Minister’s Office Feedback

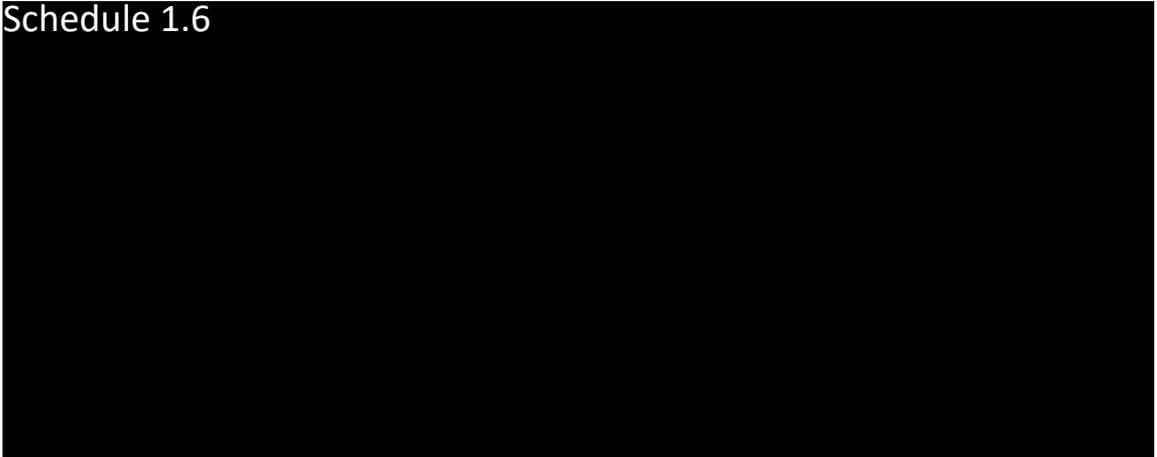
Thank you for all the work on this. Will be a useful basis for discussion at ERC, noting there may then need to be some quick revision before Cabinet on 4 May.

Background

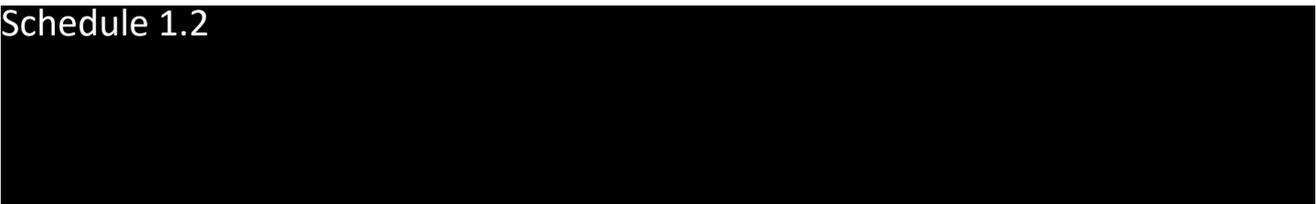
1. This submission (CAB23/364) provides advice to Cabinet regarding the timing of introduction of special legislation, timing of notification and transition of health services on Canberra’s northside to Canberra Health Services (CHS), as per decision 22/798/CAB of 15 March 2023.
2. This submission is scheduled for consideration at Expenditure Review Committee (ERC) on 27 April 2023 and Cabinet on 4 May 2023.

Issues

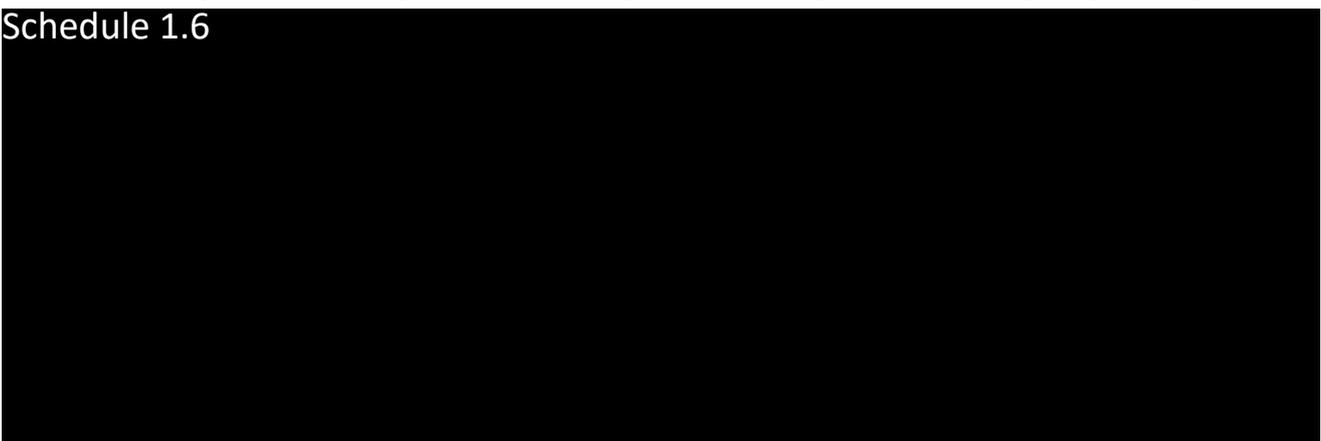
3. The submission at Attachment 1 seeks Government agreement to:

Schedule 1.6


4. The submission also includes a draft letter to Mr Martin Bowles AM, Chief Executive Officer, Calvary National providing notification of introduction of special legislation, and outlining a process for transition and related negotiations.

Schedule 1.2


6. The immediate priority for Government is the transition of operations at the Calvary Public Hospital Bruce (CPHB) to CHS. The most important consideration is continuity of quality services for patients at the hospital. This is closely related to workforce security and stability.
7. The transition project attempts to separate the land acquisition and contract termination from the delivery of public health services. The objective is that operational due diligence and preparation can focus on continuity of health services in the Territory.
8. The commercial stream of transition can be more focused on the litigious matters associated with the acquisition and termination of the contract, including negotiations over just terms compensation and any associated legal actions brought by Calvary.

Schedule 1.6


Schedule 1.6

Financial Implications

13. Establishment of a transition team has been initially funded through the Northside Project, in line with agreement from Cabinet under 22/798.
14. A business case seeking funding for the transition project has been prepared for ERC consideration on 27 April 2023.
15. Discussions with Treasury are ongoing regarding financial implications and accounting processes relating to the transition project and associated compensation matters.

Consultation

Internal

16. Not applicable.

Cross Directorate

17. ACTHD and CHS are working together on the planning and implementation of the transition plan and transfer of operations.
18. A Transition Advisory Group was established and is providing advice on the legal, commercial and operational elements of transition. Represented in this group are ACTHD; CHS; Government Solicitors Office and Chief Minister, Treasury and Economic Development Directorate.

External

19. The submission is informed by advice provided by the northside hospital project commercial and legal advisors.

Work Health and Safety

20. Nil.

Benefits/Sensitivities

21. The Transition of Services will be of significant interest to the community, stakeholders and Calvary.
22. There will be sensitivities associated and these have all been outlined in the submission for Government consideration.

CABINET

Communications, media and engagement implications

23. A communications and engagement strategy has been developed and is included with this submission.

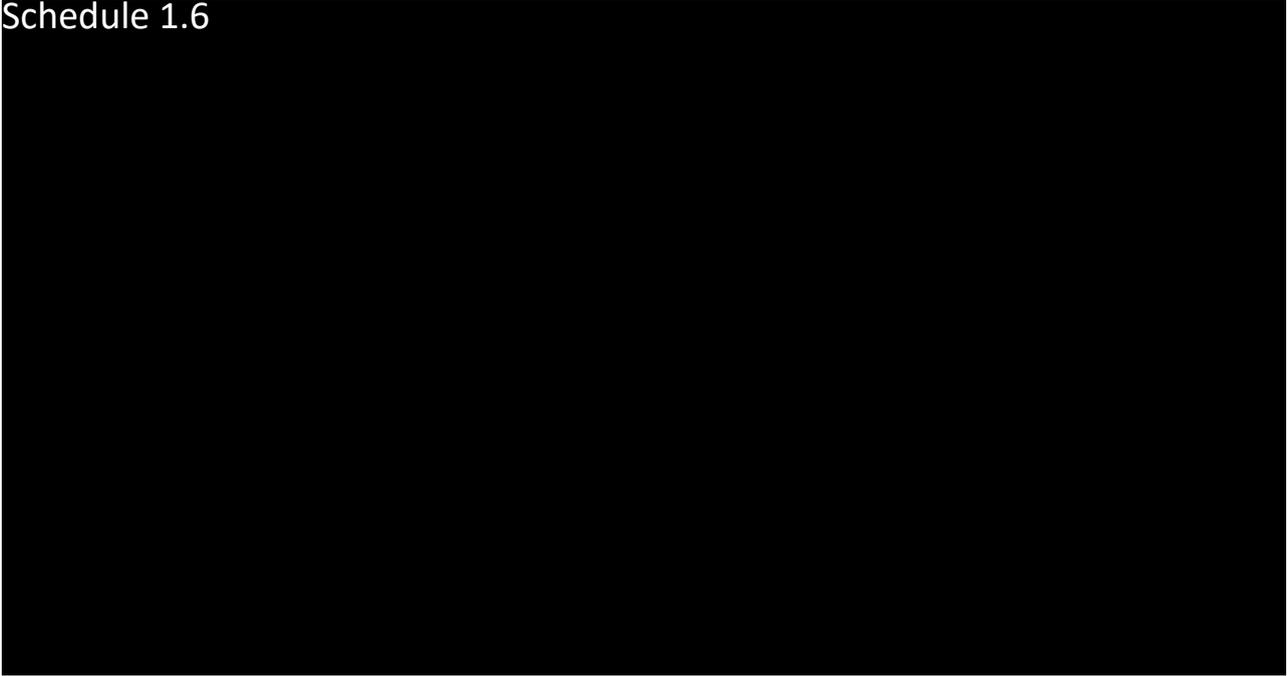
Signatory Name: Rebecca Cross, Director-General

Phone: 55335

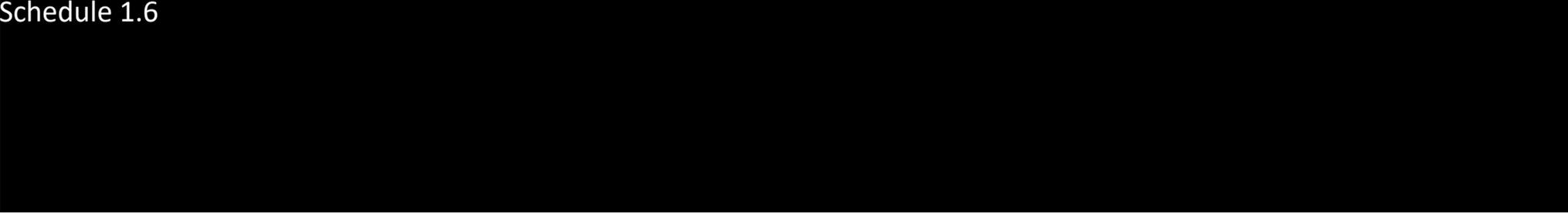
Action Officer: Caitlin Bladin, Senior Director

Phone: Schedule 2.2(a)(ii)

Schedule 1.6



Schedule 1.6



CABINET

ACT Health Directorate

To:	Minister for Health	Tracking No.: GBC23/157
From:	Rebecca Cross, Director-General, ACT Health Directorate Dave Pepper, Chief Executive Officer, Canberra Health Services	
Subject:	Final lodgement of Submission for Cabinet – CAB23/364 - Northside Hospital – transition of health services on Canberra’s northside	
Critical Date:	03/05/2023	
Critical Reason:	The Cabinet submission is due for final lodgement to enable consideration at Cabinet on 4 May 2023	

Recommendation

That you:

1. Sign the final Cabinet submission at Attachment 1 for lodgement with Cabinet Office ahead of consideration Cabinet on 4 May 2023.

Signed / Not Signed / Please Discuss

Rachel Stephen-Smith MLA



3/5/23

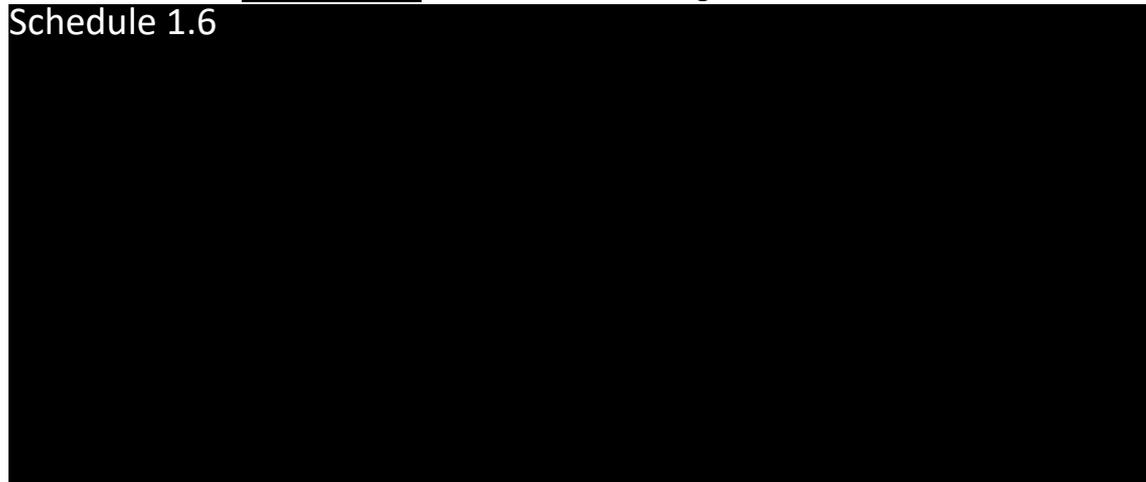
Minister’s Office Feedback

Background

1. This submission (CAB23/364) provides advice to Cabinet regarding the timing of introduction of special legislation, timing of notification and transition of health services on Canberra’s northside to Canberra Health Services (CHS), as per decision 22/798/CAB of 15 March 2023.
2. This submission was endorsed by Expenditure Review Committee (ERC) on 27 April 2023 and is scheduled to be considered by Cabinet on 4 May 2023.

Issues

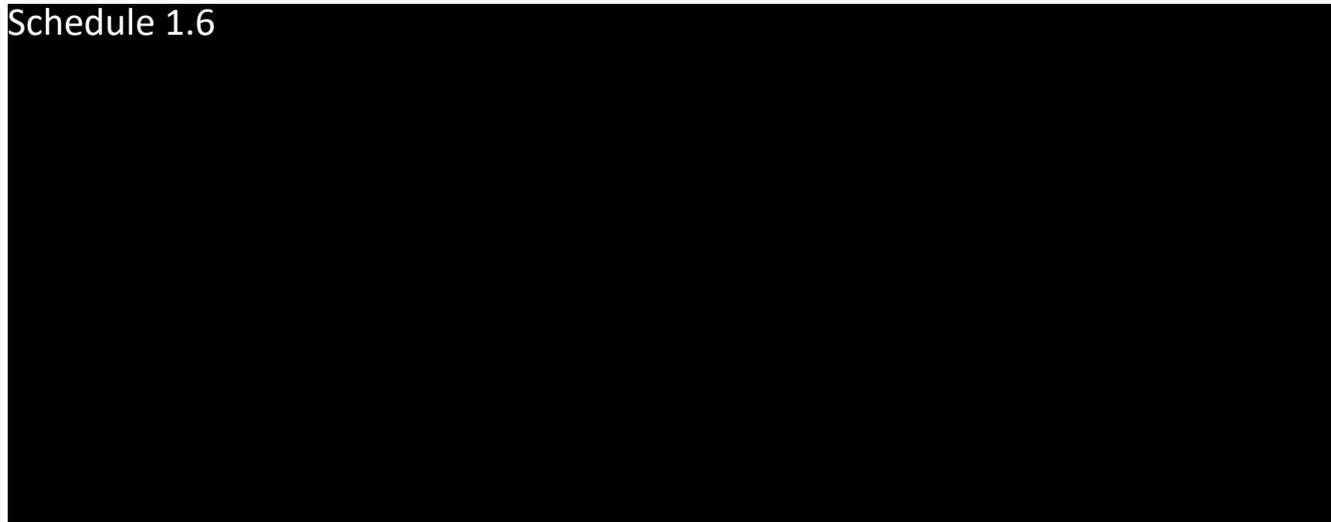
3. The submission at Attachment 1 seeks Government agreement to:

Schedule 1.6


4. The submission also includes two draft letters to Mr Martin Bowles AM, CEO Calvary National – one providing a response to Calvary’s November letter where they rejected the Territory’s proposal regarding land and contract, and a second draft letter outlining a process for transition and related negotiations. The letters are designed to be given concurrently.

Schedule 1.2


 The Cabinet submission recommends that any changes to the letter(s) be agreed with the Chief Minister.

Schedule 1.6
Categorising the Bill as not a significant Bill

6. On 15 March, Cabinet was asked to agree to the Health Infrastructure Enabling Bill being categorised as a significant Bill. Since that meeting, as the Bill has been developed, the project team has received advice that the Bill does not meet the requirements of a Significant Bill. Your Cabinet Meeting Brief asks you to seek agreement from Cabinet that the Bill not be categorised as a significant Bill. This is supported by the human rights scrutiny office in JACS.

Transition project

7. The immediate priority for Government is the transition of operations at the Calvary Public Hospital Bruce (CPHB) to CHS. The most important consideration is continuity of quality services for patients at the hospital. This is closely related to workforce security and stability.
8. The transition project attempts to separate the land acquisition and contract termination from the delivery of public health services. The objective is that operational due diligence and preparation can focus on continuity of health services in the Territory.
9. The commercial stream of transition can be more focused on the litigious matters associated with the acquisition and termination of the contract, including negotiations over just terms compensation and any associated legal actions brought by Calvary.

Schedule 1.6



Financial Implications

14. Establishment of a transition team has been initially funded through the Northside Project, in line with agreement from Cabinet under 22/798. A Treasurer's Advance for an extra \$4 million for 2022-23 has been agreed.
15. A business case seeking funding for the transition project was endorsed by ERC on 27 April 2023.
16. Discussions with Treasury are ongoing regarding financial implications and accounting processes relating to the transition project and associated compensation matters.

ConsultationInternal

17. Not applicable.

Cross Directorate

18. ACTHD and CHS are working together on the planning and implementation of the transition plan and transfer of operations.

19. A Transition Advisory Group was established and is providing advice on the legal, commercial and operational elements of transition. Represented in this group are ACTHD; CHS; Government Solicitors Office and Chief Minister, Treasury and Economic Development Directorate.

External

20. The submission is informed by advice provided by the northside hospital project commercial and legal advisors.

Work Health and Safety

21. Nil.

Benefits/Sensitivities

22. The Transition of Services will be of significant interest to the community, stakeholders and Calvary.

23. There will be sensitivities associated and these have all been outlined in the submission for Government consideration.

Communications, media and engagement implications

24. A communications and engagement strategy has been developed and is included with this submission.

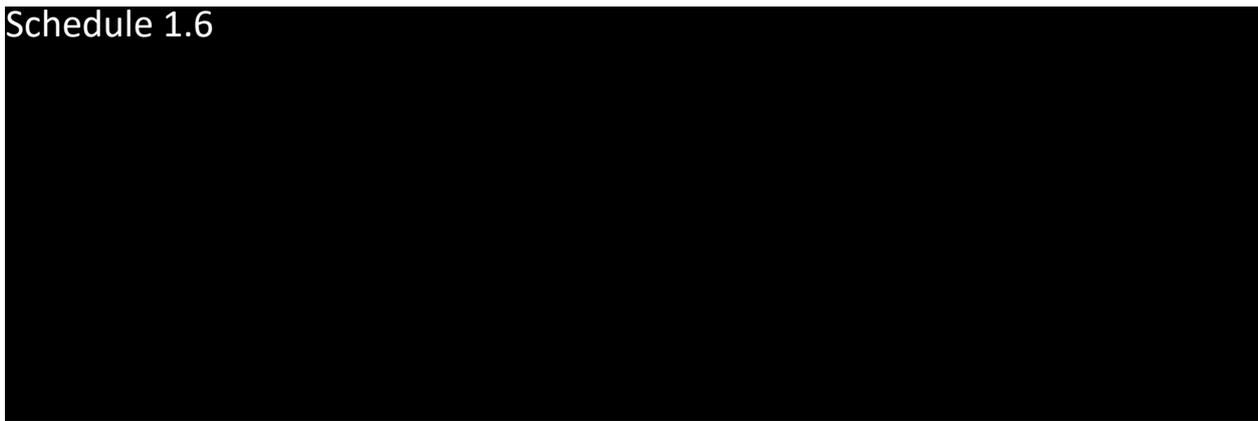
Signatory Name: Liz Lopa, DDG Infrastructure and Engagement Phone:

Action Officer: Caitlin Bladin, Senior Director Phone:

Schedule 2.2(a)(ii)

Schedule 1.6

Schedule 1.6



ACT Health Directorate

To: Minister for Health

Tracking No.: GBC23/178

CC: Rebecca Cross, Director-General
Dave Pepper, Chief Executive Officer, Canberra Health Services

From: Liz Lopa, Deputy Director-General, Infrastructure and Engagement

Subject: CAB23/316 Assembly Business Paper – Health Infrastructure Enabling Bill 2023 – Agreement to Introduce

Critical Date: 21/04/2023

Critical Reason: This Assembly Business Paper is due to be lodged with Cabinet Office by this date ahead of Expenditure Review Committee on 27 April 2023, and Cabinet consideration on 4 May 2023.

Recommendation

That you sign the Assembly Business Paper at Attachment 1 for Expenditure Review Committee on 27 April 2023, and Cabinet consideration on 4 May 2023.

Signed / Not Signed / Please Discuss

Rachel Stephen-Smith MLA



27/4/23

Minister's Office Feedback

Background

1. On 31 May 2022 (CAB21/804), Cabinet agreed to commence negotiations with Calvary to develop a new northside hospital on the existing Bruce site and that the negotiations occur within the parameters set out in the Submission including introduction of a special legislation to terminate Calvary's Crown Lease over the Calvary Public Hospital Bruce (CPHB) site (part Block 1 Section 1 Bruce) and Calvary Network Agreement (CNA) (CAB21/804).
2. Exclusive negotiations with Calvary continued through to end July 2022 withing the parameter set out in the covering submission.
3. The aim of negotiations at this stage were to own the land on which a new hospital would be built and to establish a modern service agreement on a 25-year term ahead of the construction of the new hospital.

Schedule 1.6



Issues

6. The draft Bill ([Attachment A](#)) and Explanatory Statement ([Attachment D](#)) are scheduled for Expenditure Review Committee (ERC) consideration on 27 April 2023, and Cabinet consideration on 4 May 2023 ahead of introduction in the ACT Legislative Assembly during the 9-11 May sitting period.
7. The Bill will give effect to these decisions by terminating Calvary's Crown Lease on Block 1 Section 1 Bruce in the ACT and, by extension, terminate the CNA. The acquisition of the crown lease and the termination of the CNA will be on just terms.
8. The purposes of the Bill are to:
 - a) enable the Territory to acquire the public hospital land for the construction of the new public hospital; and
 - b) provide for the orderly transition of the operation of the public hospital to the Territory;
 - c) ensure continuity of services, and maintenance of service delivery standards, at the public hospital during the transition; and

CABINET

- d) ensure that Calvary is compensated for the acquisition on just terms.
9. The Bill has a subordinate regulation (draft provided at [Attachment B](#)). The regulation features greater details around access provisions, and the mechanisms to determine just terms for the acquisition. The separation of these items into Bill and regulation is designed to allow the regulation to be remade, if required (for example in line with any negotiated outcome) without requiring the assembly to repass the law.
 10. There are key elements of the Bill that are still being settled with ACT Government Solicitor Office (ACTGSO), Parliamentary Counsel's Office (PCO), external legal advisors, Canberra Health Services and other ACT Government directorates (including Environment, Planning and Sustainable Development Directorate (EPSDD) for planning elements and Chief Minister, Treasury and Economic Development Directorate (CMTEDD) for industrial relations and Public Sector Management Act implications).
 11. An updated draft is expected by 28 April 2023 and will be provided to your Office and lodged prior to consideration by Cabinet.
 12. If further refinements to the Bill and supporting documentation are required, the Assembly Business Paper recommends these be settled between you and the Chief Minister.
 13. A presentation pack has been prepared based on the current drafts, but will require updating as the Bill is refined. The draft pack includes:
 - a) Draft Bill (draft at [Attachment A](#));
 - b) Draft Explanatory Statement (draft provided at [Attachment D](#)) and Compatibility Statement; and
 - c) Presentation Speech / Tabling statement (draft provided at [Attachment E](#)).

Financial Implications

14. This Bill will result in just terms compensation to Calvary [Schedule 2.2\(a\)\(xiii\)](#)
[REDACTED]
[REDACTED]

ConsultationInternal

15. No internal consultation has occurred on the draft bill.

Cross Directorate

16. The ACT Health Directorate (ACTHD) worked closely with the ACTGSO and the PCO in developing the Bill. CMTEDD (including Treasury) and EPSDD have also been consulted on relevant provisions.

External

17. ACTHD has received advice on the structure and contents of the Bill from KWM, the legal advisory firm supporting the northside hospital project.

Work Health and Safety

18. There are no work health and safety implications in relation to this brief.

Benefits/Sensitivities

19. A new northside hospital will benefit the Canberra community by:

- a) Providing greater access to services on the northside of Canberra;
- b) Providing more public hospital services; and
- c) Providing fit for purpose facilities for patients, visitors and staff.

Communications, media and engagement implications

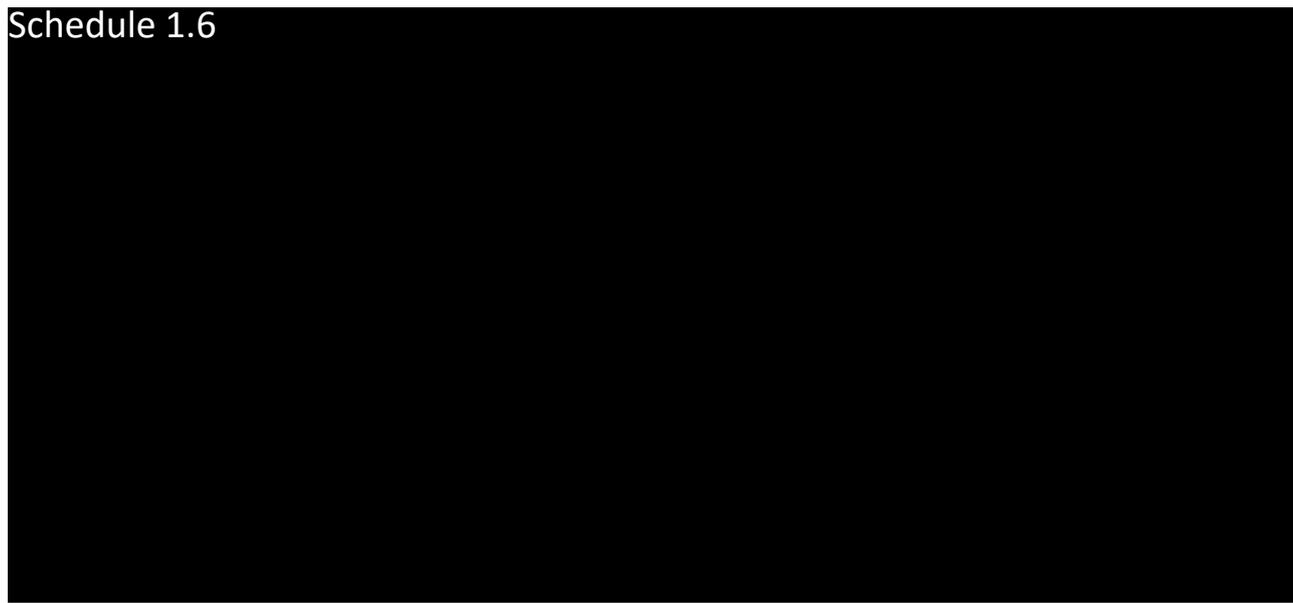
20. Significant media and public interest are expected following introduction of the Bill and throughout the transition period. A dedicated communications and media team has been established to support the communication, stakeholder and media needs of the Project and as transition progresses and occurs.

21. A detailed Communications Strategy has been developed in consultation with your Office and the Chief Minister's Office. Ongoing fit for purpose communications will be developed in consultation with your office.

22. A communication plan on a page has been provided as part of the package for consideration by Cabinet – refer Attachment I.

Signatory Name:	Liz Lopa, Deputy Director-General	Phone:	Schedule 2.2(a)(ii)
Action Officer:	Caitlin Bladin, Senior Director	Phone:	MS Teams

Schedule 1.6



ACT Health Directorate

To: Minister for Health Tracking No.: GBC23/178

CC: Rebecca Cross, Director-General ACT Health

Dave Pepper, Chief Executive Officer, Canberra Health Services

From: Liz Lopa, Deputy Director-General, Infrastructure and Engagement

Subject: CAB23/316 Assembly Business Paper – Health Infrastructure Enabling Bill 2023 – Agreement to Introduce

Critical Date: 03/05/2023

Critical Reason: This Assembly Business Paper is due to be lodged with Cabinet Office by this date ahead of Cabinet consideration on 4 May 2023.

Recommendation

That you sign the Assembly Business Paper (ABP) at Attachment 1 for Cabinet consideration on 4 May 2023.

Signed / Not Signed / Please Discuss

Rachel Stephen-Smith MLA



3/5/23

Minister's Office Feedback

Background

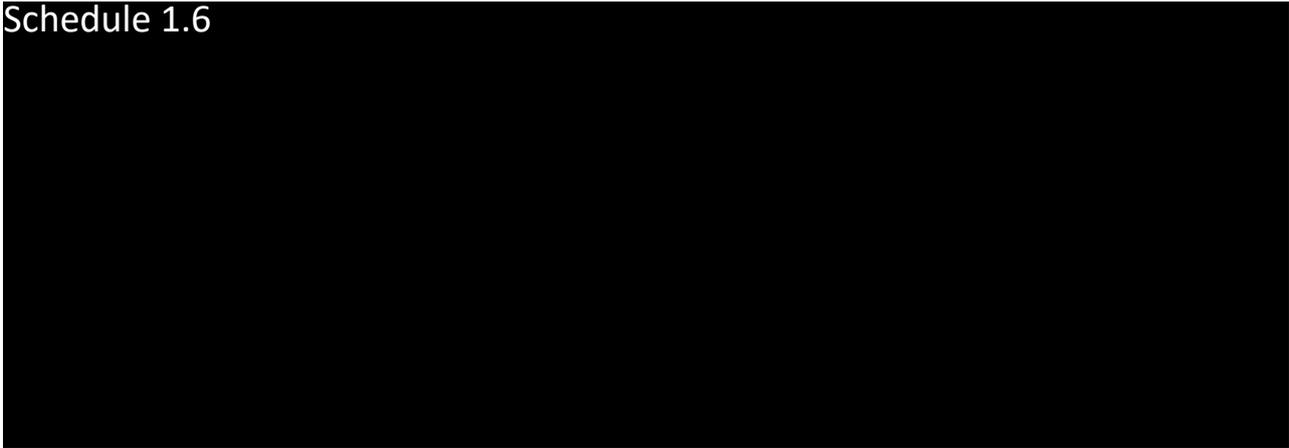
1. On 31 May 2022 (CAB21/804), Cabinet agreed to commence negotiations with Calvary to develop a new northside hospital on the existing Bruce site and that the negotiations occur within the parameters set out in the Submission including introduction of a special legislation to terminate Calvary's Crown Lease over the

CABINET

Calvary Public Hospital Bruce (CPHB) site (part Block 1 Section 1 Bruce) and Calvary Network Agreement – refer CAB21/804.

2. Exclusive negotiations with Calvary continued through to end July 2022 withing the parameter set out in the covering submission.
3. The aim of negotiations at this stage were to own the land on which a new hospital would be built and to establish a modern service agreement on a 25-year term ahead of the construction of the new hospital.

Schedule 1.6



Issues

6. The draft Bill (Attachment A) and Explanatory Statement (Attachment D) are scheduled for Cabinet consideration on 4 May 2023 ahead of introduction in the ACT Legislative Assembly during the 9-11 May sitting period.
7. The Bill will give effect to these decisions by enabling the Territory to acquire part of Block 1 Section 1 required for the delivery of the new public hospital and termination of the CNA. The acquisition of part of the crown lease and the termination of the CNA will be on just terms.
8. The purposes of the Bill are to:
 - a) enable the Territory to acquire the public hospital land for the construction of the new public hospital;
 - b) provide for the orderly transition of the operation of the public hospital to the Territory;
 - c) ensure continuity of services, and maintenance of service delivery standards, at the public hospital during the transition; and
 - d) ensure that Calvary is compensated for the acquisition on just terms.
9. The Bill has a subordinate regulation (draft provided at Attachment B). The regulation features greater details around access provisions, and the mechanisms to determine just terms for the acquisition. The separation of these items into Bill and regulation is designed to allow the regulation to be remade, if required (for example

CABINET

in line with any negotiated outcome) without requiring the assembly to repass the law.

10. There are key elements of the Bill that are still being settled with ACT Government Solicitor Office (ACTGSO), Parliamentary Counsel's Office (PCO), external legal advisors, Canberra Health Services and other ACT Government directorates (including EPSDD for planning elements and CMTEDD for industrial relations and Public Sector Management Act implications).
11. If further refinements to the Bill and supporting documentation are required, the Assembly Business Paper recommends these be settled between you and the Chief Minister prior to introduction.
12. A presentation pack has been prepared and includes:
 - a) Draft Bill (draft at [Attachment A](#)) and Regulation (draft at [Attachment B](#))
 - b) Explanatory Statement (provided at [Attachment D](#)); and
 - c) Tabling statement (provided at [Attachment E](#)).
13. The Parliamentary Counsel's Office (PCO) Memorandum and Human rights (HR) Memorandum of Compatibility will be provided for introduction, once the Bill is finalised.

Financial Implications

14. This Bill will result in just terms compensation to Calvary **Schedule 2.2(a)(xiii)**

Consultation

Internal

15. No internal consultation has occurred on the draft bill.

Cross Directorate

16. The ACT Health Directorate (ACTHD) worked closely with the ACT GSO and the PCO in developing the Bill. CMTEDD (including Treasury) and EPSDD have also been consulted on relevant provisions.

External

17. ACTHD has received advice on the structure and contents of the Bill from KWM, the legal advisory firm supporting the northside hospital project.

Work Health and Safety

18. There are no work health and safety implications in relation to this brief.

Benefits/Sensitivities

19. A new northside hospital will benefit the Canberra community by:

CABINET

- a) Providing greater access to services on the northside of Canberra;
- b) Providing more public hospital services; and
- c) Providing fit for purpose facilities for patients, visitors and staff.

Communications, media and engagement implications

20. Significant media and public interest are expected following introduction of the Bill and throughout the transition period. A dedicated communications and media team has been established to support the communication, stakeholder and media needs of the Project and as transition progresses and occurs.
21. A detailed Communications Strategy has been developed in consultation with your office and the Chief Minister's office. Ongoing fit for purpose communications will be developed in consultation with your office.
22. A communication plan on a page has been provided as part of the package for consideration by Cabinet – refer Attachment I.

Signatory Name:	Liz Lopa, Deputy Director-General	Phone:	Schedule 2.2(a)(ii)
Action Officer:	Stephanie Oliver, Senior Director	Phone:	MS Teams

Attachments

Schedule 1.6

ACT Health Directorate

To:	Minister for Health	Tracking No.: MIN23/XXX
Cc:	Rebecca Cross, Director-General	
From:	Liz Lopa, A/g Deputy Director-General Infrastructure and Engagement	
Subject:	Northside Hospital project update – Update on land acquisition process	
Critical Date:	03/05/2023	
Critical Reason:	To inform you about the land acquisition process ahead of the Health Infrastructure Enabling Bill 2023 being considered by Cabinet on 4 May 2023.	

Recommendations

That you:

1. Note the information in this brief.

Noted Please Discuss

Rachel Stephen-Smith MLA  3/5/23

Minister's Office Feedback

Background

- 1) The Government has made a policy commitment to deliver a new northside hospital and to begin construction by mid-decade. The Northside Hospital Business Case has recommended the new hospital be built on the existing Calvary Public Hospital Bruce campus at Block 1 Section 1 Bruce.

CABINET

- 2) Ownership of the land on which the new public hospital is built, including room for expansion, is essential to the infrastructure project and future expansion of public hospital services on the Bruce campus.
- 3) Calvary was granted the Crown Lease for Bruce Block 1 Section 1 by the Commonwealth Government in 1971 at no cost. The ACT Government, through the Calvary Network Agreement (CNA) is in contract with Calvary for the provision of services at Calvary Public Hospital Bruce (CPHB) as the CNA is tied to the term of the Crown Lease, which expires in 2098.
- 4) On 4 May 2023, Cabinet will consider the draft Health Infrastructure Enabling Bill 2023 (CAB23/316) which, if passed, will allow for the ACT Government to progress with building a new public hospital on the northside of Canberra and transition to the delivery of public health services under a single provider to meet the growing and changing needs of the ACT community.

Issues**Schedule 1.6**

Schedule 1.6

- 10) In arriving at this option, a range of mechanisms were considered to provide the Territory surety of land for the public hospital, while allowing Calvary to maintain ownership of the land for its existing private facilities. The acquisition options analysis is provided at Attachment A.
- 11) The preferred option is an efficient and effective mechanism for the Territory to acquire the public hospital land, while ensuring that Calvary's lease over its private assets is retained. This option is the least complex of the models and so has fewer grounds for objection and challenge from Calvary.
- 12) The final make-up and boundaries of the land will be formalised through a survey process and a new Deposited Plan reflecting the new block boundaries will be registered with the Crown Lease. This will need to be undertaken and finalised prior to acquisition day.
- 13) A summary of the survey and registration process, provided by EPSDD, is provided below:
 - a. A surveyor is retained to prepare a survey plan. The survey is a precise depiction of the block boundaries, roads and services. In preparing the survey, the surveyor requires access to the land, and must liaise with relevant agencies to ensure the accurate identification and location of services and roads.
 - b. Once drafted, the survey is lodged with the Office of the Surveyor General for examination. Once the survey is approved, it is registered on title as a deposited plan. The deposited plan is the formal land identifier of the new blocks and will clearly identify the private precinct (including the surface carpark) to be retained by Calvary, and the public hospital land to be acquired by the Territory. Once the deposited plan has been registered, it cannot be varied without amendment to the Crown Lease.
 - c. Once the deposited plan is registered, the 'restated lease' (Calvary's private lease) can be registered against the relevant block (in practice this should happen at the same time as deposited plan registration).
 - d. The remaining block would be left as unleased Territory land pending a decision by Government to deal with the land (grant an Executive lease or a statutory licence, for example).
 - e. Easements can also then be registered on title (transfer and grant of easement).

- 14) Currently Schedule 1 to the Bill identifies the private precinct area as the land that will be retained by Calvary, ACTHD and GSO are working through ways of amending this plan to include the surface car park next to this land for inclusion in Calvary's lease in line with the intent of the Government.



Financial Implications

- 15) Through the Health Infrastructure Enabling Bill 2023, the acquisition of the land and the termination of the CNA will be done on just terms. Negotiation of just terms will be subject of ongoing discussion with Treasury.

Consultation

Internal

- 16) Nil.

Cross Directorate

- 17) The ACT Health Directorate (ACTHD) worked closely with the ACT GSO and the PCO in developing the Bill. CMTEDD (including Treasury) and EPSDD have also been consulted on relevant provisions.

External

- 18) ACTHD has received advice on the structure and contents of the Bill from KWM, the legal advisory firm supporting the northside hospital project.

Work Health and Safety

- 19) Not applicable.

Benefits/Sensitivities

- 20) The development of a new Northside Hospital will be of significant interest to the community, stakeholders and Calvary.
- 21) There will be sensitivities associated with the outcome of Calvary negotiations and next steps.

Communications, media and engagement implications

- 22) Significant media and public interest are expected following introduction of the Bill and throughout the transition period. A dedicated communications and media team has been established to support the communication, stakeholder and media needs of the Project and as transition progresses and occurs.

CABINET

23) A detailed Communications Strategy has been developed in consultation with your office and the Chief Minister's office. Ongoing fit for purpose communications will be developed in consultation with your office.

Signatory Name: Liz Lopa, A/g Deputy Director-
General, Infrastructure and
Engagement Phone: Schedule 2.2(a)(ii)

Action Officer: Stephanie Oliver, Senior Director -
Policy, Northside Hospital Project Phone: MS Teams

Attachments

Attachment A	Acquisition Options and analysis
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ACT
Government

ACT Health

CAVEAT BRIEF

SENSITIVE: CABINET

To: Rachel Stephen-Smith MLA, Minister for Health

Through: Rebecca Cross, Director-General
Dave Peffer, CEO, CHS

Subject: Northside Hospital project - Briefing note

Northside Hospital Business Case

Schedule 1.6

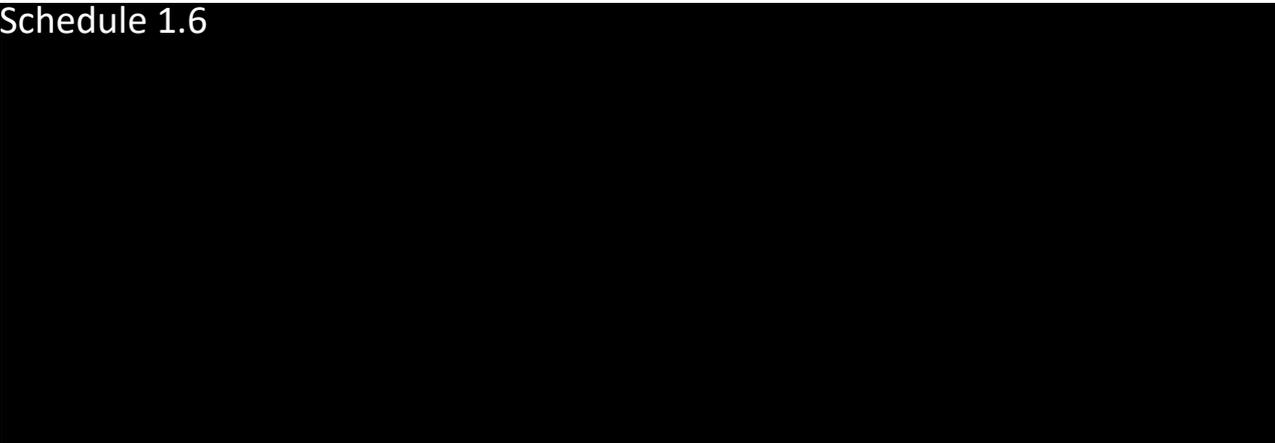
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Transition Business Case

- ERC approved the Transition Business case on 27 April 2023.
- Financial reporting frameworks for the project budget are being established and will be overseen through the project governance committees.

Assembly Business Paper (APB) and Legislation

Schedule 1.6

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Transition Hotline

- The Transition Hotline has been established and is on track for commencement from Wednesday 10 May, once public. It can be opened earlier if needed.
- Hotline workflows, scripting, FAQs and data capture processes have been agreed and will be tested for finalisation by COB Friday 5 May 2023.
- The schedule of engagement events has been finalised and booked from 11 May to 19 May 2023. Full details are included in the communications plans. These will be adjusted as a result of Cabinet feedback.
- Access Canberra has been engaged and fully briefed to manage community and patient enquiries.
- CHS Central Health Intake (CHI) are on standby to provide extra capacity for calls if we need to flex up. This will require a reduction in normal CHI services, however if this is required it is expected it will only be for a short time period during the first surge/peak.

Employee Transition Payment

- For many employees at CPHB this will be a distressing and uncertain time. The time for individuals to manage the transition requirements is estimated to be around 3 hours including but not limited to:
 - Attending information sessions
 - Completing information to onboard
 - Discussing ongoing employment (if required)
 - Accessing new uniforms.
- As an act of good will, both for employees and for unions, it is recommended that a payment of \$120 per employee is paid by CHS in the first pay following acquisition to cover this requirement. \$120 has been predicated on 3 hours of an average salary of \$40 per hour. Based on an estimate of 2000 head count, this will amount to \$240,000. This amount will be funded through the transition business case funding contingency.
- It is proposed that the commitment for this payment be referenced in the regulations. The administrative arrangements to support the payment is currently being discussed with CMTEDD.

Uniforms

- CHS will provide uniforms to all CPHB staff of the team working at CHPB.
- Staff will be able to continue to wear their current 'bottoms' as these have little to no branding.
- We will make it as easy as possible for staff to obtain tops through an account set up with approved uniform providers in Canberra with whom CHS already has an account, for staff to collect themselves in their chosen sizes etc. Uniforms will be made available as soon as possible in the transition.

- Whilst initial intentions was to have uniforms available on site at Calvary this has proven to be logistically difficult.
- Based on 3 tops per staff member and around 1500 staff requiring uniforms the total cost will be \$300,000 which will be covered by the Transition Team funding.

Project Governance

- Significant work has occurred across teams to develop detailed project management schedules for each work stream. Examples of these will be available at the briefing.
- An interim dashboard will also be available at the meeting.
- Project management governance is established.
- The first meeting of the Transition Steering Committee was held on 2 May 2023, with weekly meetings scheduled. This is the peak advisory committee for the project which includes the Head of Service and Under Treasurer.
- The existing Transition Advisory Group is proposed to meet more frequently going forward on a fortnightly basis.
- The Leadership Control Group has been meeting weekly since the beginning of April 2023 and is a key decision-making body for the project (reporting to you as the Minister for Health).

Other Northside issues

Schedule 1.6

Communications

- Media materials have been produced and provided to your office. Changes will be made in line with comments received.
- Workforce and stakeholder communications are being reviewed by your advisors and will be with the Minister by COB Friday 5 May.
- A timeline of meetings, briefings and announcements has been developed which outlines chronologically all the key activities you, the Director-General ACTHD and Chief Executive Officer, CHS, will be undertaking in the week of 8 May 2023.
- As requested by your office, a final communications pack will be provided to the you by COB Friday 5 May.
- A small burst of paid advertising will launch on Friday, 12 May, to support the announcement. This activity is focused on the infrastructure announcement and utilises the 'Built for CBR' branding and hero tag lines. This work is being led by CMTEDD in collaboration with ACT Health.

Contact Officer: Liz Lopa, Deputy Director-General
Contact Number: Schedule 2.2(a)(ii)
Date: 28 April 2023

Noted/Please Discuss

.....
Rachel Stephen-Smith
Minister for Health

ACT Health Directorate

To: Minister for Health Tracking No.: MIN23/404

Date: 04/05/2023

CC: Rebecca Cross, Director-General, ACT Health Directorate
Dave Pepper, Chief Executive Officer, Canberra Health Services

From: Liz Lopa, Deputy Director-General, Infrastructure and Engagement

Subject: Meeting with Martin Bowles OAM – National Chief Executive Officer, Calvary Health Care – Monday, 8 May 2023

Critical Date: 08/05/2023

Critical Reason: To provide you with information ahead of your meeting with Mr Bowles on Monday, 8 May 2023

Recommendations

That you:

1. Sign the letter to Martin Bowles at Attachment A and issue it at the meeting on Monday, 8 May;

Signed on 7 May

Signed / Not Signed / Please Discuss

2. Note the guidance document at Attachment C for your meeting with Mr Bowles on Monday, 8 May; and

Noted / Please Discuss

3. Note that Rebecca Cross, Director-General, ACT Health Directorate (ACTHD) and Liz Lopa, Deputy Director-General Infrastructure and Engagement ACTHD will be the directorate representatives at this meeting.

Noted / Please Discuss

SENSITIVE

Rachel Stephen-Smith MLA



8/5/23

Minister's Office Feedback

Background

1. You are meeting with Martin Bowles OAM, National Chief Executive Officer, Calvary Health Care on Monday, 8 May 2023.
2. On 31 May 2022 (CAB21/804), Cabinet agreed to commence negotiations with Calvary to develop a new northside hospital on the existing Calvary Public Hospital site and introduction of a special legislation to terminate Calvary's Crown Lease over the Calvary Public Hospital Bruce (CPHB) site (part Block 1 Section 1 Bruce) and Calvary Network Agreement (CNA)– refer CAB21/804.
3. Exclusive negotiations with Calvary continued through to end July 2022. The ACT Government objectives of these were to own the land on which a new hospital would be built and to establish a modern service agreement on a 25-year term ahead of the construction of the new hospital.
4. Negotiations were ultimately not successful, and you reiterated the ACT Government position in a letter in September 2022. Calvary responded at the end of the November 2022 and unanimously rejected the ACT Government's offer. 

Schedule 1.6

5. As part of the Northside Hospital Infrastructure 2023-24 Budget Business Case, Expenditure Review Committee Endorsed the preferred site of the new hospital, the current Calvary Public Hospital Bruce campus.
6. On 4 May 2023, to provide certainty over land tenure, Cabinet agreed (CAB23/316) to Calvary as the location for the new public hospital and to introduce the *Health Infrastructure Enabling Bill 2023* which will enable the Territory to acquire the public hospital land for the construction of the new public hospital and terminate the Calvary Network Agreement.

Issues

7. The primary purpose of the meeting is to notify Mr Bowles that the Territory has:
 - a. Agreed to fund a new northside hospital;
 - b. Confirmed the Bruce option at the site for the new northside hospital;

SENSITIVE

- c. Confirmed Canberra Health Services will be the operator of the new northside hospital;
- d. As result of the above decisions, determined to introduce the *Health Infrastructure Enabling Bill 2023* to the Legislative Assembly on 11 May 2023, which will transfer part of the Crown Lease of Block 1 Section 1 Bruce to the Territory; and
- e. Terminate the Calvary Network Agreement (CNA) from 3 July 2023 after a period of Transition, with operations of Calvary Public Hospital Bruce to transfer from Calvary to Canberra Health Services.

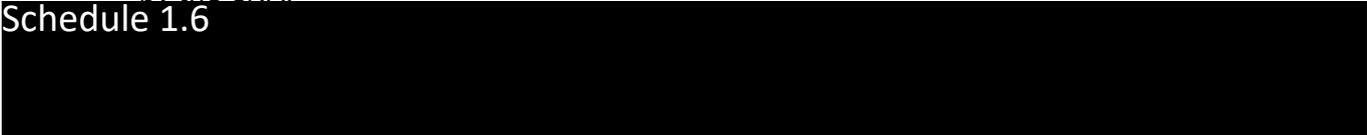
Schedule 1.2



Clare Holland House

- 13. Clare Holland House is likely to be an immediate concern for Calvary, currently it is not explicitly referenced in the legislation or other documents, because it is not governed by the CNA.

Schedule 1.6



Schedule 1.6

Financial Implications

16. There are significant financial implications to the Territory as a result of the decisions related to the northside hospital.
17. The Health Infrastructure Enabling Bill 2023 will result in just terms compensation to Calvary for both the acquisition of the land and the termination of the CNA.
18. Cabinet has been briefed on the financial implications since 2022.
19. ACT Health Directorate has undertaken significant consultation with Treasury regarding the financial aspects of this project and will continue to do so as negotiations and transition processes occur over the coming months.

Consultation

Internal

20. Nil.

Cross Directorate

21. The ACT Health Directorate (ACTHD) worked closely with the ACT GSO in the development of advice for Government on the transition project, and in the development of the letters to Calvary.

External

22. ACTHD has received advice from KWM, the legal advisory firm supporting the northside hospital project on the development of the letters.

Work Health and Safety

23. Nil.

Benefits/Sensitivities

Schedule 1.2

Communications, media and engagement implications

26. Significant media and public interest are expected following introduction of the Bill and throughout the transition period. A dedicated communications and media team has been established to support the communication, stakeholder and media needs of the Project and as transition progresses and occurs.

SENSITIVE

27. A detailed Communications Strategy has been developed in consultation with your office and the Chief Minister's office. Ongoing fit for purpose communications will be developed in consultation with your office.

Signatory Name: Liz Lopa, DDG Infrastructure and Engagement ACTHD Phone: Schedule 2.2(a)(ii)

Action Officer: Stephanie Oliver, Senior Director - policy, Northside Hospital Project Phone: MS Teams

Attachments

Attachment	Title
Attachment A	Territory letter to Calvary - Response to November letter
Attachment B	Points for meeting with M Bowles
Attachment C	Draft Agenda

ACT Government and Calvary Meeting

Without prejudice discussion

Date: 08 May 2023

Time: 9:00 -9:45

Location: Minister for Health, Rachel Stephen-Smith MLA Office

		Speaker	Timing
Item 1	Acknowledgement of Country and welcome and introductions	Minister	5 minutes
Item 2	Update on Northside Hospital <ul style="list-style-type: none"> Funding decision Calvary relationship 	Minister	10 minutes
Item 3	Discussion	All	15 minutes
Item 4	Next Steps <ul style="list-style-type: none"> Just terms 	All	15 minutes
Meeting Close – 9:45			

From: STEPHEN-SMITH
Sent: Thursday, 11 May 2023 10:47 AM
To: Gemma Killen
Subject: Correspondence from Minister Stephen-Smith
Attachments: Letter - Minister Stephen-Smith to ACTCOSS.pdf; Northside Hospital Briefing Document_.pdf; Northside Fact sheet for Stakeholders.pdf

Importance: High

Dear Dr Killen,

Please find attached a letter from Minister Stephen-Smith.

Kind regards,

Martin Elliffe (He/Him)

Office Manager | Office of Rachel Stephen-Smith MLA

Minister for Aboriginal and Torres Strait Islander Affairs | Minister for Families and Community Services |

Minister for Health

Member for Kurrajong

ACT Legislative Assembly, 196 London Circuit, Canberra ACT 2601 | P: (02) 6205 2661 | www.act.gov.au





Rachel Stephen-Smith MLA
Minister for Health
Minister for Families and Community Services
Minister for Aboriginal and Torres Strait Islander Affairs

Member for Kurrajong

Dr Gemma Killen
ACT Council of Social Service
Schedule 2.2(a)(ii)

Dear Dr Killen

A handwritten signature in blue ink that reads 'Gemma'.

The ACT Government has today announced its plan to build a new northside hospital on the current Calvary Public Hospital site in Bruce to meet the needs of an ageing and growing Canberra.

The new northside hospital will be owned by the ACT Government and operated by Canberra Health Services, delivering a more efficient and effective health system for Canberrans.

The ACT Government negotiated with Calvary Health Care to seek an agreed path forward to transfer the land for the new hospital and establish a modern services agreement. However, these negotiations were not successful in delivering an outcome in the interests of the ACT community.

The ACT Government will therefore introduce the Health Infrastructure Enabling Bill 2023 in the Legislative Assembly on Thursday 11 May 2023, which, if passed, will enable it to acquire the Calvary Public Hospital land and to transition existing Calvary staff and assets to the Territory from 3 July 2023.

This change will enable Canberra Health Services to be the ACT public health system's single public hospital provider, which will enable better coordination of health services, support the community across the health system, strengthen the health workforce, and facilitate Territory-wide infrastructure planning and development.

This decision will provide certainty for the planning and construction of the new northside hospital and take advantage of the benefits of a single provider system as soon as possible.

The ACT Government has prioritised providing certainty for consumers, carers and staff who will be affected by this transition and acted on advice that the best approach is to provide a reasonable period of adjustment without prolonging the process.

This was a difficult decision to make, and I know staff will be feeling anxious and uncertain about what this means for their employment or the way their teams and workplace will operate.

ACT Legislative Assembly London Circuit, GPO Box 1020, Canberra ACT 2601



+61 2 6205 2661



stephen-smith@act.gov.au



@RachelSS_MLA



rachelSSMLA



rachelss_mla

The safety and wellbeing of team members and patients will be the top priority for Canberra Health Services. A dedicated team has been established to support staff and to provide continuity of services during the transition.

Calvary Public Hospital staff will be invited to transition their employment to Canberra Health Services. The overwhelming majority of those staff who work with Calvary Public Hospital will not need to reapply for their position – their employment will transition to Canberra Health Services at the same level, under the same pay and conditions, and their entitlements will come with them.

During the transition period, Canberra Health Services aims to minimise disruption for staff, patients and carers. Appointments and surgeries will continue as planned. Should any patient be impacted, they will be contacted directly as per normal processes.

For patients, carers and visitors, information is available at www.act.gov.au/northsidehospital. FAQs on this website will be updated regularly. For all general enquiries, please call Access Canberra on 13 22 81.

Throughout the transition, Canberra Health Services will provide regular updates and briefings to community partners and organisations. Your feedback and insights throughout the transition will help to ensure we are providing valuable information to staff and hearing their concerns.

The ACT Government will work in partnership with clinicians, consumer representatives and the community as planning for the new northside hospital continues. I look forward to working with you on this exciting project over the coming years.

If you have any questions or concerns throughout the transition, please feel free to contact my office directly.

Yours sincerely



Rachel Stephen-Smith MLA

10/5/2023



ACT Health



Canberra Health Services



A new northside hospital



Acknowledgment of Country

We acknowledge the Ngunnawal people as traditional custodians of the ACT and recognise any other people or families with connection to the lands of the ACT and region. We acknowledge and respect their continuing culture and the contribution they make to the life of this city and this region.

Accessibility

If you have difficulty reading a standard printed document and would like an alternative format, please phone 13 22 81.



If English is not your first language and you need the Translating and Interpreting Service (TIS), please call 13 14 50.

For further accessibility information, visit:

www.health.act.gov.au/accessibility

www.health.act.gov.au | Phone: 132281

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Executive summary

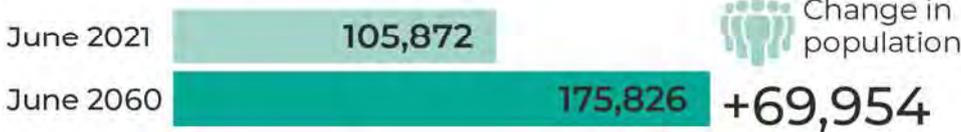
The ACT needs a public health system which can quickly and flexibly respond to the needs of our growing community now and into the future.

The ACT's public health services currently service a population of more than 500,000 people and demand will continue to increase.

The northside of Canberra now has the largest population in the Territory, and this will continue to grow over the coming decades. By 2060, the population in the northside of Canberra alone is projected to grow by 285,000.¹

At the same time, much of Canberra's public hospital infrastructure is ageing and Calvary Public Hospital Bruce (Calvary Public Hospital) will no longer be fit-for-purpose in the next decade. With a growing population and increasing demand for health care services, the ACT Government has decided to build a new northside hospital on the existing Bruce hospital campus, with funding committed in the 2023–24 Budget.

Belconnen population



Gungahlin population



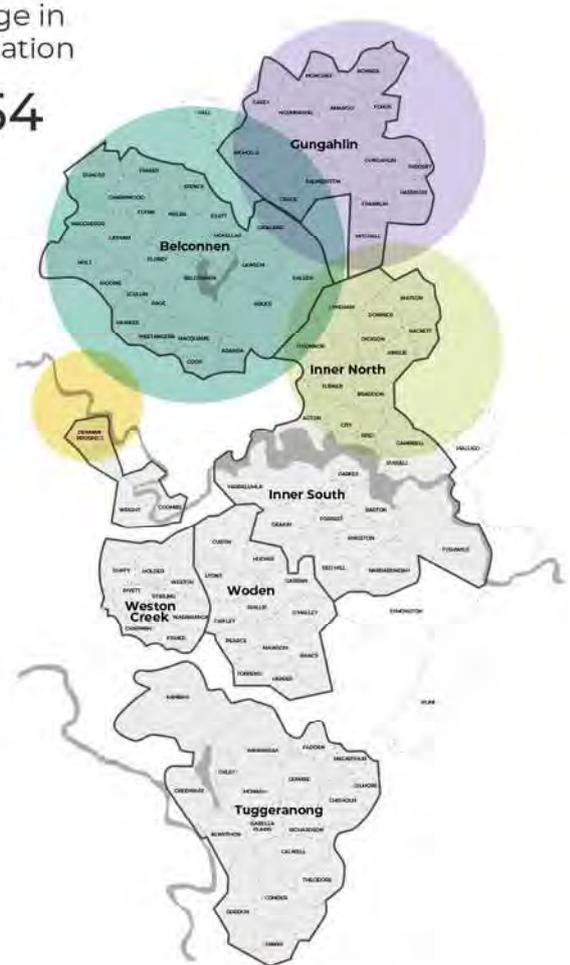
Molonglo/Urriarra population



North Canberra population



Total population



¹ ACT Government, CMTEDD, ACT Population Projections 2022 to 2060.

² A new northside hospital

The new northside hospital will cost more than \$1 billion and be one of the largest single health infrastructure projects to be delivered in the history of the Territory. It will provide more beds and increased services than are currently offered at Calvary Public Hospital, and will deliver a modern, state-of-the-art facility for patients, families, carers, visitors and staff.

The ACT Government is committed to starting construction mid-decade to continue growing our hospital system. This will complement the additional capacity being delivered by the Canberra Hospital Expansion and Master Plan, the University of Canberra Hospital which opened in 2018, and continuing investments to bring healthcare closer to home, including through Walk-in Centres, Community Health Centres and other community-based health facilities.

To optimise this significant infrastructure investment, the ACT Government needs a modern, flexible arrangement for service delivery that ensures services are efficient and effective – delivering the best outcomes for our community. The Government also needs to have certainty over land tenure for the new northside hospital and for future expansion of public health services on the northside campus.

With these objectives in mind, the ACT Government will introduce the Health Infrastructure Enabling Bill 2023 on 11 May 2023.

Currently, Calvary Health Care ACT (Calvary) holds the leasehold on the land on which Calvary Public Hospital sits, and the ACT Government has a long-term agreement with Calvary in relation to the services delivered at this public hospital. This arrangement was first entered into by the Commonwealth Government in the 1970s, while the current Calvary Network Agreement (CNA) took effect in February 2012, which mirrors the term of the Crown Lease.

Through the Health Infrastructure Enabling Bill 2023, it is proposed that the Crown Lease will be amended to allow the ACT Government to acquire the part of the land where Calvary Public Hospital sits (part Block 1, Section 1 Bruce).

This will allow the Territory to acquire the land for the purposes of building a new public hospital, while ensuring that Calvary's lease over its private assets is retained.

If passed, the Bill will also cause the Calvary Network Agreement to end. This acquisition will be done on just terms.

While the ACT Government sought to negotiate with Calvary, this has not been successful.

The key priority for the Government is to ensure the new hospital will be part of a fully integrated public hospital system. It is vital that planning, development and delivery of the hospital meets the needs of Canberrans for a Territory-wide health service that can respond to changing needs over time.

To ensure this can be achieved during development of the new hospital and into the future, operation of the Calvary Public Hospital will transition from Calvary to Canberra Health Services (CHS), pending the passing of the Bill. If the Bill is passed, CHS will operate the Territory's public hospitals and associated community-based health services. Experience in other jurisdictions and independent analysis shows that this will deliver significant benefit to the ACT's health system and consumers through increased efficiency, and better continuity and quality of care.

The ACT Government has not made this decision lightly. Calvary Public Hospital has made a significant contribution to the Canberra community for 44 years. Calvary also supports public health care in the ACT through its private facilities – including Calvary Bruce Private Hospital and Calvary John James – and will remain an important part of the health system.

As Canberra continues to develop into a larger and more diverse city, the delivery of public health services will continue to evolve. This is a significant moment in public health care for the Territory and will support the most efficient and effective delivery of public hospital services for Canberrans into the future.

Snapshot of ACT public health services

The ACT Government provides public health services to the Canberra community and the surrounding region through three public hospitals, as well as a range of community and home-based healthcare services.

1 Canberra Hospital

Location: Canberra Hospital is located in the suburb of Garran.



Size: Approximately 670 beds

Services: Canberra Hospital is a tertiary teaching hospital which provides trauma services and most major medical and surgical sub-specialty services. Services include medical, surgical, emergency, maternity, paediatrics, specialist outpatient clinics, mental health, critical care, allied health, sexual health, alcohol and drug treatment and other clinical support services.

2 University of Canberra Hospital

Location: The University of Canberra Hospital (UCH) is located in Bruce.



Size: 140 beds for sub-acute rehabilitation and mental health care.

Services: UCH is a specialist centre for rehabilitation, recovery and associated research.

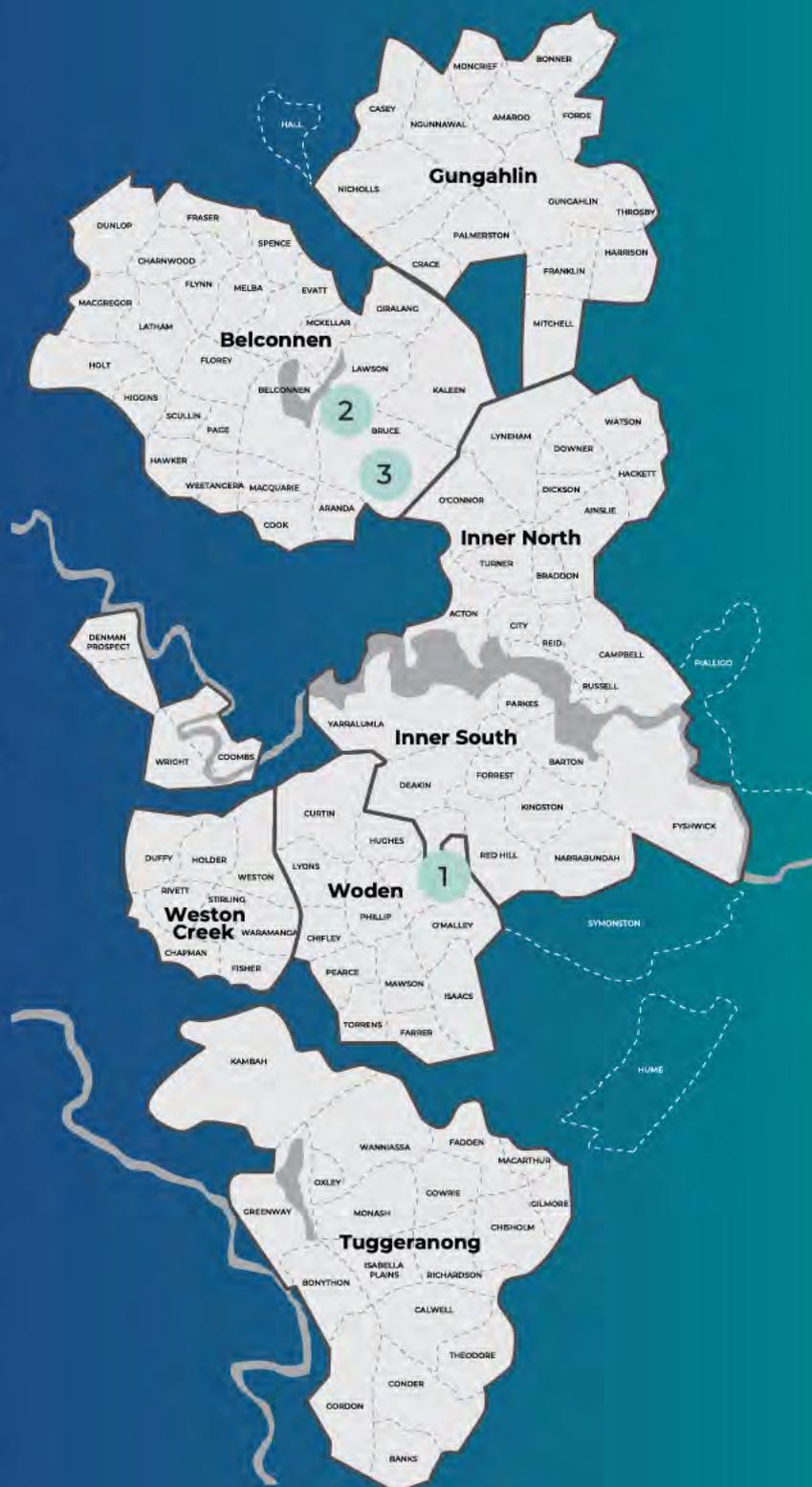
3 Calvary Public Hospital

Location: Calvary Public Hospital is located in Bruce.



Size: Approximately 250 beds

Services: Calvary Public Hospital Bruce (CPHB) is a general hospital which provides a 24/7 Emergency department, intensive and coronary care services, medical and surgical inpatient services, maternity services, voluntary inpatient mental health services, palliative care services, specialist outpatient clinics, Hospital in the Home service and the Geriatric Rapid Acute Care Evaluation (GRACE) service. CPHB is also a teaching hospital.



● Canberra public hospitals

The need for a new northside hospital

The ACT's population is both growing and ageing with escalating incidents of acute and chronic health conditions.

There is more demand for services such as surgical consultation and procedures and other specialist services. The increase in chronic and complex conditions also results in higher rates of hospital admission and extended lengths of stay.

By 2041, the demand for hospital services on the northside of Canberra is forecast to be more than double the capacity that Calvary Public Hospital can currently deliver.

Despite investments in the new ICU in 2010 and the Emergency Department expansion in 2017, additional capacity will be required at Calvary Public Hospital to cater for demand over the coming decades. Current capacity and infrastructure limitations at Calvary Public Hospital will result in longer wait times for patients to access core services and delivery of an inefficient health service.

The rising pressure on the health system from sustained population growth on the northside of Canberra is evident in the rising number of separations and presentations to the Emergency Department at Calvary Public Hospital.

Between 2016–17 and 2021–22, the number of admitted patients at Calvary Public Hospital increased by 56 per cent² and Emergency Department wait times increased by 54 per cent³. Over the next ten years, the number of admitted patients and Emergency Department presentations is forecast to grow by 3 per cent per annum.⁴

To address the need for more capacity, the ACT Government initially funded northside hospital scoping work in the 2017–18 Budget. This work was coordinated with scoping work for the Canberra Hospital Expansion Project, which informed the new Critical Services Building on the Canberra Hospital campus.

Demand projections undertaken by the ACT Health Directorate showed the need for a significantly larger hospital on the northside than is currently provided at Calvary Public Hospital.

In 2020, a condition assessment of Calvary Public Hospital infrastructure was undertaken, along with an options analysis for the building of a new northside hospital. A Strategic Asset Management Plan was developed for Calvary Public Hospital and the ACT Government is expecting to spend approximately \$40 million remediating critical works identified in this plan.

The options analysis recommended that a new northside hospital be built, rather than a remediation and expansion of the existing Calvary Public Hospital. It recommended that the new hospital be built on either the existing Bruce campus or on a greenfield location in Canberra's north. Preliminary architectural work as part of this analysis showed a new hospital could be built on the existing campus without a need to cease delivery of any public hospital services during construction.

² AIHW (2021), Calvary Public Hospital Bruce

³ AIHW (2021), Calvary Public Hospital Bruce

⁴ ACT Government Health (2022), ACT Health Services Plan 2022–2030.

Northside Hospital Project

In 2020, the ACT Government committed to building a new northside hospital.

A Northside Hospital Project team was established to:

- undertake scope and early design of the new northside hospital;
- investigate whether the best location for the hospital was at the existing Bruce campus or at a greenfield location in Canberra's north; and
- produce an infrastructure Business Case for the 2023–24 Budget.

The scope of the new northside hospital was informed by ACT Health Directorate demand modelling and projections. This demand analysis showed the need for a hospital significantly larger than the current Calvary Public Hospital, with approximately double the beds currently provided.

The ACT Government's preferred site for the new northside hospital was the existing Bruce site. The advantages of the site included:

- sufficient services are already located on site to support the operation of a hospital;
- people are already accessing public hospital services at that site and would not need to change behaviours;
- ACT Government investment of \$16.8 million on a multistorey carpark on the site;
- sufficient room to build a new hospital without the need to cease services during construction; and
- campus is accessible and well located near arterial roads including Gungahlin Drive.

In July 2021, a cross-directorate working group was established to investigate availability of greenfield land in Canberra's north. Membership of the group included representatives from ACT Health Directorate, CHS, Major Projects Canberra, Environment Planning and Sustainable Development Directorate, ACT Ambulance Services, Transport Canberra and City Services, Healthcare Consumers Association, and Chief Minister,

Treasury and Economic Development Directorate.

Over a period of 12 months, the working group identified and assessed blocks for the northside hospital and advised the Government that there were two suitable sites suitable for further investigation. These were a block at Lyneham (Block 1, Section 70 Barton Hwy) and at Belconnen (Block 1, Section 159 Diddams Close). Following further assessment, the site located on Lake Ginninderra's eastern peninsula, commonly known as Diddams Close, was chosen as the preferred greenfield site.

The site is approximately three kilometres from the existing Bruce site and is currently used for cycling and walking tracks, dog parks, access to waterfront activities and public facilities. Given the nature of the site, additional site works, including internal roads, would be required.

History of Calvary Agreement

Calvary - previously known as Little Company of Mary Health Care - began operating Calvary Public Hospital in 1979.

In 1971, Calvary Public Hospital was granted the land and the buildings by the Commonwealth Government, at no cost, and a contract for the provision of public hospital services on the site was established.

When Self-Government was established in 1989, the Commonwealth's contract with Calvary was transferred to the ACT Government. In 2009, the ACT Government identified the need to have more control over the services being offered at Calvary Public Hospital and sought to buy the hospital from Calvary. The ACT Government public provider, then known as ACT Health, would deliver the public hospital services.

However, this transfer agreement was never implemented. As a result of this process, the ACT Government was still in an antiquated contract with Calvary.

In 2011, the parties renegotiated the contract and signed the CNA and an associated Bruce Health Care Precinct Deed, which came into effect in February 2012. Under the CNA, Calvary agreed to move private patients out of the public hospital buildings, creating capacity for more public patients. The land was also transferred to a Crown Lease expiring in 2098. The CNA was also no longer a contract but was tied to the term of the Crown Lease.

The Bruce Health Care Precinct Deed described the processes for the relationship between the Territory and Calvary to create and progress development of the Precinct.

The CNA also acknowledged the future introduction of Activity Based Funding and put in place an interim funding model for the hospital. This interim model included a commitment that whilst ever there was a public hospital on the Bruce site, the ACT must fund it and that each year that funding must be an increase on the year before.

Despite making significant improvements on the existing Commonwealth contract, the CNA is not a modern services contract for the delivery of public health services.

Challenges resulting from the CNA and having a private provider delivering public services include:

- difficulty in providing seamless, coordinated care across Canberra;
- inability to effectively move services across public hospital sites;
- differences in staff employment, with public hospital staff at Calvary Public Hospital being employed by a private company;
- inconsistent clinical governance across public hospitals and different waiting list management;
- difficulty in creating “hub and spoke” service delivery models in areas where CHS operates specialist services, including paediatric care; and
- difficulty in being able to respond quickly to load share in times of heavy demand.



Negotiations with Calvary

With the commitment made to start building a new northside hospital by mid-decade and the preferred location being the Bruce site of Calvary Public Hospital, the ACT Government commenced work with Calvary to translate its historic position and industry knowledge into a modern service agreement, with the aim of increasing capacity and enabling strengthened health networks across the ACT.

As the ACT Government considered significant investment in a new hospital, it needed to consider the land ownership arrangements on the current Bruce site and reassess the contractual relationship with Calvary.

In April 2022, ACT Minister for Health, Rachel Stephen-Smith, wrote to Calvary and formally requested that negotiations begin on a new northside hospital on the Calvary Public Hospital campus. The ACT Government identified that it wanted to own the land on which the hospital would be built (with room to expand), and to negotiate a new, modern services agreement for the delivery of public hospital services.

At this time, the Minister advised Calvary of the ACT Government's decision to explore the option of utilising either existing or new special legislation for the transfer of land to the ACT Government for the public purpose of building a new public hospital.

Negotiations between the ACT Health Directorate and Calvary took place between May and January 2023, but was unsuccessful.



Location, scope & operator of northside hospital

Between March and early May 2023, the Government further considered the operator, scope and location of the new hospital, to ensure work could progress towards construction commencing by mid decade.

Through the 2023-24 Budget process, the ACT Government decided that its preference was to build the new northside hospital on the existing Calvary Public Hospital campus. The existing, known hospital campus with associated private services was key to the Government's decision to continue to provide public hospital services from that site. The Government also considered the block at Diddams Close, however that block, while appropriate for a hospital, could also be used for other purposes. In addition, a greenfield development would break the connection with Calvary Bruce Private Hospital and the other complementary private health facilities on the current hospital site.

The Government progressed with drafting legislation to compulsorily acquire this land in order to provide certainty for the northside hospital project.



The Government also decided that its preference was to transfer the operation of the northside hospital to CHS, and that this transfer would take effect at the same time the Crown Lease is amended to excise the public hospital land. This means that operations and services will be transferred on 3 July 2023.

This decision represents a significant shift in the provision of healthcare but is consistent with changes that have been made in other jurisdictions and provides significant opportunity for greater health care efficiencies and improved patient outcomes.

There are a range of benefits in having one provider of public hospital services in a small jurisdiction such as the ACT. Experience in other Australian jurisdictions has demonstrated that one-service, multi-site models for acute hospital care deliver significant improvements in throughput and cost-effectiveness.

The benefits of having a single public provider include:

- more appropriate and flexible load sharing across hospitals;
- easier transition of patients and mobilisation of staff between sites;
- removal of potential conflicts of interest when a non-government organisation operates both public and private hospitals in the same market;
- removal of ambiguities in clinical governance;

- efficiencies in service provision with a reduction in duplicate administration and increased activity able to be delivered at marginal cost; and
- true "hub and spoke" models of clinical service provision, enabling expansion of services across different geographic regions.

Based on the evidence from other jurisdictions and analysis to date, the ACT Government is confident the insourced model will support improved system governance through improved workforce arrangements, flexibility to deliver patient care, improved procurement arrangements and competitive pricing, lower overhead and administrative costs, and improved management of infrastructure and major assets.

From an infrastructure planning perspective, this decision will enable true Territory-wide planning at a time when both the northside hospital and Canberra Hospital are being redeveloped to address ageing assets.

These impacts may lead not only to cost savings across the system, but most importantly, to better patient outcomes.

What happens next?

The Government recognises the important role Calvary has played in delivering public hospital services in the Territory over the last 44 years and will seek to acknowledge and honour that role in the development of the new hospital.

Through the proposed legislation and regulation, the ACT Government will amend Calvary's Crown Lease to maintain its lease over the private hospital, associated medical suites, Hyson Green, and the open-air carpark outside the ring road. As part of negotiations, the Government will consider proposals from Calvary about other land that might be granted back to it after the new hospital is built, recognising the Government will need to have room to expand services into the future.

The draft legislation and regulations propose that the acquisition and transition of operations will be done under just terms with compensation payable to Calvary. The legislation and associated regulation outline a fair process for negotiating compensation. If the legislation is passed, it is anticipated that negotiations will not delay the infrastructure project as the acquisition will take effect from 3 July 2023, identified as acquisition day under the Health Infrastructure Enabling Bill 2023.

Public hospital services at Bruce will be transferred to CHS from 3 July 2023, if the legislation is passed. This will provide certainty for the planning and construction of the new northside hospital and take advantage of the benefits of a single provider system as soon as possible. While the timeline is tight, the Government has prioritised providing certainty for staff who will be affected by this transition and acted on advice that the best approach is to provide a reasonable period of adjustment without prolonging the process. CHS recognises that staff at Calvary Public Hospital have already experienced significant stressors over recent years and months, and will work with them to ensure the greatest level of continuity in their work and conditions.

If the legislation is passed, the Health Infrastructure Enabling Bill 2023 will empower CHS to:

- rationalise infrastructure planning and asset management;
- provide more cost-efficient healthcare;
- create and sustain an environment that attracts health professionals who can develop to the full scope of their practice;
- reduce artificial lines between facilities, services and information transfer;
- standardise policies and governance to improve access and ensure equitable access to quality healthcare;
- develop "hub and spoke" models for the delivery of more specialised services over time, including delivery of some paediatric services on the northside; and
- provide services for vulnerable populations in line with community expectations.

This significant change will provide certainty to the Government, and the community, that funds are being directed to services and facilities that will meet the needs of Canberra now and into the future. It is the most responsible decision we could make.

The introduction of the Health Infrastructure Enabling Bill 2023 creates an opportunity to plan and deliver a health system networked under one operator – with the ability to make the largest ACT Government health infrastructure investment, strengthen workforce opportunities and co-ordinate services.

The ACT Government's goal is improving health outcomes for all Canberrans with high-quality health services for the community now and into the future.

Northside Hospital – Key Facts for Community Partners (as at 10 May 2023)

- The ACT Government will build a new hospital on Canberra’s northside to meet the growing needs of our city.
- The ACT Government will invest more than \$1 billion to build a modern, state-of-the art hospital that will boost Canberra’s health care capacity.
- Subject to the passing of Legislation, the new hospital will be built on the current Calvary Public Hospital campus in Bruce with construction commencing mid-decade.
- The new northside hospital will be owned by the ACT Government and operated by Canberra Health Services, delivering a more efficient and effective health system for Canberrans.
- From Monday 3 July 2023, services at Calvary Public Hospital Bruce will transfer from Calvary Health Care ACT to Canberra Health Services, subject to the passing of Legislation.
- This change will enable the ACT public health system to better coordinate health services, distribute resources more effectively, strengthen the workforce and plan infrastructure development on a Territory-wide basis.
- The ACT Government has established a dedicated team to coordinate and support the transition of services. This includes supporting staff through the transition and minimising disruption for patients.

Frequently asked questions

Why was the Bruce campus chosen as the best site for the new hospital?

- There is already a hospital there which people have been accessing for over 40 years, it is in a good location, and we know the site services can support a hospital.
- In addition to this, Calvary has built its private hospital and consulting suites on the site, and we have invested in a multi-storey carpark. Building the new hospital there will make it part of an existing health precinct.
- It is centrally located to the north Canberra communities in Gungahlin, Belconnen, and the Inner North.
- The ACT Government did consider greenfield sites but there was not a site that could offer the same advantages as the existing site and with the scarcity of land in the ACT, the government decided not to take land that could be used for other services when we already have a northside campus.

What role will the new northside hospital have in the ACT's public health system once it is operational?

- The northside hospital will continue to provide quality public health services to the people of Canberra, providing more services closer to where people on the northside live.
- While the new northside hospital will be more than double the size of the current hospital, the Canberra Hospital will remain the lead tertiary trauma facility.

Why is Canberra Health Services chosen as the preferred operator?

- The ACT Government's vision is for a person-centred health system that is accessible, accountable, and sustainable.
- The ACT Government believes a single network health system is the best option for the Territory. This will create a more efficient and integrated health system, benefiting patients, staff, and the community for decades to come. A single network health system will enable better efficiencies in our delivery of public health services, better mobility of services and staff across our three public hospitals, and clearer clinical governance.
- Canberra Health Services has extensive experience running a broad range of interconnected services for people across the Territory and surrounding southern NSW region, including:
 - Canberra Hospital;
 - University of Canberra Hospital;
 - A growing network of Walk-in centres and community health centres; and
 - A range of community-based health services, such as early childhood services, youth and women's health, dental health, mental health and alcohol and drug services.

Why has the ACT Government decided that the proposed transition should take place by 3 July 2023?

- There are a number of reasons the ACT Government has made the decision on a short transition period:
 - to provide certainty for staff;
 - to ensure no interruption in service provision to patients and the community; and to take advantage of the benefits of a single provider system.

What will the ACT Government do to ensure a smooth transition?

- To ensure a smooth and timely transition of services at the start of a new financial year, a transition team has been established, which will oversee, coordinate, and implement the proposed transition of operations at the hospital.
- The Transition Team will work closely with Canberra Health Services, Calvary Health Care and a number of other government agencies to ensure patients, workforce and the community remain well informed during the transition of operations.

Will the transition affect delivery of services?

- Our key priority during the transition is supporting team members and continuing to deliver quality healthcare for patients.
- The Transition Team and Canberra Health Services remain ready to assist Calvary in any disruption this transition may result in. Key to achieving this is to fully support the existing Calvary Public Hospital team members during this difficult and uncertain time for them.
- Appointments and surgeries booked during the transition period will proceed as planned. Any changes to appointments will be communicated with individuals directly as per normal processes.
- The implementation of the Digital Health Record in late 2022 means the ACT health system is operating under a single system for patient records. This will help to ensure continuity of care during the transition.

Is the ACT Government of ending the contract because of Voluntary Assisted Dying legislation.

- No, the purpose of the ACT Government's decision is to build one public health system operated by one service provider in the ACT.

Did the findings and recommendations of the Legislative Assembly's inquiry into Canberra abortion services affect the ACT Government's decision?

- No, the outcomes of the inquiry were not considered as part of this decision.

For more information:

- **For workforce (staff, contractors etc):** If you are concerned about how this change affects you or your employment, please visit <http://www.act.gov.au/northsidehospital>, otherwise contact our Transition Team via email CHS.northsidehospitalenquiries@act.gov.au or call our Transition Hotline on (02) 5124 0400, which operates Monday to Friday between 8:30am and 4:30pm, Saturday & Sunday 10:00am – 4:00pm.
- **For general enquiries from public:** For all other general enquiries, please call Access Canberra on 13 22 81.
- **For enquiries relating to your appointments:** Current or future booked patients at Calvary Public Hospital Bruce will continue to receive services as planned, unless contacted directly by Calvary. If you have an enquiry regarding your appointment at Calvary Public Hospital, contact your doctor.
- Additional FAQ are available <https://www.canberrahealthservices.act.gov.au/northside-hospital/calvary-public-hospital-employees/frequently-asked-questions>

Accessibility

If you have difficulty reading a standard printed document and would like an alternative format, please phone 13 22 81.



If English is not your first language and you need the Translating and Interpreting Service (TIS), please call 13 14 50.

For further accessibility information, visit: www.health.act.gov.au/accessibility

From: STEPHEN-SMITH
Sent: Thursday, 11 May 2023 10:48 AM
To: carers@carersact.org.au
Subject: Correspondence from Minister Stephen-Smith
Attachments: Letter - Minister Stephen-Smith to Carers ACT.pdf; Northside Hospital Briefing Document_.pdf; Northside Fact sheet for Stakeholders.pdf

Importance: High

Dear Ms Kelly,

Please find attached a letter from Minister Stephen-Smith.

Kind regards,

Martin Elliffe (He/Him)

Office Manager | Office of Rachel Stephen-Smith MLA

Minister for Aboriginal and Torres Strait Islander Affairs | Minister for Families and Community Services |

Minister for Health

Member for Kurrajong

ACT Legislative Assembly, 196 London Circuit, Canberra ACT 2601 | P: (02) 6205 2661 | www.act.gov.au





Rachel Stephen-Smith MLA
Minister for Health
Minister for Families and Community Services
Minister for Aboriginal and Torres Strait Islander Affairs

Member for Kurrajong

Ms Lisa Kelly
Carers ACT
carers@carersact.org.au

Dear Ms Kelly *Lisa*

The ACT Government has today announced its plan to build a new northside hospital on the current Calvary Public Hospital site in Bruce to meet the needs of an ageing and growing Canberra.

The new northside hospital will be owned by the ACT Government and operated by Canberra Health Services, delivering a more efficient and effective health system for Canberrans.

The ACT Government negotiated with Calvary Health Care to seek an agreed path forward to transfer the land for the new hospital and establish a modern services agreement. However, these negotiations were not successful in delivering an outcome in the interests of the ACT community.

The ACT Government will therefore introduce the Health Infrastructure Enabling Bill 2023 in the Legislative Assembly on Thursday 11 May 2023, which, if passed, will enable it to acquire the Calvary Public Hospital land and to transition existing Calvary staff and assets to the Territory from 3 July 2023.

This change will enable Canberra Health Services to be the ACT public health system's single public hospital provider, which will enable better coordination of health services, support the community across the health system, strengthen the health workforce, and facilitate Territory-wide infrastructure planning and development.

This decision will provide certainty for the planning and construction of the new northside hospital and take advantage of the benefits of a single provider system as soon as possible.

The ACT Government has prioritised providing certainty for consumers, carers and staff who will be affected by this transition and acted on advice that the best approach is to provide a reasonable period of adjustment without prolonging the process.

This was a difficult decision to make, and I know staff will be feeling anxious and uncertain about what this means for their employment or the way their teams and workplace will operate.

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stephen-smith@act.gov.au



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[rachelss_mla](https://www.instagram.com/rachelss_mla)

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Throughout the transition, Canberra Health Services will provide regular updates and briefings to community partners and organisations. Your feedback and insights throughout the transition will help to ensure we are providing valuable information to staff and hearing their concerns.

The ACT Government will work in partnership with clinicians, consumer representatives and the community as planning for the new northside hospital continues. I look forward to working with you on this exciting project over the coming years.

If you have any questions or concerns throughout the transition, please feel free to contact my office directly.

Yours sincerely



Rachel Stephen-Smith MLA

10/5/2023

From: STEPHEN-SMITH
Sent: Thursday, 11 May 2023 10:49 AM
To: reception@chnact.org.au
Subject: Correspondence from Minister Stephen-Smith
Attachments: Letter - Minister Stephen-Smith to CHN.pdf; Northside Hospital Briefing Document_pdf.pdf; Northside Fact sheet for Stakeholders.pdf

Importance: High

Dear Ms Cahill,

Please find attached a letter from Minister Stephen-Smith.

Kind regards,

Martin Elliffe (He/Him)

Office Manager | Office of Rachel Stephen-Smith MLA

Minister for Aboriginal and Torres Strait Islander Affairs | Minister for Families and Community Services |

Minister for Health

Member for Kurrajong

ACT Legislative Assembly, 196 London Circuit, Canberra ACT 2601 | P: (02) 6205 2661 | www.act.gov.au





Rachel Stephen-Smith MLA
Minister for Health
Minister for Families and Community Services
Minister for Aboriginal and Torres Strait Islander Affairs

Member for Kurrajong

Ms Megan Cahill
Capital Health Network
reception@chnact.org.au

Dear Ms Cahill *Megan*

The ACT Government has today announced its plan to build a new northside hospital on the current Calvary Public Hospital site in Bruce to meet the needs of an ageing and growing Canberra.

The new northside hospital will be owned by the ACT Government and operated by Canberra Health Services, delivering a more efficient and effective health system for Canberrans.

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If you have any questions or concerns throughout the transition, please feel free to contact my office directly.

Yours sincerely



Rachel Stephen-Smith MLA

10/5/2023

From: STEPHEN-SMITH
Sent: Thursday, 11 May 2023 10:51 AM
To: Darlene Cox
Subject: Correspondence from Minister Stephen-Smith
Attachments: Letter - Minister Stephen-Smith to HCCA ACT.pdf; Northside Hospital Briefing Document_.pdf; Northside Fact sheet for Stakeholders.pdf

Importance: High

Dear Ms Cox,

Please find attached a letter from Minister Stephen-Smith.

Kind regards,

Martin Elliffe (He/Him)

Office Manager | Office of Rachel Stephen-Smith MLA

Minister for Aboriginal and Torres Strait Islander Affairs | Minister for Families and Community Services |
Minister for Health

Member for Kurrajong

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Rachel Stephen-Smith MLA
Minister for Health
Minister for Families and Community Services
Minister for Aboriginal and Torres Strait Islander Affairs

Member for Kurrajong

Ms Darlene Cox
Health Care Consumers Association
Schedule 2.2(a)(ii)

Dear Ms ~~Cox~~ *Darlene*

The ACT Government has today announced its plan to build a new northside hospital on the current Calvary Public Hospital site in Bruce to meet the needs of an ageing and growing Canberra.

The new northside hospital will be owned by the ACT Government and operated by Canberra Health Services, delivering a more efficient and effective health system for Canberrans.

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rachelSSMLA



rachelss_mla

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If you have any questions or concerns throughout the transition, please feel free to contact my office directly.

Yours sincerely



Rachel Stephen-Smith MLA

10/5/2023

From: STEPHEN-SMITH
Sent: Thursday, 11 May 2023 10:52 AM
To: Schedule 2.2(a)(ii)
Subject: Correspondence from Minister Stephen-Smith
Attachments: Letter - Minister Stephen-Smith to MHCC.pdf; Northside Hospital Briefing Document_.pdf; Northside Fact sheet for Stakeholders.pdf

Importance: High

Dear Ms Dobson,

Please find attached a letter from Minister Stephen-Smith.

Kind regards,

Martin Elliffe (He/Him)

Office Manager | Office of Rachel Stephen-Smith MLA

Minister for Aboriginal and Torres Strait Islander Affairs | Minister for Families and Community Services |

Minister for Health

Member for Kurrajong

ACT Legislative Assembly, 196 London Circuit, Canberra ACT 2601 | P: (02) 6205 2661 | www.act.gov.au





Rachel Stephen-Smith MLA
Minister for Health
Minister for Families and Community Services
Minister for Aboriginal and Torres Strait Islander Affairs

Member for Kurrajong

Ms Corinne Dobson
Mental Health Community Coalition
Schedule 2.2(a)(ii)

Dear Ms Dobson

A handwritten signature in blue ink that reads 'Corinne'.

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ACT Legislative Assembly London Circuit, GPO Box 1020, Canberra ACT 2601



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stephen-smith@act.gov.au



@RachelSS_MLA



rachelSSMLA



rachelss_mla

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Yours sincerely



Rachel Stephen-Smith MLA

10/5/2023

From: STEPHEN-SMITH
Sent: Thursday, 11 May 2023 10:53 AM
To: Schedule 2.2(a)(ii)
Subject: Correspondence from Minister Stephen-Smith
Attachments: Letter - Minister Stephen-Smith to MHCN.pdf; Northside Hospital Briefing Document_pdf.pdf; Northside Fact sheet for Stakeholders.pdf

Importance: High

Dear Ms Drexler,

Please find attached a letter from Minister Stephen-Smith.

Kind regards,

Martin Elliffe (He/Him)

Office Manager | Office of Rachel Stephen-Smith MLA

Minister for Aboriginal and Torres Strait Islander Affairs | Minister for Families and Community Services |

Minister for Health

Member for Kurrajong

ACT Legislative Assembly, 196 London Circuit, Canberra ACT 2601 | P: (02) 6205 2661 | www.act.gov.au





Rachel Stephen-Smith MLA
Minister for Health
Minister for Families and Community Services
Minister for Aboriginal and Torres Strait Islander Affairs

Member for Kurrajong

Ms Dalane Drexler
Mental Health Consumer Network
Schedule 2.2(a)(ii)

Dear Ms ~~Drexler~~ *Dalane*

The ACT Government has today announced its plan to build a new northside hospital on the current Calvary Public Hospital site in Bruce to meet the needs of an ageing and growing Canberra.

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ACT Legislative Assembly London Circuit, GPO Box 1020, Canberra ACT 2601

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Yours sincerely



Rachel Stephen-Smith MLA

10/5/2023

From: STEPHEN-SMITH
Sent: Thursday, 11 May 2023 10:55 AM
To: Schedule 2.2(a)(ii)
Subject: Correspondence from Minister Stephen-Smith
Attachments: Letter - Minister Stephen-Smith to SHFPACT.pdf; Northside Hospital Briefing Document_pdf.pdf; Northside Fact sheet for Stakeholders.pdf

Importance: High

Dear Mr Bavinton,

Please find attached a letter from Minister Stephen-Smith.

Kind regards,

Martin Elliffe (He/Him)

Office Manager | Office of Rachel Stephen-Smith MLA

Minister for Aboriginal and Torres Strait Islander Affairs | Minister for Families and Community Services |

Minister for Health

Member for Kurrajong

ACT Legislative Assembly, 196 London Circuit, Canberra ACT 2601 | P: (02) 6205 2661 | www.act.gov.au





Rachel Stephen-Smith MLA
Minister for Health
Minister for Families and Community Services
Minister for Aboriginal and Torres Strait Islander Affairs

Member for Kurrajong

Mr Tim Bavinton
Sexual Health and Family Planning
Schedule 2.2(a)(ii)

Dear Mr ~~Bavinton~~ *Tin*

The ACT Government has today announced its plan to build a new northside hospital on the current Calvary Public Hospital site in Bruce to meet the needs of an ageing and growing Canberra.

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stephen-smith@act.gov.au



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Yours sincerely



Rachel Stephen-Smith MLA

10/5/2023

From: STEPHEN-SMITH
Sent: Thursday, 11 May 2023, 10:57 AM
To: Schedule 2.2(a)(ii)
Subject: Correspondence from Minister Stephen-Smith
Attachments: Letter - Minister Stephen-Smith to Tresillian.pdf; Northside Hospital Briefing Document_.pdf; Northside Fact sheet for Stakeholders.pdf

Importance: High

Dear Mr Mills,

Please find attached a letter from Minister Stephen-Smith.

Kind regards,

Martin Elliffe (He/Him)

Office Manager | Office of Rachel Stephen-Smith MLA

Minister for Aboriginal and Torres Strait Islander Affairs | Minister for Families and Community Services |

Minister for Health

Member for Kurrajong

ACT Legislative Assembly, 196 London Circuit, Canberra ACT 2601 | P: (02) 6205 2661 | www.act.gov.au





Rachel Stephen-Smith MLA
Minister for Health
Minister for Families and Community Services
Minister for Aboriginal and Torres Strait Islander Affairs

Member for Kurrajong

Mr Robert Mills

Tresillian

Schedule 2.2(a)(ii)

Dear Mr Mills

A handwritten signature in blue ink, appearing to read 'Rachel'.

The ACT Government has today announced its plan to build a new northside hospital on the current Calvary Public Hospital site in Bruce to meet the needs of an ageing and growing Canberra.

The new northside hospital will be owned by the ACT Government and operated by Canberra Health Services, delivering a more efficient and effective health system for Canberrans.

The ACT Government negotiated with Calvary Health Care to seek an agreed path forward to transfer the land for the new hospital and establish a modern services agreement. However, these negotiations were not successful in delivering an outcome in the interests of the ACT community.

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This was a difficult decision to make, and I know staff will be feeling anxious and uncertain about what this means for their employment or the way their teams and workplace will operate.

ACT Legislative Assembly London Circuit, GPO Box 1020, Canberra ACT 2601



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stephen-smith@act.gov.au



@RachelSS_MLA



rachelSSMLA



rachelss_mla

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Yours sincerely



Rachel Stephen-Smith MLA

10/5/2023

From: STEPHEN-SMITH
Sent: Thursday, 11 May 2023 10:58 AM
To: Schedule 2.2(a)(ii)
Subject: Correspondence from Minister Stephen-Smith
Attachments: Letter - Minister Stephen-Smith to Dr Luxford.pdf; Northside Hospital Briefing Document_.pdf; Northside Fact sheet for Stakeholders.pdf

Importance: High

Dear Dr Luxford,

Please find attached a letter from Minister Stephen-Smith.

Kind regards,

Martin Elliffe (He/Him)

Office Manager | Office of Rachel Stephen-Smith MLA

Minister for Aboriginal and Torres Strait Islander Affairs | Minister for Families and Community Services |

Minister for Health

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Rachel Stephen-Smith MLA
Minister for Health
Minister for Families and Community Services
Minister for Aboriginal and Torres Strait Islander Affairs

Member for Kurrajong

Dr Yvonne Luxford
Perinatal Wellbeing Centre
Schedule 2.2(a)(ii)

Dear Dr Luxford

Yvonne

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stephen-smith@act.gov.au



@RachelSS_MLA



rachelSSMLA



rachelss_mla

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Yours sincerely



Rachel Stephen-Smith MLA

10/5/2023

From: STEPHEN-SMITH
Sent: Thursday, 11 May 2023 10:59 AM
To: Philippa Moss
Subject: Correspondence from Minister Stephen-Smith
Attachments: Letter - Minister Stephen-Smith to Ms Moss.pdf; Northside Hospital Briefing Document_.pdf; Northside Fact sheet for Stakeholders.pdf

Importance: High

Dear Philippa,

Please find attached a letter from Minister Stephen-Smith.

Kind regards,

Martin Elliffe (he/him)

Adviser and Office Manager | Office of Minister Rachel Stephen-Smith MLA

Minister for Aboriginal and Torres Strait Islander Affairs | Minister for Families and Community Services | Minister for Health | Member for Kurrajong

M Schedule 2.2(a)(ii) Email: martin.elliffe@act.gov.au

ACT Legislative Assembly, 196 London Circuit, Canberra, ACT 2601





Rachel Stephen-Smith MLA
Minister for Health
Minister for Families and Community Services
Minister for Aboriginal and Torres Strait Islander Affairs

Member for Kurrajong

Philippa Moss
Meridian ACT
Schedule 2.2(a)(ii)

Dear Ms Moss

PLM-PPM

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stephen-smith@act.gov.au



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Yours sincerely



Rachel Stephen-Smith MLA

10/5/2023

From: STEPHEN-SMITH
Sent: Thursday, 11 May 2023 11:01 AM
To: management@maternityconsumernetwork.org.au
Subject: Correspondence from Minister Stephen-Smith
Attachments: Letter - Minister Stephen-Smith to Ms Staines.pdf; Northside Hospital Briefing Document_.pdf; Northside Fact sheet for Stakeholders.pdf

Importance: High

Dear Ms Staines,

Please find attached a letter from Minister Stephen-Smith.

Kind regards,

Martin Elliffe (He/Him)

Office Manager | Office of Rachel Stephen-Smith MLA

Minister for Aboriginal and Torres Strait Islander Affairs | Minister for Families and Community Services |

Minister for Health

Member for Kurrajong

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Rachel Stephen-Smith MLA
Minister for Health
Minister for Families and Community Services
Minister for Aboriginal and Torres Strait Islander Affairs

Member for Kurrajong

Alecia Staines
Maternity Consumer Network
management@maternityconsumernetwork.org.au

Dear Ms Staines

Alecia

The ACT Government has today announced its plan to build a new northside hospital on the current Calvary Public Hospital site in Bruce to meet the needs of an ageing and growing Canberra.

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stephen-smith@act.gov.au



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Yours sincerely



Rachel Stephen-Smith MLA

10/5/2023

From: STEPHEN-SMITH
Sent: Thursday, 11 May 2023 11:01 AM
To: management@maternityconsumernetwork.org.au
Subject: Correspondence from Minister Stephen-Smith
Attachments: Letter - Minister Stephen-Smith to Ms Staines.pdf; Northside Hospital Briefing Document_.pdf; Northside Fact sheet for Stakeholders.pdf

Importance: High

Dear Ms Staines,

Please find attached a letter from Minister Stephen-Smith.

Kind regards,

Martin Elliffe (He/Him)

Office Manager | Office of Rachel Stephen-Smith MLA

Minister for Aboriginal and Torres Strait Islander Affairs | Minister for Families and Community Services |

Minister for Health

Member for Kurrajong

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Rachel Stephen-Smith MLA
Minister for Health
Minister for Families and Community Services
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Member for Kurrajong

Alecia Staines
Maternity Consumer Network
management@maternityconsumernetwork.org.au

Dear Ms Staines

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Yours sincerely



Rachel Stephen-Smith MLA

10/5/2023

From: STEPHEN-SMITH
Sent: Thursday, 11 May 2023 11:02 AM
To: Toohey, Karen
Subject: Correspondence from Minister Stephen-Smith
Attachments: Letter - Minister Stephen-Smith to Ms Toohey.pdf; Northside Hospital Briefing Document_.pdf; Northside Fact sheet for Stakeholders.pdf

Importance: High

Dear Ms Toohey,

Please find attached a letter from Minister Stephen-Smith.

Kind regards,

Martin Elliffe (He/Him)

Office Manager | Office of Rachel Stephen-Smith MLA

Minister for Aboriginal and Torres Strait Islander Affairs | Minister for Families and Community Services |
Minister for Health

Member for Kurrajong

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Rachel Stephen-Smith MLA
Minister for Health
Minister for Families and Community Services
Minister for Aboriginal and Torres Strait Islander Affairs

Member for Kurrajong

Karen Toohey
Discrimination, Health Services, Disability & Community Services Commissioner
ACT Human Rights Commission
karen.toohey@act.gov.au

Dear Ms ~~Toohey~~ *Karen*

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Rachel Stephen-Smith MLA

10/5/2023

From: STEPHEN-SMITH
Sent: Thursday, 11 May 2023 11:03 AM
To: Vik Fraser
Subject: Correspondence from Minister Stephen-Smith
Attachments: Letter - Minister Stephen-Smith to Mx Fraser.pdf; Northside Hospital Briefing Document_.pdf; Northside Fact sheet for Stakeholders.pdf

Importance: High

Dear Vik,

Please find attached a letter from Minister Stephen-Smith.

Kind regards,

Martin Elliffe (he/him)

Adviser and Office Manager | Office of Minister Rachel Stephen-Smith MLA

Minister for Aboriginal and Torres Strait Islander Affairs | Minister for Families and Community Services | Minister for Health | Member for Kurrajong

M Schedule 2.2(a)(i) Email: martin.elliffe@act.gov.au

ACT Legislative Assembly, 196 London Circuit, Canberra, ACT 2601





Rachel Stephen-Smith MLA
Minister for Health
Minister for Families and Community Services
Minister for Aboriginal and Torres Strait Islander Affairs

Member for Kurrajong

Vik Fraser
A Gender Agenda
Schedule 2.2(a)(ii)

Dear ~~Mx Fraser~~ *Vik*

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stephen-smith@act.gov.au



@RachelSS_MLA



rachelSSMLA



rachelss_mla

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Yours sincerely



Rachel Stephen-Smith MLA

10/5/2023

From: STEPHEN-SMITH
Sent: Thursday, 11 May 2023 11:04 AM
To: [REDACTED]
Subject: Correspondence from Minister Stephen-Smith
Attachments: Letter - Minister Stephen-Smith to Pharmacy Guild.pdf; Northside Hospital Briefing Document_.pdf; Northside Fact sheet for Stakeholders.pdf

Importance: High

Dear Mr Blacker,

Please find attached a letter from Minister Stephen-Smith.

Kind regards,

Martin Elliffe (He/Him)

Office Manager | Office of Rachel Stephen-Smith MLA

Minister for Aboriginal and Torres Strait Islander Affairs | Minister for Families and Community Services |

Minister for Health

Member for Kurrajong

ACT Legislative Assembly, 196 London Circuit, Canberra ACT 2601 | P: (02) 6205 2661 | www.act.gov.au





Rachel Stephen-Smith MLA
Minister for Health
Minister for Families and Community Services
Minister for Aboriginal and Torres Strait Islander Affairs

Member for Kurrajong

Simon Blacker
The Pharmacy Guild of Australia
Schedule 2.2(a)(ii)

Dear Mr Blacker

A handwritten signature in blue ink that reads 'Simon'.

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stephen-smith@act.gov.au



[@RachelSS_MLA](https://twitter.com/RachelSS_MLA)



[rachelSSMLA](https://www.facebook.com/rachelSSMLA)



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If you have any questions or concerns throughout the transition, please feel free to contact my office directly.

Yours sincerely



Rachel Stephen-Smith MLA
10/5/2023

From: STEPHEN-SMITH
Sent: Thursday, 11 May 2023 11:05 AM
To: Schedule 2.2(a)(ii)
Subject: Correspondence from Minister Stephen-Smith
Attachments: Letter - Minister Stephen-Smith to ACM.pdf
Importance: High

Dear Ms Teate,

Please find attached a letter from Minister Stephen-Smith.

Kind regards,

Martin Elliffe (He/Him)

Office Manager | Office of Rachel Stephen-Smith MLA

Minister for Aboriginal and Torres Strait Islander Affairs | Minister for Families and Community Services |
Minister for Health

Member for Kurrajong

ACT Legislative Assembly, 196 London Circuit, Canberra ACT 2601 | P: (02) 6205 2661 | www.act.gov.au





Rachel Stephen-Smith MLA
Minister for Health
Minister for Families and Community Services
Minister for Aboriginal and Torres Strait Islander Affairs

Member for Kurrajong

Ms Ali Teate
Australian College of Midwives
Schedule 2.2(a)(ii)

Dear Ms Teate

Ali

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Our intention is to transition the entire workforce, but we understand that some team members may choose not to join Canberra Health Services.

As most people are employed under the shared ACT Public Sector (ACTPS) Enterprise Agreement, entitlements and employment conditions will be unchanged. Team members who are not under the ACTPS Enterprise Agreement will be supported by an employment case manager who will guide them through the process. These team members will be encouraged to contact the transition team as soon as possible to work through details and ensure there are no interruptions to their pay.

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I can assure you that the safety and wellbeing of team members and patients will be the top priority of Canberra Health Services. A dedicated team has been established to support staff and to provide continuity of services during the transition.

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Yours sincerely

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Rachel Stephen-Smith MLA

10/5/2023

From: STEPHEN-SMITH
Sent: Thursday, 11 May 2023 11:06 AM
To: Schedule 2.2(a)(ii)
Subject: Correspondence from Minister Stephen-Smith
Attachments: Letter - Minister Stephen-Smith to RACS.pdf

Importance: High

Dear Dr Rangiah,

Please find attached a letter from Minister Stephen-Smith.

Kind regards,

Martin Elliffe (He/Him)

Office Manager | Office of Rachel Stephen-Smith MLA

Minister for Aboriginal and Torres Strait Islander Affairs | Minister for Families and Community Services |
Minister for Health

Member for Kurrajong

ACT Legislative Assembly, 196 London Circuit, Canberra ACT 2601 | P: (02) 6205 2661 | www.act.gov.au





Rachel Stephen-Smith MLA
Minister for Health
Minister for Families and Community Services
Minister for Aboriginal and Torres Strait Islander Affairs

Member for Kurrajong

Dr David Rangiah
ACT Chapter of the Royal Australasian College of Surgeons
Schedule 2.2(a)(ii)

Dear Dr Rangiah *David*

The ACT Government has today announced its plan to build a new northside hospital on the current Calvary Public Hospital site in Bruce to meet the needs of an ageing and growing Canberra.

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Rachel Stephen-Smith MLA
10/5/2023

From: STEPHEN-SMITH
Sent: Thursday, 11 May 2023 3:00 PM
To: Schedule 2.2(a)(ii)
Subject: Correspondence from Minister Stephen-Smith
Attachments: Northside Hospital Briefing Document.pdf; Letter - Minister Stephen-Smith to RANZCP - Northside Hospital.pdf; Letter - Minister Stephen-Smith to SHPA - Northside Hospital.pdf

Importance: High

Dear Ms Michaels,

Please find attached a letter from Minister Stephen-Smith.

Kind regards,

Martin Elliffe (He/Him)

Office Manager | Office of Rachel Stephen-Smith MLA

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Rachel Stephen-Smith MLA
Minister for Health
Minister for Families and Community Services
Minister for Aboriginal and Torres Strait Islander Affairs

Member for Kurrajong

Dr Fatma Lowden
ACT Branch Royal Australian and New Zealand College of Psychiatrists
Schedule 2.2(a)(ii)

Dear Dr Lowden

A handwritten signature in blue ink that reads 'Fatma'.

The ACT Government yesterday announced its plan to build a new northside hospital on the current Calvary Public Hospital site in Bruce to meet the needs of an ageing and growing Canberra.

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Rachel Stephen-Smith MLA
Minister for Health
Minister for Families and Community Services
Minister for Aboriginal and Torres Strait Islander Affairs

Member for Kurrajong

Ms Kristin Michaels
The Society of Hospital Pharmacists of Australia
Schedule 2.2(a)(ii)

Dear Ms Michaels

A handwritten signature in blue ink that reads 'Kristin'.

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Rachel Stephen-Smith MLA
11 May 2023

From: STEPHEN-SMITH
Sent: Thursday, 11 May 2023 3:00 PM
To: ACEM President
Subject: Correspondence from Minister Stephen-Smith
Attachments: Northside Hospital Briefing Document.pdf; Fact sheet for Health Workforce Stakeholders.pdf; Letter - Minister Stephen-Smith to ACEM - Northside Hospital.pdf

Importance: High

Dear Dr Skinner,

Please find attached a letter from Minister Stephen-Smith.

Kind regards,

Martin Elliffe (He/Him)

Office Manager | Office of Rachel Stephen-Smith MLA

Minister for Aboriginal and Torres Strait Islander Affairs | Minister for Families and Community Services |

Minister for Health

Member for Kurrajong

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Rachel Stephen-Smith MLA
Minister for Health
Minister for Families and Community Services
Minister for Aboriginal and Torres Strait Islander Affairs

Member for Kurrajong

Dr Clare Skinner
Australasian College for Emergency Medicine
Schedule 2.2(a)(ii)

Dear Dr ~~Skinner~~ *Clare*

The ACT Government yesterday announced its plan to build a new northside hospital on the current Calvary Public Hospital site in Bruce to meet the needs of an ageing and growing Canberra.

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Rachel Stephen-Smith MLA
11 May 2023

FAQs for Health Workforce Stakeholders (as at 10 May 2023)

Transition of Calvary Public Hospital Bruce employees

- The ACT Government has established a dedicated transition team to support and coordinate the transition of employees and service delivery.
- Calvary Public Hospital employees will be invited to transition to Canberra Health Services to continue delivering the valued services they currently provide.
- Employees will be required to resign from Calvary Public Hospital Bruce and join Canberra Health Services and advice on how to do this will be included in the letter of offer for transitioning employees.
- Entitlements will be transferred, and conditions will be unchanged for most employees who are employed under the shared ACTPS Enterprise Agreement arrangements and are eligible to be employed under the Public Sector Management Act. The transition team is working on a principle of the transfer is to occur with conditions at, or better than prior to transfer.
- We ask people currently employed or contracted to work at Calvary Public Hospital to complete the online form or contact the transition hotline to register their details.

What do Calvary Public Hospital Bruce employees need to do?

- Employees at Calvary Public Hospital Bruce are asked to register their details with Canberra Health Services by completing an online form at www.act.gov.au/northsidehospital
- This will help the Transition Team connect with individual employees to discuss their transition and answer specific questions.
- This will allow the team to commence processing onboarding to be ready if and when the legislation passes.
- If required, employees will be connected with a case manager to begin the onboarding process.

Payments for employees

- Calvary Health Care ACT will be responsible for making payroll due on 3 July 2023.
- All eligible Calvary Public Hospital team members will be paid by the ACT Government from Monday 20 July 2023.
- To make sure there are no interruptions to pay on 20 July 2023, Canberra Health Services will need onboarding information via the online form as soon as practical.
- Acknowledging the time and effort required by employees to complete the transition, the ACT Government will pay each transitioning employee \$200.
- This will be paid regardless of contract type (permanent, temporary, casual etc) and regardless of hours in recognition of the time and effort required to seek information, negotiate individual situations and complete forms.
- The payment will be made on the second pay period by Canberra Health Services (first week of August).

Information for employees

- Until the legislation passes, direct communication with employees will be the responsibility of Calvary Health Care ACT. The Transition Team will work closely with Calvary management to ensure employees remain well-informed.
- Canberra Health Services will provide regular updates to employees and industrial partners as the transition progresses.
- Employees can contact the transition Hotline by:
 - (02) 5124 0400, which operates Monday to Friday 8:30am - 4:30pm and Saturday & Sunday 10:00am – 4:00pm.
 - Email CHS.northsidehospitalenquiries@act.gov.au
 - Visit www.act.gov.au/northsidehospital
- Canberra Health Services will host workforce support sessions over the coming weeks for Calvary Public Hospital Bruce, Canberra Health Services and ACT Health Directorate team members.
- These will be located at the AIS, University of Canberra Hospital, University of Canberra, and CIT. All sessions are open to employees from any site and will be scheduled to make it easy for those working shift work to attend.
- Times and locations can be found at: www.act.gov.au/northsidehospital

Employees not employed under the ACTPS Enterprise Agreement

- The majority of Calvary Public Hospital Employees are employed under an ACTPS Enterprise Agreement.
- Those who aren't employed under an ACTPS Enterprise Agreement, such as an executive or regional role, will need to speak with an employment case manager. They will be able to help answer questions or concerns about specific individual circumstances. Please email CHS.northsidehospitalenquiries@act.gov.au or call the Transition Hotline (02) 5124 0400.

Feedback

- Canberra Health Services is committed to getting details right and providing as much information to employees as possible.
- As the transition progresses, please send questions and feedback from your members to CHS.northsidehospitalenquiries@act.gov.au
- This will ensure Canberra Health Services is updating FAQs and providing helpful information.

Accessibility

If you have difficulty reading a standard printed document and would like an alternative format, please phone 13 22 81.



If English is not your first language and you need the Translating and Interpreting Service (TIS), please call 13 14 50.

For further accessibility information, visit: www.health.act.gov.au/accessibility

www.health.act.gov.au | Phone: 132281 | Publication No XXXXX

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From: STEPHEN-SMITH
Sent: Thursday, 11 May 2023 3:01 PM
To: enquires@acmhn.org
Subject: Correspondence from Minister Stephen-Smith
Attachments: Letter - Minister Stephen-Smith to ACMHN - Northside Hospital.pdf; Northside Hospital Briefing Document.pdf; Fact Sheet for Health Workforce Stakeholders.pdf

Importance: High

Dear Mr Armitage,

Please find attached a letter from Minister Stephen-Smith.

Kind regards,

Martin Elliffe (He/Him)

Office Manager | Office of Rachel Stephen-Smith MLA

Minister for Aboriginal and Torres Strait Islander Affairs | Minister for Families and Community Services |

Minister for Health

Member for Kurrajong

ACT Legislative Assembly, 196 London Circuit, Canberra ACT 2601 | P: (02) 6205 2661 | www.act.gov.au





Rachel Stephen-Smith MLA
Minister for Health
Minister for Families and Community Services
Minister for Aboriginal and Torres Strait Islander Affairs

Member for Kurrajong

Adrian Armitage
Australian College of Mental Health Nurses
enquiries@acmhn.org

Dear Mr Armitage

Adrian

The ACT Government yesterday announced its plan to build a new northside hospital on the current Calvary Public Hospital site in Bruce to meet the needs of an ageing and growing Canberra.

The new northside hospital will be owned by the ACT Government and operated by Canberra Health Services, delivering a more efficient and effective health system for Canberrans.

The ACT Government negotiated with Calvary Health Care to seek an agreed path forward to transfer the land for the new hospital and establish a modern services agreement. However, these negotiations were not successful in delivering an outcome in the interests of the ACT community.

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This change will enable Canberra Health Services to be the ACT public health system's single public hospital provider, which will enable better coordination of health services, support the community across the health system, strengthen the health workforce, and facilitate Territory-wide infrastructure planning and development.

This decision will provide certainty for the planning and construction of the new northside hospital and take advantage of the benefits of a single provider system as soon as possible.

The ACT Government has prioritised providing certainty for staff who will be affected by this transition and acted on advice that the best approach is to provide a reasonable period of adjustment without prolonging the process.

This was a difficult decision to make, and I know staff will be feeling anxious and uncertain about what this means for their employment and the services they provide.

ACT Legislative Assembly London Circuit, GPO Box 1020, Canberra ACT 2601



+61 2 6205 2661



stephen-smith@act.gov.au



[@RachelSS_MLA](https://twitter.com/RachelSS_MLA)



[rachelSSMLA](https://www.facebook.com/rachelSSMLA)



[rachelss_mla](https://www.instagram.com/rachelss_mla)

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Our intention is to transition the entire workforce, but we understand that some team members may choose not to join Canberra Health Services.

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I can assure you that the safety and wellbeing of team members and patients will be the top priority of Canberra Health Services. A dedicated team has been established to support staff and to provide continuity of services during the transition.

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Yours sincerely

A handwritten signature in blue ink, appearing to read 'R. Stephen-Smith', with a horizontal line extending to the right.

Rachel Stephen-Smith MLA
11 May 2023

From: STEPHEN-SMITH
Sent: Thursday, 11 May 2023 3:02 PM
To: Schedule 2.2(a)(ii)
Subject: Correspondence from Minister Stephen-Smith
Attachments: Northside Hospital Briefing Document.pdf; Fact sheet for Health Workforce Stakeholders.pdf; Letter - Minister Stephen-Smith to ACNP - Northside Hospital.pdf

Importance: High

Dear Ms Ogilvie,

Please find attached a letter from Minister Stephen-Smith.

Kind regards,

Martin Elliffe (He/Him)

Office Manager | Office of Rachel Stephen-Smith MLA

Minister for Aboriginal and Torres Strait Islander Affairs | Minister for Families and Community Services |

Minister for Health

Member for Kurrajong

ACT Legislative Assembly, 196 London Circuit, Canberra ACT 2601 | P: (02) 6205 2661 | www.act.gov.au





Rachel Stephen-Smith MLA
Minister for Health
Minister for Families and Community Services
Minister for Aboriginal and Torres Strait Islander Affairs

Member for Kurrajong

Ms Bek Ogilvie
Australian College of Nurse Practitioners
Schedule 2.2(a)(ii)

Dear Ms ~~Ogilvie~~ *Bek*

The ACT Government yesterday announced its plan to build a new northside hospital on the current Calvary Public Hospital site in Bruce to meet the needs of an ageing and growing Canberra.

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This was a difficult decision to make, and I know staff will be feeling anxious and uncertain about what this means for their employment and the services they provide.

ACT Legislative Assembly London Circuit, GPO Box 1020, Canberra ACT 2601



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stephen-smith@act.gov.au



@RachelSS_MLA



rachelSSMLA



rachelss_mla

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If you have any questions or concerns throughout the transition, please feel free to contact my office directly.

Yours sincerely

A handwritten signature in blue ink, appearing to read 'R. Stephen-Smith', with a horizontal line extending to the right.

Rachel Stephen-Smith MLA
11 May 2023

From: STEPHEN-SMITH
Sent: Thursday, 11 May 2023 3:04 PM
To: Schedule 2.2(a)(ii)
Subject: Correspondence from Minister Stephen-Smith
Attachments: Letter - Minister Stephen-Smith to Pharmaceutical Society of Australia ACT - Northside Hospital.pdf; Northside Hospital Briefing Document.pdf; Fact Sheet for Health Workforce Stakeholders.pdf

Importance: High

Dear Ms Collette,

Please find attached a letter from Minister Stephen-Smith.

Kind regards,

Martin Elliffe (He/Him)

Office Manager | Office of Rachel Stephen-Smith MLA

Minister for Aboriginal and Torres Strait Islander Affairs | Minister for Families and Community Services | Minister for Health

Member for Kurrajong

ACT Legislative Assembly, 196 London Circuit, Canberra ACT 2601 | P: (02) 6205 2661 | www.act.gov.au





Rachel Stephen-Smith MLA
Minister for Health
Minister for Families and Community Services
Minister for Aboriginal and Torres Strait Islander Affairs

Member for Kurrajong

Olivia Collette
Pharmaceutical Society of Australia (ACT)
Schedule 2.2(a)(ii)

Dear Ms Collette *Olivia*

The ACT Government yesterday announced its plan to build a new northside hospital on the current Calvary Public Hospital site in Bruce to meet the needs of an ageing and growing Canberra.

The new northside hospital will be owned by the ACT Government and operated by Canberra Health Services, delivering a more efficient and effective health system for Canberrans.

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This decision will provide certainty for the planning and construction of the new northside hospital and take advantage of the benefits of a single provider system as soon as possible.

The ACT Government has prioritised providing certainty for consumers, carers and staff who will be affected by this transition and acted on advice that the best approach is to provide a reasonable period of adjustment without prolonging the process.

This was a difficult decision to make, and I know staff will be feeling anxious and uncertain about what this means for their employment or the way their teams and workplace will operate.

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[rachelss_mla](https://www.instagram.com/rachelss_mla)

The safety and wellbeing of team members and patients will be the top priority for Canberra Health Services. A dedicated team has been established to support staff and to provide continuity of services during the transition.

Calvary Public Hospital staff will be invited to transition their employment to Canberra Health Services. The overwhelming majority of those staff who work with Calvary Public Hospital will not need to reapply for their position – their employment will transition to Canberra Health Services at the same level, under the same pay and conditions, and their entitlements will come with them.

During the transition period, Canberra Health Services aims to minimise disruption for staff, patients and carers. Appointments and surgeries will continue as planned. Should any patient be impacted, they will be contacted directly as per normal processes.

For patients, carers and visitors, information is available at www.act.gov.au/northsidehospital. FAQs on this website will be updated regularly. For all general enquiries, please call Access Canberra on 13 22 81.

Throughout the transition, Canberra Health Services will provide regular updates and briefings to community partners and organisations. Your feedback and insights throughout the transition will help to ensure we are providing valuable information to staff and hearing their concerns.

The ACT Government will work in partnership with clinicians, consumer representatives and the community as planning for the new northside hospital continues. I look forward to working with you on this exciting project over the coming years.

If you have any questions or concerns throughout the transition, please feel free to contact my office directly.

Yours sincerely



Rachel Stephen-Smith MLA
11 May 2023

From: STEPHEN-SMITH
Sent: Thursday, 11 May 2023 3:05 PM
To: Schedule 2.2(a)(ii)
Subject: Correspondence from Minister Stephen-Smith
Attachments: Letter - Minister Stephen-Smith to RACGP - Northside Hospital.pdf; Northside Hospital Briefing Document.pdf; Fact Sheet for Health Workforce Stakeholders.pdf

Importance: High

Dear Dr Hespe,

Please find attached a letter from Minister Stephen-Smith.

Kind regards,

Martin Elliffe (He/Him)

Office Manager | Office of Rachel Stephen-Smith MLA

Minister for Aboriginal and Torres Strait Islander Affairs | Minister for Families and Community Services |

Minister for Health

Member for Kurrajong

ACT Legislative Assembly, 196 London Circuit, Canberra ACT 2601 | P: (02) 6205 2661 | www.act.gov.au





Rachel Stephen-Smith MLA
Minister for Health
Minister for Families and Community Services
Minister for Aboriginal and Torres Strait Islander Affairs

Member for Kurrajong

Dr Charlotte Hespe
Royal Australian College of General Practitioners NSW & ACT Faculty
Schedule 2.2(a)(ii)

Dear Dr Hespe *Charlotte*

The ACT Government yesterday announced its plan to build a new northside hospital on the current Calvary Public Hospital site in Bruce to meet the needs of an ageing and growing Canberra.

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ACT Legislative Assembly London Circuit, GPO Box 1020, Canberra ACT 2601



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rachelSSMLA



rachelss_mla

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Yours sincerely

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Rachel Stephen-Smith MLA
11 May 2023

From: STEPHEN-SMITH
Sent: Thursday, 11 May 2023 3:06 PM
To: RANZCOG President
Subject: Correspondence from Minister Stephen-Smith
Attachments: Letter - Minister Stephen-Smith to RANZCOG - Northside Hospital.pdf; Northside Hospital Briefing Document.pdf; Fact Sheet for Health Workforce Stakeholders.pdf

Importance: High

Dear Dr Bopp,

Please find attached a letter from Minister Stephen-Smith.

Kind regards,

Martin Elliffe (He/Him)

Office Manager | Office of Rachel Stephen-Smith MLA

Minister for Aboriginal and Torres Strait Islander Affairs | Minister for Families and Community Services |

Minister for Health

Member for Kurrajong

ACT Legislative Assembly, 196 London Circuit, Canberra ACT 2601 | P: (02) 6205 2661 | www.act.gov.au





Rachel Stephen-Smith MLA
Minister for Health
Minister for Families and Community Services
Minister for Aboriginal and Torres Strait Islander Affairs

Member for Kurrajong

Dr Benjamin Bopp
Royal Australian College of Obstetricians and Gynaecologists
Schedule 2.2(a)(ii)

Dear Dr Bopp

Benjamin

The ACT Government yesterday announced its plan to build a new northside hospital on the current Calvary Public Hospital site in Bruce to meet the needs of an ageing and growing Canberra.

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ACT Legislative Assembly London Circuit, GPO Box 1020, Canberra ACT 2601



+61 2 6205 2661



stephen-smith@act.gov.au



@RachelSS_MLA



rachelSSMLA



rachelss_mla

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Rachel Stephen-Smith MLA
11 May 2023

From: STEPHEN-SMITH
Sent: Thursday, 11 May 2023 3:07 PM
To: Schedule 2.2(a)(ii)
Subject: Correspondence from Minister Stephen-Smith
Attachments: Letter - Minister Stephen-Smith to RANZCP - Northside Hospital.pdf; Northside Hospital Briefing Document.pdf; Fact Sheet for Health Workforce Stakeholders.pdf

Importance: High

Dear Dr Lowden,

Please find attached a letter from Minister Stephen-Smith.

Kind regards,

Martin Elliffe (He/Him)

Office Manager | Office of Rachel Stephen-Smith MLA

Minister for Aboriginal and Torres Strait Islander Affairs | Minister for Families and Community Services |

Minister for Health

Member for Kurrajong

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Rachel Stephen-Smith MLA
Minister for Health
Minister for Families and Community Services
Minister for Aboriginal and Torres Strait Islander Affairs

Member for Kurrajong

Dr Fatma Lowden
ACT Branch Royal Australian and New Zealand College of Psychiatrists
Schedule 2.2(a)(ii)

Dear Dr Lowden

A handwritten signature in blue ink that reads 'Fatma'.

The ACT Government yesterday announced its plan to build a new northside hospital on the current Calvary Public Hospital site in Bruce to meet the needs of an ageing and growing Canberra.

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+61 2 6205 2661



stephen-smith@act.gov.au



@RachelSS_MLA



rachelSSMLA



rachelss_mla

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I can assure you that the safety and wellbeing of team members and patients will be the top priority of Canberra Health Services. A dedicated team has been established to support staff and to provide continuity of services during the transition.

Canberra Health Services will work to ensure that all employees are informed of these changes and will provide opportunities for staff to ask questions and share concerns.

You can help by advising your contacts across the ACT's public health services about the different ways to find information about the transition and contact details for Canberra Health Services:

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Your feedback and insights throughout the transition will help to ensure we are providing valuable information to staff and hearing their concerns.

If you have any questions or concerns throughout the transition, please feel free to contact my office directly.

Yours sincerely

A handwritten signature in blue ink, appearing to read 'R. Smith', with a stylized flourish at the end.

Rachel Stephen-Smith MLA
11 May 2023

From: STEPHEN-SMITH
Sent: Thursday, 11 May 2023 3:08 PM
To: contact@cotaact.org.au
Subject: Correspondence from Minister Stephen-Smith
Attachments: Letter - Minister Stephen-Smith to COTA - Northside Hospital.pdf; Northside Fact sheet for Stakeholders.pdf; Northside Hospital Briefing Document.pdf

Importance: High

Dear Ms Mobbs,

Please find attached a letter from Minister Stephen-Smith.

Kind regards,

Martin Elliffe (He/Him)

Office Manager | Office of Rachel Stephen-Smith MLA

Minister for Aboriginal and Torres Strait Islander Affairs | Minister for Families and Community Services |

Minister for Health

Member for Kurrajong

ACT Legislative Assembly, 196 London Circuit, Canberra ACT 2601 | P: (02) 6205 2661 | www.act.gov.au





Rachel Stephen-Smith MLA
Minister for Health
Minister for Families and Community Services
Minister for Aboriginal and Torres Strait Islander Affairs

Member for Kurrajong

Jennifer Mobbs
COTA ACT
contact@cotaact.org.au

Dear Ms Mobbs

A handwritten signature in blue ink that reads 'Jennifer'.

The ACT Government yesterday announced its plan to build a new northside hospital on the current Calvary Public Hospital site in Bruce to meet the needs of an ageing and growing Canberra.

The new northside hospital will be owned by the ACT Government and operated by Canberra Health Services, delivering a more efficient and effective health system for Canberrans.

The ACT Government negotiated with Calvary Health Care to seek an agreed path forward to transfer the land for the new hospital and establish a modern services agreement. However, these negotiations were not successful in delivering an outcome in the interests of the ACT community.

The ACT Government will therefore introduce the Health Infrastructure Enabling Bill 2023 in the Legislative Assembly on Thursday 11 May 2023, which, if passed, will enable it to acquire the Calvary Public Hospital land and to transition existing Calvary staff and assets to the Territory from 3 July 2023.

This change will enable Canberra Health Services to be the ACT public health system's single public hospital provider, which will enable better coordination of health services, support the community across the health system, strengthen the health workforce, and facilitate Territory-wide infrastructure planning and development.

This decision will provide certainty for the planning and construction of the new northside hospital and take advantage of the benefits of a single provider system as soon as possible.

The ACT Government has prioritised providing certainty for consumers, carers and staff who will be affected by this transition and acted on advice that the best approach is to provide a reasonable period of adjustment without prolonging the process.

This was a difficult decision to make, and I know staff will be feeling anxious and uncertain about what this means for their employment or the way their teams and workplace will operate.

ACT Legislative Assembly London Circuit, GPO Box 1020, Canberra ACT 2601



+61 2 6205 2661



stephen-smith@act.gov.au



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The ACT Government will work in partnership with clinicians, consumer representatives and the community as planning for the new northside hospital continues. I look forward to working with you on this exciting project over the coming years.

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Yours sincerely



Rachel Stephen-Smith MLA
11 May 2023

From: STEPHEN-SMITH
Sent: Thursday, 11 May 2023 4:21 PM
To: info@advocacyforinclusion.org
Subject: Correspondence from Minister Stephen-Smith
Attachments: Letter - Minister Stephen-Smith to AFI - Northside Hospital.pdf; Northside Hospital Briefing Document.pdf; Northside Fact Sheet for Stakeholders.pdf

Importance: High

Dear Mr Lawler,

Please find attached a letter from Minister Stephen-Smith.

Kind regards,

Martin Elliffe (He/Him)

Office Manager | Office of Rachel Stephen-Smith MLA

Minister for Aboriginal and Torres Strait Islander Affairs | Minister for Families and Community Services |

Minister for Health

Member for Kurrajong

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Rachel Stephen-Smith MLA
Minister for Health
Minister for Families and Community Services
Minister for Aboriginal and Torres Strait Islander Affairs

Member for Kurrajong

Mr Nicolas Lawler
Advocacy for Inclusion
info@advocacyforinclusion.org

Dear Mr ~~Lawler~~ *Nicolas*

The ACT Government yesterday announced its plan to build a new northside hospital on the current Calvary Public Hospital site in Bruce to meet the needs of an ageing and growing Canberra.

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stephen-smith@act.gov.au



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Yours sincerely



Rachel Stephen-Smith MLA
11 May 2023

From: STEPHEN-SMITH
Sent: Thursday, 11 May 2023 4:22 PM
To: Schedule 2.2(a)(ii)
Subject: Correspondence from Minister Stephen-Smith
Attachments: Letter - Minister Stephen-Smith to Catholic Care - Northside Hospital.pdf; Northside Hospital Briefing Document.pdf; Northside Fact Sheet for Stakeholders.pdf
Importance: High

Dear Ms Kirwan,

Please find attached a letter from Minister Stephen-Smith.

Kind regards,

Martin Elliffe (He/Him)

Office Manager | Office of Rachel Stephen-Smith MLA

Minister for Aboriginal and Torres Strait Islander Affairs | Minister for Families and Community Services |

Minister for Health

Member for Kurrajong

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Rachel Stephen-Smith MLA
Minister for Health
Minister for Families and Community Services
Minister for Aboriginal and Torres Strait Islander Affairs

Member for Kurrajong

Ms Anne Kirwan
Marymead CatholicCare Canberra & Goulburn
Schedule 2.2(a)(ii)

Dear Ms Kirwan *Anne*

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stephen-smith@act.gov.au



@RachelSS_MLA



rachelSSMLA



rachelss_mla

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Yours sincerely



Rachel Stephen-Smith MLA
11 May 2023

From: STEPHEN-SMITH
Sent: Thursday, 11 May 2023 4:23 PM
To: Tracy Gillard
Subject: Correspondence from Minister Stephen-Smith
Attachments: Letter - Minister Stephen-Smith to Palliative Care ACT - Northside Hospital.pdf; Northside Hospital Briefing Document.pdf; Northside Fact Sheet for Stakeholders.pdf

Importance: High

Dear Ms Gillard,

Please find attached a letter from Minister Stephen-Smith.

Kind regards,

Martin Elliffe (He/Him)

Office Manager | Office of Rachel Stephen-Smith MLA

Minister for Aboriginal and Torres Strait Islander Affairs | Minister for Families and Community Services |

Minister for Health

Member for Kurrajong

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Rachel Stephen-Smith MLA
Minister for Health
Minister for Families and Community Services
Minister for Aboriginal and Torres Strait Islander Affairs

Member for Kurrajong

Ms Tracy Gillard
Palliative Care ACT
Schedule 2.2(a)(ii)

Dear Ms ~~Gillard~~ *Tracy*

The ACT Government yesterday announced its plan to build a new northside hospital on the current Calvary Public Hospital site in Bruce to meet the needs of an ageing and growing Canberra.

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stephen-smith@act.gov.au



@RachelSS_MLA



rachelSSMLA



rachelss_mla

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If you have any questions or concerns throughout the transition, please feel free to contact my office directly.

Yours sincerely



Rachel Stephen-Smith MLA
11 May 2023

From: STEPHEN-SMITH
Sent: Thursday, 11 May 2023 4:24 PM
To: [REDACTED]
Subject: Correspondence from Minister Stephen-Smith
Attachments: Letter - Minister Stephen-Smith to ACN - Northside Hospital.pdf; Fact Sheet for Health Workforce Stakeholders.pdf; Northside Hospital Briefing Document.pdf

Importance: High

Dear Ms Waldon,

Please find attached a letter from Minister Stephen-Smith.

Kind regards,

Martin Elliffe (He/Him)

Office Manager | Office of Rachel Stephen-Smith MLA

Minister for Aboriginal and Torres Strait Islander Affairs | Minister for Families and Community Services |

Minister for Health

Member for Kurrajong

ACT Legislative Assembly, 196 London Circuit, Canberra ACT 2601 | P: (02) 6205 2661 | www.act.gov.au





Rachel Stephen-Smith MLA
Minister for Health
Minister for Families and Community Services
Minister for Aboriginal and Torres Strait Islander Affairs

Member for Kurrajong

Ms Patrice Waldon
ACT Region Chair Australian College of Nursing
Schedule 2.2(a)(ii)

Dear Ms Waldon

Patrice

The ACT Government yesterday announced its plan to build a new northside hospital on the current Calvary Public Hospital site in Bruce to meet the needs of an ageing and growing Canberra.

The new northside hospital will be owned by the ACT Government and operated by Canberra Health Services, delivering a more efficient and effective health system for Canberrans.

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This was a difficult decision to make, and I know staff will be feeling anxious and uncertain about what this means for their employment and the services they provide.

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stephen-smith@act.gov.au



@RachelSS_MLA



rachelSSMLA



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We are inviting Calvary Public Hospital team members to make contact and provide their details to transition their employment to Canberra Health Services. A registration form will be available on the ACT Government's dedicated northside hospital transition website and supported by a staff hotline to make it as easy as possible for teams to transition.

Our intention is to transition the entire workforce, but we understand that some team members may choose not to join Canberra Health Services.

As most people are employed under the shared ACT Public Sector (ACTPS) Enterprise Agreement, entitlements and employment conditions will be unchanged. Team members who are not under the ACTPS Enterprise Agreement will be supported by an employment case manager who will guide them through the process. These team members will be encouraged to contact the transition team as soon as possible to work through details and ensure there are no interruptions to their pay.

Under the terms of the draft legislation, Calvary Public Hospital would make the final pay run for staff on 6 July 2023, with the first ACTPS pay run being made on Thursday 20 July 2023.

Transitioning to Canberra Health Services will bring no change to current work arrangements (location, shifts or entitlements). All published rosters will be honoured, with any changes made through direct agreement with individual employees.

Team members who are currently employed by both Canberra Health Services and Calvary Public Hospital will need to contact the transition team to make arrangements to move to a single contract.

It is our clear intention that team members will be no worse off as a result of this transition.

I can assure you that the safety and wellbeing of team members and patients will be the top priority of Canberra Health Services. A dedicated team has been established to support staff and to provide continuity of services during the transition.

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If you have any questions or concerns throughout the transition, please feel free to contact my office directly.

Yours sincerely

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Rachel Stephen-Smith MLA
11 May 2023



Rachel Stephen-Smith MLA
Minister for Health
Minister for Families and Community Services
Minister for Aboriginal and Torres Strait Islander Affairs

Member for Kurrajong

Dr Walter Abhayaratna (OAM)
Australian Medical Association (ACT)
reception@ama-act.com.au

Dear Dr ~~Abhayaranta~~ *Walter*

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Yours sincerely

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Rachel Stephen-Smith MLA



Rachel Stephen-Smith MLA
Minister for Health
Minister for Families and Community Services
Minister for Aboriginal and Torres Strait Islander Affairs

Member for Kurrajong

Mr Matthew Daniel
Australian Nursing and Midwifery Federation (ACT Branch)
Schedule 2.2(a)(ii)

Dear Mr Daniel

Matv

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rachelSSMLA



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Rachel Stephen-Smith



Rachel Stephen-Smith MLA
Minister for Health
Minister for Families and Community Services
Minister for Aboriginal and Torres Strait Islander Affairs

Member for Kurrajong

Dr Jeff Looi
Australian Salaried Medical Officers' Federation
Schedule 2.2(a)(ii)

Dear Dr Looi

Jeffrey

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This was a difficult decision to make, and I know staff will be feeling anxious and uncertain about what this means for their employment and the services they provide.

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Minister for Health
Minister for Families and Community Services
Minister for Aboriginal and Torres Strait Islander Affairs

Member for Kurrajong

Mr Zach Smith
Construction, Forestry, Maritime, Mining and Energy Union (ACT Branch)
Schedule 2.2(a)(ii)

Dear Mr ~~Smith~~ *Zach*

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Minister for Health
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Member for Kurrajong

Ms Brooke Muscat
Community and Public Sector Union (ACT Branch)
Schedule 2.2(a)(ii)

Dear Ms ~~Muscat~~ *Brooke*

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Minister for Health
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Member for Kurrajong

Mr Brenton Higgins
Community and Public Sector Union (ACT Branch)
Schedule 2.2(a)(ii)

Dear Mr Higgins

Brenton

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Minister for Health
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Mr Gerard Hayes
Health Services Union
Schedule 2.2(a)(ii)

Dear Mr Hayes

Gerard

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Minister for Health
Minister for Families and Community Services
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Member for Kurrajong

Associate Professor Cathy Dickson
Australian Catholic University
Schedule 2.2(a)(ii)

Dear Associate Professor Dickson

Cathy

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This was a difficult decision to make, and I know staff will be feeling anxious and uncertain about what this means for their employment and the services they provide.

As your students undertake clinical placements and essential learning opportunities at Calvary Public Hospital, I understand they will be impacted by this change. I want to assure you we will continue to work with you to ensure student learning is not disrupted.

Calvary Public Hospital staff will be invited to transition their employment to Canberra Health Services. The overwhelming majority of those staff who work with Calvary Public Hospital will not need to reapply for their position – their employment will transition to Canberra Health Services at the same level, under the same pay and conditions, and their entitlements will come with them.

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I understand there may also be partnerships and future planning in place between your organisation and Calvary Public Hospital. The ACT Government will continue to work through existing contracts as part of the transition. We would welcome the opportunity to discuss any future plans you may have been considering.

If you have any questions or concerns throughout the transition, please feel free to contact my office directly, by email at stephen-smith@act.gov.au, by phone on 6205 2661 or directly to an adviser.

Yours sincerely

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Minister for Health
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Professor Russell Gruen
Australian National University
Schedule 2.2(a)(ii)

Dear ~~Professor Gruen~~ *Russell*

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ACT Legislative Assembly London Circuit, GPO Box 1020, Canberra ACT 2601



+61 2 6205 2661



stephen-smith@act.gov.au



@RachelSS_MLA



rachelSSMLA



rachelss_mla

This was a difficult decision to make, and I know staff will be feeling anxious and uncertain about what this means for their employment and the services they provide.

As your students undertake clinical placements and essential learning opportunities at Calvary Public Hospital, I understand they will be impacted by this change. I want to assure you we will continue to work with you to ensure student learning is not disrupted.

Calvary Public Hospital staff will be invited to transition their employment to Canberra Health Services. The overwhelming majority of those staff who work with Calvary Public Hospital will not need to reapply for their position – their employment will transition to Canberra Health Services at the same level, under the same pay and conditions, and their entitlements will come with them.

Transitioning to Canberra Health Services will bring no change to current work arrangements (location, shifts or entitlements). All published rosters will be honoured, with any changes made through direct agreement with individual employees.

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I understand there may also be partnerships and future planning in place between your organisation and Calvary Public Hospital. The ACT Government will continue to work through existing contracts as part of the transition. We would welcome the opportunity to discuss any future plans you may have been considering.

If you have any questions or concerns throughout the transition, please feel free to contact my office directly, by email at stephen-smith@act.gov.au, by phone on 6205 2661 or directly to an adviser.

Yours sincerely

A handwritten signature in blue ink, appearing to read 'R. Stephen-Smith', with a small mark above the final 'i'.

Rachel Stephen-Smith MLA



Rachel Stephen-Smith MLA
Minister for Health
Minister for Families and Community Services
Minister for Aboriginal and Torres Strait Islander Affairs

Member for Kurrajong

Professor Michelle Lincoln
University of Canberra
Schedule 2.2(a)(ii)

Dear Professor Lincoln

A handwritten signature in blue ink that reads 'Michelle'.

The ACT Government has today announced its plan to build a new northside hospital on the current Calvary Public Hospital site in Bruce to meet the needs of an ageing and growing Canberra.

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stephen-smith@act.gov.au



@RachelSS_MLA



rachelSSMLA



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Yours sincerely

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Rachel Stephen-Smith MLA



Rachel Stephen-Smith MLA
Minister for Health
Minister for Families and Community Services
Minister for Aboriginal and Torres Strait Islander Affairs

Member for Kurrajong

Mr Daniel Griffin
Professionals Australia (ACT Branch)
Schedule 2.2(a)(ii)

Dear Mr Daniel Griffin

Daniel

The ACT Government has today announced its plan to build a new northside hospital on the current Calvary Public Hospital site in Bruce to meet the needs of an ageing and growing Canberra.

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Yours sincerely

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Rachel Stephen-Smith MLA



Rachel Stephen-Smith MLA
Minister for Health
Minister for Families and Community Services
Minister for Aboriginal and Torres Strait Islander Affairs

Member for Kurrajong

Ms Lyndal Ryan
United Workers Union

Schedule 2.2(a)(ii)

Dear Ms ~~Ryan~~ *Lyndal*

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Rachel Stephen-Smith MLA



Rachel Stephen-Smith MLA
Minister for Health
Minister for Families and Community Services
Minister for Aboriginal and Torres Strait Islander Affairs

Member for Kurrajong

Dr Peter Hughes
Visiting Medical Officer Association
Schedule 2.2(a)(ii)

Dear Dr Hughes

A handwritten signature in blue ink that reads 'Peter'.

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Rachel Stephen-Smith MLA



SENSITIVE: CABINET

To: Rachel Stephen-Smith MLA, Minister for Health

Through: Rebecca Cross, Director-General
Dave Peffer, CEO, CHS

Subject: Northside Hospital project - Briefing note

Legislation

- Legislation has been introduced and we now enter the phase 2 stage of transition (from introduction to passing).
- The legislation will undergo scrutiny between now and 31 May 2023, but will not be referred to Committee.
- The Regulation will continue to develop between introduction and passage. Any amendments will be made in conjunction with your office

Negotiation

- Following announcement, you have emailed Martin Bowles to restate the commitment to work closely with Calvary through the transition of services
- Liz Lopa has emailed Ross Hawkins to do the same. Additional contact from Liz Lopa in regards to the childcare has gone unanswered.
- Ross Hawkins is in contact with Dave Peffer and record of those communications is being held in the communication log.

Workforce engagement

- The Transition Hotline went live from the announcement on 10 May. The team prepared to support the Calvary workforce with any questions or concerns they may have about the transition and are encouraging callers to register their details using the Employee Transition Form.
- Workflow processes are in place to ensure that more complex employment questions are directed for case management with a member of our HR team or senior executive (if required). These follow-ups are being managed as a priority for a quick response.
- Workforce sessions commenced at 8am on 11 May with increased attendance in the afternoon sessions on 12 May. It has been valuable to hear directly from Calvary employees and a good opportunity for CHS to communicate our commitment to support the workforce throughout the transition.
- We will keep the office up to date on the number of hotline calls, emails and forms being received, as well as the attendance at support sessions. These will be incorporated in the daily media summary.

Communication

- The schedule of communication activities, Workforce Support Sessions and stakeholder engagement has commenced.
- Communications will be adapted to reflect the current public discourse and the demand for information. We will be working closely with your office on this.

Project Governance

- Significant work has occurred across teams to develop detailed project management schedules for each work stream.
- An interim dashboard will also be available at the meeting.
- Project management governance has been established and regular meeting have commenced.
- The transition team and Ministerial and Government Services has mapped how inquiries will be managed and recorded.

Other Northside issues

- There is community interest regarding Clare Holland House (CHH) and decisions regarding it are pending as we await the response from Calvary. You received further briefing relating to CHH from Liz Lopa on 12 May.
- The Standing Committee on Health and Community Wellbeing has requested fortnightly briefing with Minister and CHS and ACTHD executive. The ACTHD transition team will work with the Directorate Liaison Officer to arrange.

Contact Officer: Liz Lopa, Deputy Director-General
 Contact Number: Schedule 2.2(a)(ii)
 Date: 12 May 2023

Noted/Please Discuss

.....
 Rachel Stephen-Smith
 Minister for Health

From: Gower, Tara (Health) on behalf of ACT Health DLO
Sent: Thursday, 18 May 2023 12:13 PM
To: Health Ministerial Liaison Officer
Subject: URGENT MIN RESPONSE : Private & Confidential - Calvary Compulsory Acquisition
Attachments: Stephen Smith - Clause 25 Court Order to Enforce - Final - 180523.pdf

Importance: High

Categories: Aleks

OFFICIAL

Hi team

Can you please TRIM and send to the NH Project Team for a Ministerial Response (formal letter).

Please note a response is requested as soon as possible.

Thank you

Tara

Tara Gower | Directorate Liaison Officer | ACT Health Directorate

Mob ^{Schedule 2.2(a)(ii)} [REDACTED] Email: ACTHealthDLO@act.gov.au

Office of Rachel Stephen-Smith | Minister for Health

Office of Emma Davidson | Minister for Mental Health

Level 2, Legislative Assembly Building, Civic Square



From: STEPHEN-SMITH <STEPHEN-SMITH@act.gov.au>
Sent: Thursday, 18 May 2023 11:42 AM
To: ACT Health DLO <ACTHealthDLO@act.gov.au>
Cc: Bransgrove, Meagen <Meagen.Bransgrove@act.gov.au>
Subject: FW: Private & Confidential - Calvary Compulsory Acquisition
Importance: High

Hi Johnny has forward this to Ben and Meg.

I will acknowledge we have received the letter.

Thank s

Sarit Cohen - Admin Support Officer

Office of Rachel Stephen-Smith MLA

Minister for Aboriginal and Torres Strait Islander Affairs | Minister for Families and Community Services |

Minister for Health

Member for Kurrajong

ACT Legislative Assembly, 196 London Circuit, Canberra ACT 2601 | P: (02) 6205 2661 | www.act.gov.au

From: Reception AMA ACT <reception@ama-act.com.au>
Sent: Thursday, 18 May 2023 10:22 AM
To: STEPHEN-SMITH <STEPHEN-SMITH@act.gov.au>
Cc: Peter Somerville Schedule 2.2(a)(ii)
Subject: Private & Confidential - Calvary Compulsory Acquisition
Importance: High

Caution: This email originated from outside of the ACT Government. Do not click links or open attachments unless you recognise the sender and know the content is safe. [Learn why this is important](#)

Dear Minister

Please find attached correspondence from Prof Walter Abhayaratna in relation to Calvary. This letter is for your attention and has not been shared with other parties.

Kind regards
Karen

Karen Patten | Membership & Admin Officer | AMA (ACT) Limited
Mon to Thurs 9.00am to 5.00pm
P: +61 2 6270 5410
W: ama.com.au/act



Members can now
download tax invoices
in their 'Profile' section
of ama.com.au

Simply:

- 1 Login to AMA's website here: ama.com.au/login
- 2 Click on 'My Invoices' in the profile menu
- 3 Select the year or date range for the tax invoice
- 4 Click 'Download'





AUSTRALIAN MEDICAL ASSOCIATION (ACT) LIMITED**PO Box 560 CURTIN ACT 2605**

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Ms Rachel Stephen-Smith MLA
Minister for Aboriginal and Torres Strait Islander Affairs
Minister for Families and Community Services
Minister for Health
ACT Legislative Assembly
196 London Circuit, Canberra ACT 2601

18 May 2023

By email: stephen-smith@act.gov.au

Dear Minister

Clause 25 Health Infrastructure Enabling Bill 2023

At Tuesday's stakeholder meeting we raised some matters relating to the **Health Infrastructure Enabling Bill 2023** (Bill) including a request for a copy of the draft regulations. We appreciate your willingness to provide a copy of the draft.

On a related matter, we also wanted to draw your attention to Clause 25 of the Bill, and particularly the provision authorising the Director-General to make application for a police officer to provide assistance or use reasonable force against persons who 'hinder or obstruct' an authorised person in the exercise of a function outlined in Clause 11 of the Bill.

While we understand that the short transition period means that gaining access to operational and other information in regard to Calvary Public Hospital Bruce is important., we have concerns in relation to Clause 25.

In particular, we understand that 'hindering' involves a very low threshold of action and is most often thought to be an act to 'keep back, delay, impede, obstruct, prevent' an authorised person from carrying out their authorised activity.

Given the range of emotions at play in regard to the compulsory acquisition, we are concerned that this provision may tend to provoke the type of actions it seeks to control including in relation to peaceful assembly. Minor actions that hinder could be characterised as justifying the 'police being called'.

'Leading Canberra's doctors in advancing the health and wellbeing of our community.'

In the alternative, the provision may also tend to characterise minor actions by individuals, such as a person hindering an authorised person's access to a computer systems by refusing to divulge passwords where other means of access are available, as similarly justifying the 'police being called'.

We believe that the value of Clause 25 in the transition process may be outweighed by the opportunity for persons to use the provision in pursuit of related political or other less desirable ends.

While we also note that that the authority under Clause 11 of the Bill is exhausted on and from the acquisition date and understand that the Director-General would exercise their discretion carefully, we nevertheless believe Clause 25 is amended as it relates to the type of authorised actions outlined in Clause 11 or removed altogether from the Bill.

Yours sincerely

A handwritten signature in black ink, appearing to read 'W. Abhayaratna', with a stylized flourish at the end.

Prof Walter Abhayaratna
President
AMA (ACT) Ltd

From: Gower, Tara (Health) on behalf of ACT Health DLO
Sent: Friday, 19 May 2023 10:50 AM
To: Health Ministerial Liaison Officer
Subject: URGENT MIN RESPONSE : CPHB Senior Medical Staff
Attachments: Minister Stephen-Smith - CPHB Senior Medical Staff - Final - 190523.pdf

Importance: High

Follow Up Flag: Follow up
Flag Status: Flagged

Categories: Aiden

OFFICIAL

Hi team

Can you please TRIM and send to the NH Project Team for a Ministerial Response (formal letter).

Please note the MO has asked for this as soon as possible.

Thank you
Tara

Tara Gower | Directorate Liaison Officer | ACT Health Directorate

Mob Schedule 2.2(a)(ii) Email: ACTHealthDLO@act.gov.au

Office of Rachel Stephen-Smith | Minister for Health

Office of Emma Davidson | Minister for Mental Health

Level 2, Legislative Assembly Building, Civic Square



From: Bransgrove, Meagen <Meagen.Bransgrove@act.gov.au>
Sent: Friday, 19 May 2023 10:42 AM
To: STEPHEN-SMITH <STEPHEN-SMITH@act.gov.au>; ACT Health DLO <ACTHealthDLO@act.gov.au>
Cc: Tomlinson, Benjamin <Benjamin.Tomlinson@act.gov.au>; Cook, Caitlin <Caitlin.Cook@act.gov.au>
Subject: RE: CPHB Senior Medical Staff
Importance: High

Hi Tara,

Can we please get this one actioned urgently as well please.

Thanks,

Meg

From: STEPHEN-SMITH <STEPHEN-SMITH@act.gov.au>
Sent: Friday, 19 May 2023 10:35 AM
To: Bransgrove, Meagen <Meagen.Bransgrove@act.gov.au>; Cook, Caitlin <Caitlin.Cook@act.gov.au>; Tomlinson, Benjamin <Benjamin.Tomlinson@act.gov.au>
Cc: ACT Health DLO <ACTHealthDLO@act.gov.au>
Subject: FW: CPHB Senior Medical Staff

Good morning

For you to respond to as this is form the MO Staff post meeting on 16 May.

thanks you

Sarit Cohen - Admin Support Officer

Office of Rachel Stephen-Smith MLA

Minister for Aboriginal and Torres Strait Islander Affairs | Minister for Families and Community Services |

Minister for Health

Member for Kurrajong

ACT Legislative Assembly, 196 London Circuit, Canberra ACT 2601 | P: (02) 6205 2661 | www.act.gov.au

From: Peter Somerville Schedule 2.2(a)(ii) [REDACTED]
Sent: Friday, 19 May 2023 10:17 AM
To: STEPHEN-SMITH <STEPHEN-SMITH@act.gov.au>
Cc: Bransgrove, Meagen <Meagen.Bransgrove@act.gov.au>; O'Neill, Cathie (Health) <Cathie.O'Neill@act.gov.au>; Prof Walter Abhayaratna Schedule 2.2(a)(ii) [REDACTED]
Subject: CPHB Senior Medical Staff

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For updates and information on COVID-19 and other important matters, please check our websites www.ama.com.au/act and www.ama.com.au like us on Facebook @amaactbranch and follow us on Twitter @AMA_ACT

Peter Somerville
Chief Executive Officer
AMA (ACT) Limited
Phone - 02 6270 5410
Fax - 02 6273 0455
E-mail Schedule 2.2(a)(ii) [REDACTED]
Web - www.ama.com.au/act
Twitter - @AMA_ACT





AUSTRALIAN MEDICAL ASSOCIATION (ACT) LIMITED**PO Box 560 CURTIN ACT 2605****P | 02 6270 5410****F | 02 6273 0455****E | reception@ama-act.com.au****W | www.ama-act.com.au**

Ms Rachel Stephen-Smith MLA
Minister for Aboriginal and Torres Strait Islander Affairs
Minister for Families and Community Services
Minister for Health
ACT Legislative Assembly

19 May 2023

By email: stephen-smith@act.gov.au

Dear Minister

On Tuesday 16 May 2023, the AMA ACT convened a meeting of Calvary Public Hospital Bruce (CPHB) senior medical staff. The purpose of the meeting was to listen to the concerns of doctors regarding the proposed compulsory acquisition of CPHB in order to better inform our response to the proposal.

Many of the doctors present at the meeting have provided long and, in some cases, multi-decade, service to CPHB and the residents of Canberra. They strongly identify with the culture of CPHB and are dedicated to continuing to serve the institution and the patients who rely on the services provided through and by CPHB.

The meeting was well attended and went for several hours.

It was clear from early in the meeting that the senior medical staff were both shocked and dismayed at the sudden announcement of the ACT Government's decision to compulsorily acquire CPHB. The lack of consultation with staff has led to feelings of being disrespected and ignored.

A selection of the comments from the meeting demonstrates the mood:

- 'It's not OK about the way it's been sprung on us'
- 'Sad that this is happening in our city'
- 'We should be telling them they have made mistakes. They should pause and reconsider.'

'Leading Canberra's doctors in advancing the health and wellbeing of our community.'

- ‘Our role is to harness energy to support each other and educate the population on what has been done wrong.’
- ‘Takeover without consultation feels like the action of a repressive foreign government.’
- ‘We are angry at being disrespected and we should tell the government they have set a terrible precedent’
- ‘The process has been very disrespectful.’

Judging by what we heard on Tuesday night and other feedback, I am also concerned that the circumstances of the announcement and surrounding uncertainty has caused significant anxiety for senior medical and other healthcare staff.

In one sense, there is a grieving process underway in respect to people who have given many years of service both to CPHB and the countless patients who have been part of its story.

The clear message we have taken from the meeting is that all staff, including the senior medical staff, must be treated respectfully, bona fide consultation must occur and a commitment to certainty and stability must be made.

Unless these actions are undertaken, AMA ACT cannot support the proposed acquisition.

Opportunities and Risks

While AMA ACT has been clear that there are opportunities for improvements in governance and service delivery following a successful acquisition of CPHB, there are also considerable risks to be negotiated – a matter we are sure you appreciate, too.

Many of the senior medical staff at Tuesday night’s meeting recognise the opportunities for improvements in governance and service delivery that a single ACT-wide provider offers – including the opportunity for CHS to learn from successful services at CPHB. However, to achieve these positive outcomes the ACT Government will need to win back trust and gain the co-operation of CPHB staff.

In our view, the ACT Government and Canberra Health Services must tread carefully and ensure that every step in the transition and post-acquisition phases is taken in consultation with the staff of CPHB. While we know you share our concern about the risks of losing CPHB staff as a result of the compulsory acquisition, we believe there is a particular risk associated with retaining senior medical staff at CPHB post-acquisition.

We also see considerable risk in CHS being able to complete a timely and efficient transition to operating CPHB. The complexity of commencing to operate CPHB is very significant, despite the advantages in the Digital Health Record (DHR) and common employment and contracting provisions for staff. In itself, and with the best will in the world, this causes us to doubt that a successful process can be undertaken in anything less than two years.

Secondly, CHS itself is managing significant projects over the next two years including the ongoing challenges of the DHR, the commissioning and operation of the Canberra Hospital

Expansion and the challenges of an enterprise bargaining round and VMO contract arbitration. All of this is set against the backdrop of ongoing challenges in several clinical services in key parts of the Canberra Hospital

The challenges relating to the CPHB staff and transitioning CPHB, commissioning of the Canberra Hospital Expansion and ongoing service provision leads us to believe that the best option for CPHB staff is a period of certainty and stability.

Proposal

Given the above matters, we CHS as operators of CPHB must:

- respect and include CPHB clinicians in decision making;
- undertake careful and extensive consultation with CPHB staff from the earliest date possible; and
- rebuild trust through the above measures and a commitment to certainty and stability.

In order to support these principles, we also believe that CHS as operators of CPHB should:

- transition the employment or engagement of CPHB senior medical staff to identical contractual terms to those they currently work under, for a minimum period of two years following the acquisition date, or the term of their current contract, whichever is the greater
- Make no change to services or roles for a period of two years following the acquisition date except where there is an emergent need or an agreement by CPHB senior medical staff to do so. In both cases, changes should only follow careful and extensive consultation.

We believe that the principles and actions outlined in this 5-point plan present the ACT Government with an opportunity to rebuild trust with the CPHB senior medical staff through a collaborative approach that emphasises transparency and certainty.

Of course, you will appreciate the urgency in regard to progressing these matters and we would appreciate a response prior to our next meeting with CPHB senior medical staff commencing at 7.30pm on Tuesday 23 May 2023.

Yours sincerely



Prof Walter Abhayaratna
President
AMA (ACT) Ltd

From: Gower, Tara (Health) on behalf of ACT Health DLO
Sent: Thursday, 18 May 2023 4:53 PM
To: Health Ministerial Liaison Officer
Subject: MIN RESPONSE : Letter to Minister Stephen-Smith from David Smith MP
Attachments: 230518 Letter to Minister Stephen-Smith.pdf

Importance: High

Categories: Aleks

OFFICIAL

Hi team

Can you please TRIM and send to the NH Project Team for a Ministerial Response (formal letter).

Thank you

Tara

Tara Gower | Directorate Liaison Officer | ACT Health Directorate

Mob Schedule 2.2(a)(ii) Email: ACTHealthDLO@act.gov.au

Office of Rachel Stephen-Smith | Minister for Health

Office of Emma Davidson | Minister for Mental Health

Level 2, Legislative Assembly Building, Civic Square



From: STEPHEN-SMITH <STEPHEN-SMITH@act.gov.au>

Sent: Thursday, 18 May 2023 4:15 PM

To: ACT Health DLO <ACTHealthDLO@act.gov.au>; Cook, Caitlin <Caitlin.Cook@act.gov.au>; Bransgrove, Meagen <Meagen.Bransgrove@act.gov.au>

Subject: FW: Letter to Minister Stephen-Smith from David Smith MP

Importance: High

Hi

This is a letter from David Smith MP concerned over the Calvary decision

I have acknowledged we revied the letter.

If someone can respond

thanks

Sarit Cohen - Admin Support Officer

Office of Rachel Stephen-Smith MLA

Minister for Aboriginal and Torres Strait Islander Affairs | Minister for Families and Community Services |
Minister for Health

Member for Kurrajong

From: Forde, Brendan (D. Smith, MP) Schedule 2.2(a)(ii)
Sent: Thursday, 18 May 2023 3:43 PM
To: STEPHEN-SMITH <STEPHEN-SMITH@act.gov.au>
Subject: Letter to Minister Stephen-Smith from David Smith MP

Caution: This email originated from outside of the ACT Government. Do not click links or open attachments unless you recognise the sender and know the content is safe. [Learn why this is important](#)

Hi team Stephen-Smith,

Dave has asked that I pass this correspondence on to your office for the Minister.

Thanks,

Brendan

David Smith MP

FEDERAL MEMBER FOR BEAN

Ms Rachel Stephen-Smith, MLA
Minister for Health
ACT Government
(via email: stephen-smith@act.gov.au)

Dear Minister,

I am writing to you regarding the decision by the ACT Government to acquire the public element of Calvary Hospital. Several constituents have contacted me to raise concerns around the decision, and the process of acquisition. I have undertaken to raise these concerns with you.

Within the concerns raised with me, a consistent element is the question of consultation. While I understand the drivers behind this decision, and indeed support the general principle underpinning it given the public investment to be made into the site, such a significant change warranted and continues to warrant greater consultation.

The failure to consult prior to the decision is disappointing, particularly given the long history of service provided to the ACT community by Calvary Care. That said it is important to now work with staff, union representing staff, patients, the community and the wider network of stakeholders. I believe this consultation is a reasonable expectation and is critical to continuity of care.

It would also assist if clarity is provided in relation to the future of Clare Holland House and the critical, palliative care provided by Calvary Care.

As you would be aware there are concerns in the community that this decision has been made as a consequence of an anti-religion bias. I do not agree that this is the case but that it is a consequence of a failure to adequately consult relevant stakeholders.

I urge you to initiate consultations as a matter of urgency, to ensure that concerns are assuaged and that negative health outcomes are avoided.

Yours sincerely,



David Smith MP
Government Whip
Member for Bean
18 May 2023

A Federal voice for Canberra's South & Norfolk Island



davidsmith.org.au



 205 Anketell St, GREENWAY, ACT, 2900
 02 6293 1344
 david.smith.mp@aph.gov.au



Rachel Stephen-Smith MLA
Minister for Health
Minister for Families and Community Services
Minister for Aboriginal and Torres Strait Islander Affairs

Member for Kurrajong

Mr David Smith MP
Government Whip
Member of Bean
Schedule 2.2(a)(i)

Dear Mr Smith,

Thank you for your correspondence of 18 May 2023 regarding the ACT Government's acquisition of the current Calvary Public House Bruce (CPHB) site to build a new northside hospital.

The ACT Government has committed to investing more than \$1 billion to build a new modern, state-of-the-art public hospital that will boost Canberra's health care capacity. It will provide more beds, increased services and a modern, state of the art hospital for patients, visitors and staff.

The ACT Government has been working with the ACT community and undertaking public consultation on a new northside hospital for some time, with significant consultation undertaken in 2022, including a YourSay survey and pop-up stalls at town centres and in other areas of the community.

The ACT Government has sought to work with Calvary to seek an agreed path forward for the development of a new northside hospital on the CPHB campus and the establishment of a new, modern services agreement for the delivery of public hospital services with Calvary. However, agreement on these terms was not able to be reached.

With the Health Infrastructure Enabling Bill 2023 now passed by the ACT Legislative Assembly and enacted, the transition team is working closely with Calvary to ensure the smooth and safe transfer of operations at CPHB to Canberra Health Services.

ACT Legislative Assembly London Circuit, GPO Box 1020, Canberra ACT 2601



+61 2 6205 2661



stephen-smith@act.gov.au



[@RachelSS_MLA](https://twitter.com/RachelSS_MLA)



[rachelSSMLA](https://www.facebook.com/rachelSSMLA)



[rachelss_mla](https://www.instagram.com/rachelss_mla)

The ACT Government has prioritised providing certainty for consumers, carers and staff who will be affected by this transition and has acted on advice that the best approach is to provide a reasonable period of adjustment without prolonging the process.

This was a difficult decision to make, and the ACT Government acknowledges staff will be feeling anxious and uncertain about what this means for their employment or the way their teams and workplace will operate.

The ACT Government has sought to be clear that the hospital's unique culture and community will be respected. Canberra Health Services will change as little as possible over the next 12 months and will work with staff on what they would like to see into the future. The ACT Government will later this year invite the community, stakeholders and health care workers to have their say over the design and planning of the new northside hospital.

Regarding your query about the future of Clare Holland House in the transition, the ACT Government is continuing discussions with Calvary about the future operation of this facility, including their specialist palliative care service and its dedicated staff. The ACT Government is seeking to resolve this with Calvary as soon as possible.

Over the coming weeks, the ACT Government is asking all Calvary Public Hospital employees, including those in your constituency to make themselves known to our Transition Team. They can do this through a range of options including:

- Visit the staff information kiosk located on site at CPHB;
- Visit www.act.gov.au/northsidehospital and complete the registration form;
- Call the dedicated hotline for team members, suppliers and contractors: (02) 5124 0400; or
- Email: CHS.northsidehospitalenquiries@act.gov.au.

For your constituents who are consumers, carers and visitors, information and FAQs on the northside hospital website will be updated regularly, available at www.act.gov.au/northsidehospital. For all general enquiries, please call Access Canberra on 13 22 81.

Throughout the transition, Canberra Health Services will provide regular updates and briefings to staff and stakeholders. Their feedback and insights throughout the transition will help to ensure we can provide useful information and respond to any concerns.

The ACT Government is committed to working in partnership with clinicians, support staff, consumer representatives and the community as planning for the new northside hospital continues.

Thank you again for your letter and I hope this information is useful.

Yours sincerely

Rachel Stephen-Smith MLA

ACT Health Directorate

To: Minister for Health

Tracking No.: MIN23/451

CC: Rebecca Cross, Director-General, ACT Health Directorate
Dave Peffer, Chief Executive Officer, Canberra Health Services

From: Liz Lopa, Deputy Director-General, Infrastructure and Engagement

Subject: Meeting with Martin Bowles AO PSM – National Chief Executive Officer, Calvary Health Care

Critical Date: 18/05/2023

Critical Reason: The meeting is scheduled on this date.

Recommendations

That you:

1. Note the agenda (Attachment A) and annotated agenda (Attachment B); and

Noted Please Discuss

2. Note that Rebecca Cross, Director-General, ACT Health Directorate, Liz Lopa, Deputy Director-General, Infrastructure and Engagement, ACT Health Directorate and Cathie O'Neill, Deputy Director-General, Northside Transition, Canberra Health Services will be the directorate representatives at this meeting.

Noted Please Discuss

Rachel Stephen-Smith MLA

RSS 18/5/23

Minister's Office Feedback

Background

1. You are meeting with Martin Bowles AO PSM, National Chief Executive Officer, Calvary Health Care on Thursday, 18 May 2023 at 11am.
2. You met with Mr Bowles on 8 May 2023, and provided him with written notification that the Territory has:
 - a. Agreed to fund a new northside hospital;
 - b. Confirmed the Bruce option at the site for the new northside hospital;
 - c. Confirmed Canberra Health Services (CHS) will be the operator of the new northside hospital;
 - d. As a result of the above decisions, determined to introduce the *Health Infrastructure Enabling Bill 2023* to the Legislative Assembly on 11 May 2023, which will transfer part of the Crown Lease of Block 1 Section 1 Bruce to the Territory; and
 - e. Terminate the Calvary Network Agreement (CNA) from 3 July 2023 after a period of Transition, with operations of Calvary Public Hospital Bruce (CPHB) to transfer from Calvary to CHS.
3. The ACT Government has introduced the *Health Infrastructure Enabling Bill* to the Legislative Assembly. The Bill, if passed, will enable the Territory to acquire the public hospital land for the construction of the new public hospital and terminate the CNA. The Bill is scheduled to be debated in the Assembly on 31 May 2023.

Issues

4. The meeting with Mr Bowles on 18 May 2023 is an opportunity to:
 - a. Acknowledge the tabling of the Health Infrastructure Enabling Bill 2023, Health Infrastructure Enabling Regulation 2023;
 - b. Acknowledge the letters exchanged to date; and
 - c. Discuss the approach to transition.
5. Following your meeting on 9 May 2023, Mr Bowles wrote to you outlining Calvary's concerns about the Bill and the transition. Issues raised include but are not limited to risk to patient safety resulting from the short timeframe; negotiation timeframes, the transfer of services before finalisation of compensation and lack of resources and costs associated with transition. This meeting is an opportunity to acknowledge this letter and highlight that the transition team will work through the barriers identified to support a smooth and amicable transition.

SENSITIVE

6. A proposed agenda is at Attachment A and an annotated agenda (including speaking points for you) is at Attachment B. The agenda provides a list of proposed meetings and their topics for discussion which will inform negotiations with Calvary.
 - a. You will introduce Cathie O’Neill, Deputy Director-General, Northside Transition, CHS as the Governments operational transition lead and Liz Lopa, Deputy Director-General, Infrastructure and Engagement, ACT Health Directorate (ACTHD) as the Commercial stream lead. It is proposed that the discussions around operational matters are separated from commercial matters. This separation will support the timely transition of operations at CPHB to the ACT Government, while allowing a fulsome discussion on commercial matters, including just terms.
 - b. It is important to highlight to Calvary that to ensure patient safety and workforce stability and wellbeing, it will be critical for the ACT Government and Calvary to work together to deliver a smooth transition.

Financial Implications

7. There are significant financial implications to the Territory as a result of the decisions related to the northside hospital.
8. The Health Infrastructure Enabling Bill 2023 will result in just terms compensation to Calvary for both the acquisition of the land and the termination of the CNA.
9. Cabinet has been briefed on the financial implications since 2022.
10. ACTHD has undertaken significant consultation with Treasury regarding the financial aspects of this project and will continue to do so as negotiations and transition processes occur over the coming months.

ConsultationInternal

11. Nil.

Cross Directorate

12. ACTHD continues to work closely with the ACT Government Solicitor Office (ACTGSO) in the development of advice for Government on the transition project.

External

13. ACTHD continues to receive advice from external consultants supporting the northside hospital project.

Work Health and Safety

14. Nil.

Benefits/Sensitivities**Schedule 1.2**

17. It is possible that Mr Bowles will request to discuss transition matters only with you and will not delegate this to operational staff. It is suggested that you advise Mr Bowles that these discussions are best placed to be undertaken with the appropriate delegates of each organisation to ensure the smooth transition of operations.
18. It is likely Calvary will not engage in discussions about the transition until after the Bill passed and notified.

Communications, media and engagement implications

19. Significant media and public interest have surrounded the introduction of the Bill and is expected to continue throughout the transition. A dedicated communications and media team has been established to support the communication, stakeholder and media needs of the Project and as transition progresses and occurs.

Signatory Name: Liz Lopa, Deputy Director-General, Infrastructure and Engagement Phone: Schedule 2.2(a)(ii)

Action Officer: Stephanie Oliver, Senior Director, Policy, Northside Hospital Project Phone: MS Teams

Attachments

Attachment	Title
Attachment A	Agenda
Attachment B	Annotated Agenda

AGENDA

Thursday 18 May, 2023

11.00am–12.00noon

Attendees

ACT Government Attendees	Calvary Attendees
Minister Stephen-Smith MLA	Mr Martin Bowles AO PSM– Calvary CEO
Ms Rebecca Cross – Director-General, ACT Health Directorate	
Ms Liz Lopa – Deputy Director-General Infrastructure and Engagement	Mr Ross Hawkins - ACT Regional CEO
Ms Cathie O’Neill PSM – Deputy Director-General, Northside Transition, Canberra Health Service	

General commitment

The parties agree to:

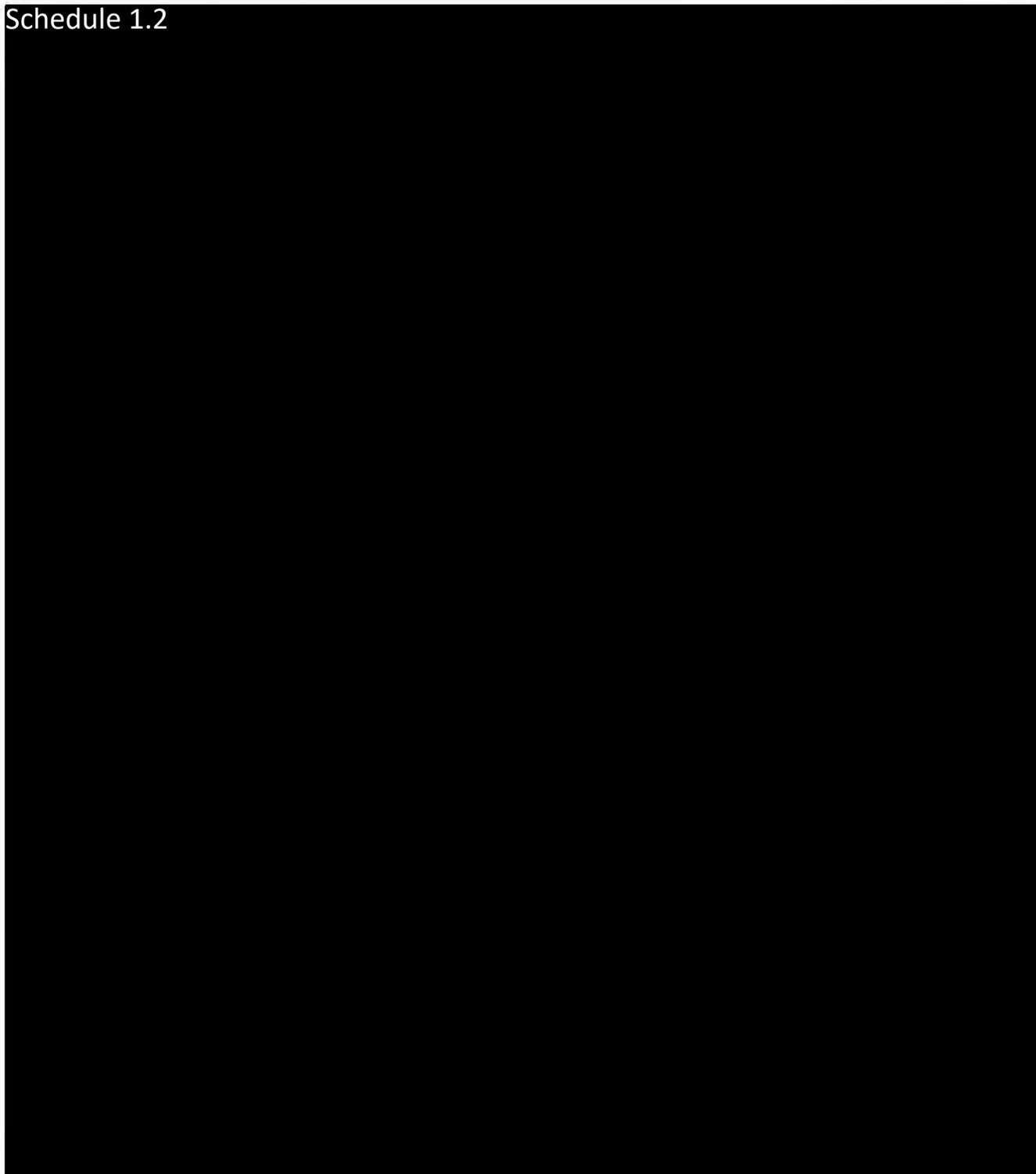
- act and/or negotiate cooperatively, constructively, transparently and in good faith;
- be respectful and outcomes oriented;
- be appropriately prepared for meetings and negotiations, including with reasonable background knowledge and material; and
- be appropriately authorised to negotiate.

Agenda

Item	Action
1. Welcome and acknowledgement	
2. Acknowledgement of the Health Infrastructure Enabling Bill 2023, Health Infrastructure Enabling Regulation 2023 and the letters exchanged to date	Discussion
3. Transition timetable, matters and processes	Discussion and agreement

4. Next Steps

Agreement

Schedule 1.2


AGENDA

Thursday 18 May, 2023

11.00am–12.00noon

Attendees

ACT Government Attendees	Calvary Attendees
Minister Stephen-Smith MLA	Mr Martin Bowles AO PSM– Calvary CEO
Ms Rebecca Cross – Director-General, ACT Health Directorate	
Ms Liz Lopa – Deputy Director-General Infrastructure and Engagement	Mr Ross Hawkins - ACT Regional CEO
Ms Cathie O’Neill PSM – Deputy Director-General, Northside Transition, Canberra Health Service	

General commitment

The parties agree to:

- act and/or negotiate cooperatively, constructively, transparently and in good faith;
- be respectful and outcomes oriented;
- be appropriately prepared for meetings and negotiations, including with reasonable background knowledge and material; and
- be appropriately authorised to negotiate.

Agenda

Item	Action
1. Welcome and acknowledgement <i>Acknowledgement of Country</i> <i>I wish to acknowledge the Ngunnawal people as traditional custodians of the land we are meeting on and recognise any other people or families with connection to the lands of the ACT and region. I wish to acknowledge and respect their continuing culture and the contribution they make to the life of this city and this region. I would also like to acknowledge and welcome other Aboriginal and Torres Strait Islander people who may be attending today’s meeting.</i>	

This meeting is an opportunity to align our objectives to support the smooth and amicable transition of Calvary Public Hospital Bruce.

2. Acknowledgement of the Health Infrastructure Enabling Bill 2023, Health Infrastructure Enabling Regulation 2023 and the letters exchanged to date

Discussion

As you are aware, I have introduced the Health Infrastructure Enabling Bill 2023, and draft Regulation in the Legislative Assembly. The Bill will be debated on 31 May.

I acknowledge your letter on 9 May which outlined concerns from Calvary about the transition. Including risk to patient safety resulting from the short timeframe; negotiation timeframes, the transfer of services before finalisation of compensation and lack of resources and costs associated with transition.

As you have heard me say, the Government's two priorities during this phase and into transition is supporting the wellbeing of the workforce and ensuring continuity of quality care to patients.

As you would be aware, the bill has obligations on us both to ensure a smooth and safe transition of the hospital to CHS on 3 July. This includes Calvary cooperating with a transition plan and giving reasonable assistance to the Territory.

I also note the recent letters from your legal representatives including seeking an undertaking that the legislation is not passed. We will be providing a response as requested by 22 May.

Putting that aside, if the legislation passes on 31 May, it will be law and we intend to abide by it.

Given the significance of the matters outlined in the Bill, the Territory would like to establish regular and open communication including meeting regularly with Calvary to discuss matters raised in the Bill.

We hope to retain our positive, respectful working relationship throughout transition.

The Territory will work with Calvary to ensure continuity of service is maintained to ensure:

- Patient safety and access to services; and
 - Workforce stability and wellbeing.
-

The ACT Government believes the best way to do this is to deliver a smooth transition of business.

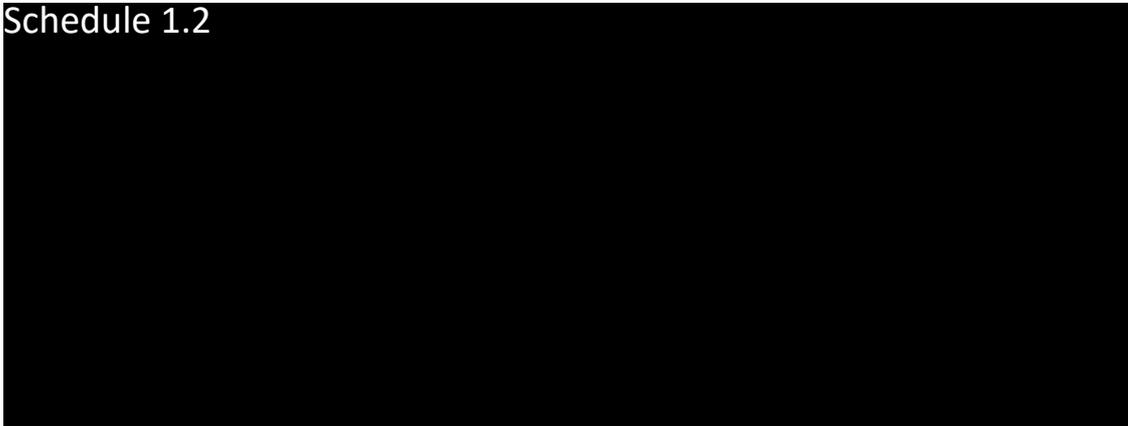
It is proposed that the discussions around operational matters are separated from commercial matters. This separation will allow operational due diligence and preparation to be undertaken in partnership with Calvary under the mutual understanding of the importance of continuity of health services in the Territory; while allowing a fulsome discussion on commercial matters, including just terms.

The Territory has thoroughly considered operational risk and has options available to remove risks to patient safety and support workforce shortages, if any (for example, surge staffing, divert activity to CHS).

Employees

- The ACT Government is eager to engage with Calvary staff to consult with them and alleviate any concerns they may have with transition. Any attempt to stop that is harming staff.
- The Government is prepared to divert patient activity as needed in the event of workforce shortages. The Government will also have surge staffing available to support any workforce shortages.

Schedule 1.2



Clare Holland House

- The Government is eager to discuss the future operations of Clare Holland House and any potential associated compensation.

Resources and costs for Transition

- In your letter of 9 May, you raised concerns around “cost and resourcing to effect transition”. Government will work with Calvary to ensure it does not incur costs for transition.
-

-
- Government is willing to provide reasonable funding or other resourcing to support transition. I suggest our representatives work through a process for ensuring that.
-

3. Transition timetable, matters and processes

Discussion
and
agreement

Separation of operational and commercial streams

- As mentioned earlier, discussions around operational matters are separated from commercial matters.
 - The nominated contact for the Territory is Cathie O'Neill for operational matters related to Transition, and Liz Lopa for commercial and just terms matters.
 - Proposed meetings and scope are included as a table as part of the agenda which separates discussions around operational, just terms compensation/finance and commercial.
 - To ensure a smooth transition, I would like to see these meetings scheduled as soon as appropriate to begin discussions with relevant Calvary staff.

 - A draft transition period plan is being drafted for Calvary's review at the first transition meeting.
 - Operational Transition Plan Priorities include:
 - Risk to patient safety
 - Employees and VMOs
 - Service contracts
 - Transition plan
 - Records
 - Consumables
 - Plant & equipment / consumables
 - ICT

 - Introduction of the Commercial Stream lead (Liz Lopa)
 - o Commercial Transition Plan priorities include:
 - Commercial transition plan
 - Just terms
 - Crown Lease and Property and subdivision
 - Clare Holland House
 - Resources and costs for transition
-

-
- Intellectual Property
 - Research
 - Services agreements, termination, novation
 - Transfer of financial information
 - Finance

Governance process for access to information

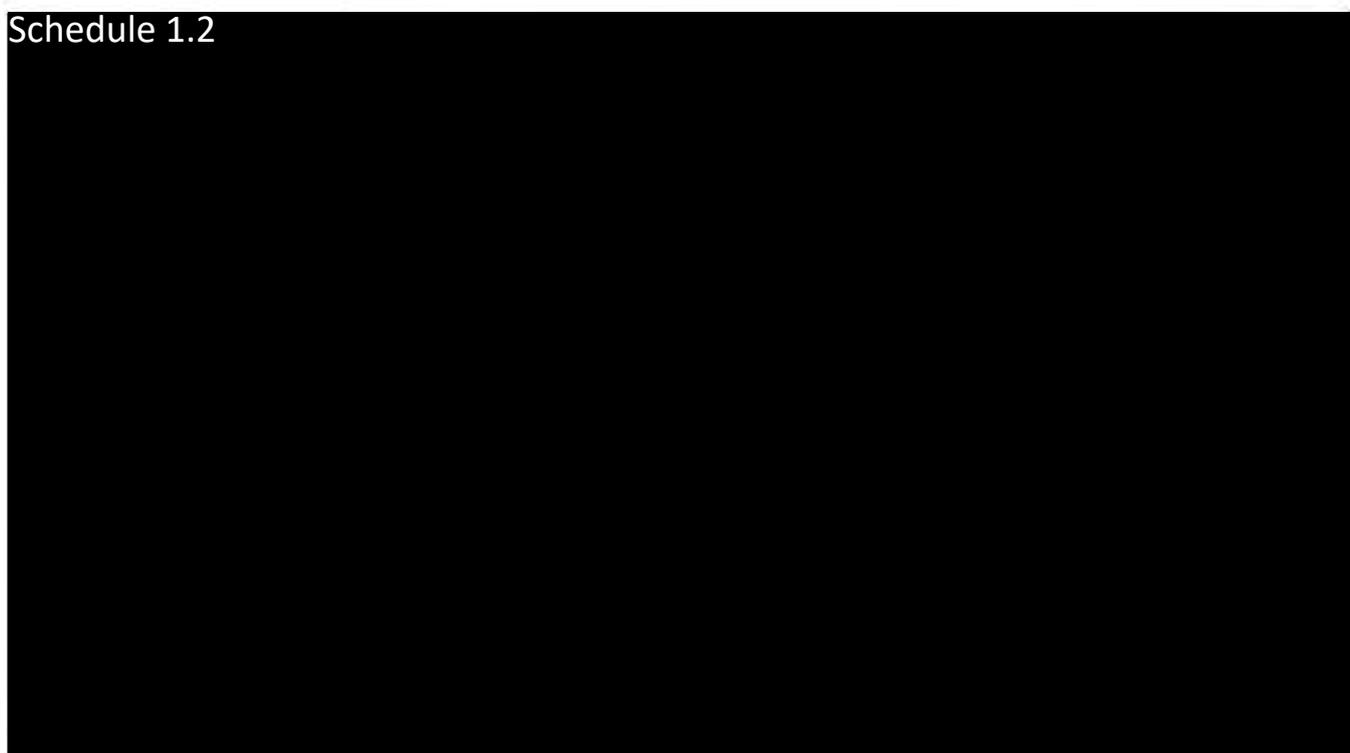
- Should the legislation be passed in the Assembly, and once the legislation is enacted and notified on the legislation register, the Territory will write to Calvary for access to the site and information such as employee records as prescribed in the Bill.

4. Next Steps

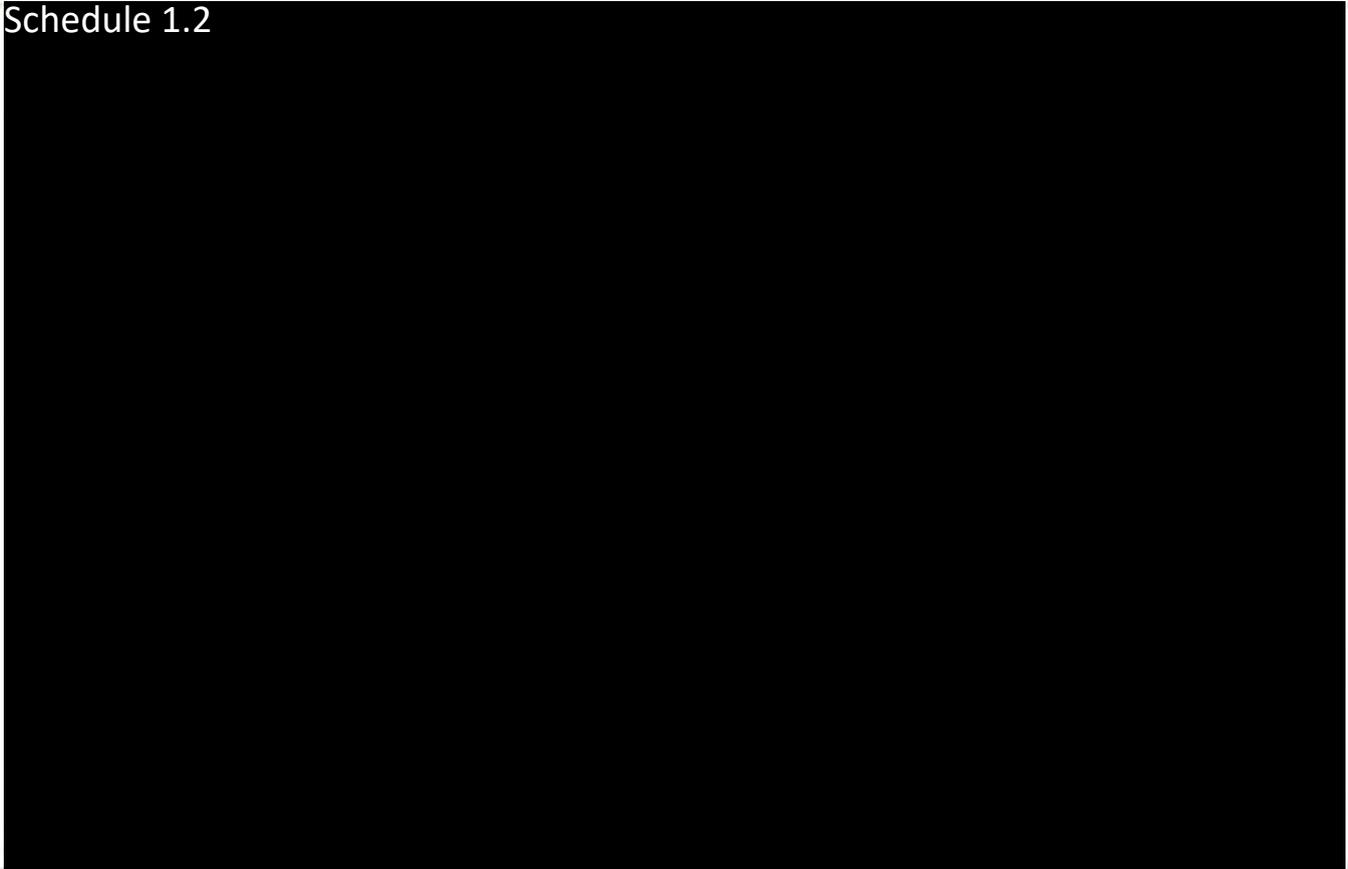
Agreement

- Seek agreement from Calvary on next steps including identifying appropriate staff to attend meetings on operational, commercial, and just terms compensation matters.
-

Schedule 1.2



Schedule 1.2



From: Gower, Tara (Health) on behalf of ACT Health DLO
Sent: Friday, 19 May 2023 9:48 AM
To: Health Ministerial Liaison Officer
Subject: FOR NOTING : Calvary Hospital VMOs - Peter Somerville
Attachments: Att B - J2023-346-Health Infrastructure Enabling Regulation 2023-D09 Final.PDF;
 Health Infrastructure Enabling Bill 2023.PDF

Importance: High

OFFICIAL

Hi team

Please add to TRIM under MIN23/434 and send to the NH Project Team for noting.

Thank you

Tara

Tara Gower | Directorate Liaison Officer | ACT Health Directorate

Mob Schedule 2.2(a)(ii) Email: ACTHealthDLO@act.gov.au

Office of Rachel Stephen-Smith | Minister for Health

Office of Emma Davidson | Minister for Mental Health

Level 2, Legislative Assembly Building, Civic Square



From: STEPHEN-SMITH <STEPHEN-SMITH@act.gov.au>
Sent: Friday, 19 May 2023 8:42 AM
To: ACT Health DLO <ACTHealthDLO@act.gov.au>
Cc: Bransgrove, Meagen <Meagen.Bransgrove@act.gov.au>
Subject: FW: Calvary Hospital VMOs
Importance: High

Good morning for your information
 From last night's meeting

Sarit Cohen - Admin Support Officer

Office of Rachel Stephen-Smith MLA

Minister for Aboriginal and Torres Strait Islander Affairs | Minister for Families and Community Services |

Minister for Health

Member for Kurrajong

ACT Legislative Assembly, 196 London Circuit, Canberra ACT 2601 | P: (02) 6205 2661 | www.act.gov.au

From: Peter Somerville Schedule 2.2(a)(ii)
Sent: Friday, 19 May 2023 7:53 AM
To: Schedule 2.2(a)(ii) STEPHEN-SMITH <STEPHEN-SMITH@act.gov.au>
Cc: Schedule 2.2(a)(ii)

Schedule 2.2(a)(ii)

Subject: RE: Calvary Hospital VMOs

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Thanks Peter. This is good except and I expect it will supplement the provisions in the Bill and Draft Reg. Clearly it needs to be out in writing because the draft reg simply suggests that the ACT Government will nominate which contracts it intends to pick up.

Note Clause 7 of draft reg . . . 'Territory will nominate'

Regards

Peter

From: Schedule 2.2(a)(ii)**Sent:** Thursday, May 18, 2023 9:24 PM**To:** STEPHEN-SMITH@act.gov.au**Subject:** FW: Calvary Hospital VMOs

Dear Minister,

Thank you for your assurance at tonight's meeting that the contracts of Calvary VMOs will be honoured to term and that they will not be requested to sign another contract.

Yours faithfully,

PETER HUGHES

President

VMOA

Cc: AMA

VMOs

From: Schedule 2.2(a)(ii)**Sent:** Thursday, 11 May 2023 10:54 PM**To:** RACHEL STEPHEN-SMITH (STEPHEN-SMITH@act.gov.au) <STEPHEN-SMITH@act.gov.au>**Subject:** FW: Calvary Hospital VMOs

Rachel Stephen-Smith MLA

ACT Minister for Health

Dear Minister,

Calvary Hospital VMOs need a clear statement as to whether their VMO contracts will continue to term in the event of the take-over being successful. This information is not supplied in the attached documents.

Regards,

PETER HUGHES

President

VMOA

Cc: VMOs

From: Linton, Steven (Health) <Steven.Linton@act.gov.au>**Sent:** Thursday, 11 May 2023 8:43 PM

To: [redacted]
Cc: Consen-Lynch, Soelily (Health) <Soelily.Consen-Lynch@act.gov.au>
Subject: RE: Calvary Hospital VMOs

OFFICIAL

Hi Peter,

Information for contractors is available as per the below.

Northside Hospital Transition Hotline: 02 5124 0400

Opening hours: Monday to Friday 8.30am – 4.30pm

Saturday & Sunday 10:00am – 4:00pm

Email: chs.northsidehospitalenquiries@act.gov.au

Website: <https://www.canberrahealthservices.act.gov.au/northside-hospital>

Regards

Steven Linton
Director, Industrial Relations
People and Culture
ph: (02)5124 9599
mob: [redacted]



ACT
Government

**Canberra Health
Services**

From: [redacted]
Sent: Thursday, 11 May 2023 7:13 PM
To: Linton, Steven (Health) <Steven.Linton@act.gov.au>
Subject: Calvary Hospital VMOs

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Dear Steve,
Could you please clarify the situation of Calvary VMOs in the event of the take-over proceeding-urgent.
Regards,

PETER HUGHES
VMOA

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2023

THE LEGISLATIVE ASSEMBLY
FOR THE AUSTRALIAN CAPITAL TERRITORY

(As presented)

(Minister for Health)

Health Infrastructure Enabling Bill 2023

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2023

THE LEGISLATIVE ASSEMBLY
FOR THE AUSTRALIAN CAPITAL TERRITORY

(As presented)

(Minister for Health)

Health Infrastructure Enabling Bill 2023

A Bill for

An Act enabling the acquisition on just terms of land and other property for a public hospital, and for other purposes

The Legislative Assembly for the Australian Capital Territory enacts as follows:

1 **Part 1 Preliminary**

2 **1 Name of Act**

3 This Act is the *Health Infrastructure Enabling Act 2023*.

4 **2 Commencement**

5 (1) This Act (other than schedule 2) commences on the day after its
6 notification day.

7 *Note* The naming and commencement provisions automatically commence on
8 the notification day (see [Legislation Act](#), s 75 (1)).

9 (2) Schedule 2, parts 2.1, 2.3 and 2.4 commence on the acquisition day.

10 (3) Schedule 2, part 2.2 commences on the day the *Planning Act 2023*,
11 section 3 commences.

12 **3 Dictionary**

13 The dictionary at the end of this Act is part of this Act.

14 *Note 1* The dictionary at the end of this Act defines certain terms used in this
15 Act, and includes references (*signpost definitions*) to other terms defined
16 elsewhere in this Act.

17 For example, the signpost definition ‘*health record*—see the [Health
18 Records \(Privacy and Access\) Act 1997](#), dictionary.’ means that the term
19 ‘health record’ is defined in that dictionary and the definition applies to
20 this Act.

21 *Note 2* A definition in the dictionary applies to the entire Act unless the
22 definition, or another provision of the Act, provides otherwise or the
23 contrary intention otherwise appears (see [Legislation Act](#), s 155 and
24 s 156 (1)).

25 **4 Notes**

26 A note included in this Act is explanatory and is not part of this Act.

- 1 **5** **Purposes of Act**
- 2 The purposes of this Act are to—
- 3 (a) enable the Territory to acquire the public hospital land for the
4 construction of a public hospital; and
- 5 (b) enable the transition of the operation of the public hospital to the
6 Territory, including by terminating the network agreements; and
- 7 (c) provide for the safe and orderly transition of the operation of the
8 public hospital to the Territory, including by—
- 9 (i) enabling the Territory to acquire the public hospital assets;
10 and
- 11 (ii) providing for the transition of employment of public
12 hospital employees to the Territory; and
- 13 (iii) providing for the novation and assignment of public
14 hospital contracts to the Territory; and
- 15 (d) ensure the continued operation of, and maintenance of service
16 delivery standards at, the public hospital during and
17 immediately after the transition; and
- 18 (e) ensure the Territory can, after the transition, effectively manage
19 its obligations and liabilities in relation to the operation of the
20 public hospital, including liabilities arising in relation to the
21 operation of the public hospital before the transition; and
- 22 (f) ensure that interests acquired under this Act are acquired on just
23 terms.

- 1 **6 Application of other territory laws**
- 2 (1) The following territory laws do not apply in relation to anything done
- 3 under this Act:
- 4 (a) the *Government Agencies (Land Acquisition Reporting)*
- 5 *Act 2018*;
- 6 (b) the *Government Procurement Act 2001*;
- 7 (c) the *Lands Acquisition Act 1994*;
- 8 (d) the *Planning and Development Act 2007*;
- 9 (e) any other territory law prescribed by regulation.
- 10 (2) Despite subsection (1) (d), on and from the acquisition day, the
- 11 *Planning and Development Act 2007* continues to apply to the
- 12 amended Crown lease.
- 13 (3) However, any provision of this Act that applies to the amended
- 14 Crown lease on and from the acquisition day prevails over any
- 15 provision of the *Planning and Development Act 2007* that applies to
- 16 the lease to the extent of any inconsistency.
- 17 (4) A regulation may modify the operation of subsections (2) and (3).

1 **Part 2** **Compulsory acquisition of public**
2 **hospital land and assets**

3 **7** **Meaning of *acquisition day***

4 (1) In this Act:

5 *acquisition day* means—

- 6 (a) 3 July 2023 (the *default acquisition day*); or
7 (b) if the Executive gives notice before the default acquisition day
8 of a day earlier or later than the default acquisition day—the day
9 stated in the notice.

10 (2) A notice is a notifiable instrument.

11 **8** **Acquisition of public hospital land**

12 (1) On the acquisition day, Calvary's interest in the public hospital
13 land—

- 14 (a) vests in the Territory; and
15 (b) is freed and discharged from any trust, restriction, dedication,
16 reservation, obligation, charge, encumbrance, lien, contract,
17 licence, rate or any other interest.

18 (2) Any interest in land, or part of an interest in land, that is divested,
19 extinguished or diminished because of subsection (1) (b) is taken to
20 have been acquired by the Territory under this Act.

21 (3) A regulation may provide for an interest mentioned in subsection (2)
22 to be dealt with in a different way.

Part 2 Compulsory acquisition of public hospital land and assets

Section 9

- 1 **9 Acquisition of public hospital assets**
- 2 (1) On the acquisition day, the public hospital assets—
- 3 (a) vest in the Territory; and
- 4 (b) are freed and discharged from any trust, restriction, dedication,
- 5 reservation, obligation, charge, encumbrance, lien, contract,
- 6 licence, rate or any other interest.
- 7 (2) Any interest, or part of an interest, that is divested, extinguished or
- 8 diminished because of subsection (1) (b) is taken to have been
- 9 acquired by the Territory under this Act.
- 10 (3) Subsection (1) does not apply to an interest in an excluded asset.
- 11 (4) A regulation may provide for an interest mentioned in subsection (2)
- 12 to be dealt with in a different way.
- 13 **10 Acquisition must be on just terms**
- 14 (1) The Territory must provide just terms to a person from whom an
- 15 interest is acquired under this Act.
- 16 (2) Without limiting subsection (1), just terms for the acquisition
- 17 includes reasonable compensation for the following:
- 18 (a) the acquisition of Calvary's interest in the public hospital land;
- 19 (b) any security right or other interest in land taken to have been
- 20 acquired under section 8 (2);
- 21 (c) the acquisition of the public hospital assets;
- 22 (d) any security right or other interest in a public hospital asset taken
- 23 to have been acquired under section 9 (2);

- 1 (e) things arising as a consequence of an acquisition mentioned in
2 paragraphs (a) to (d) including the following:
- 3 (i) the termination of the network agreements under
4 section 14 (1);
- 5 (ii) the termination of any public hospital contract or other
6 contract because of the operation of this Act;
- 7 (iii) any redundancy or similar payment payable by Calvary to
8 a public hospital employee because of the operation of this
9 Act;
- 10 (iv) anything else prescribed by regulation.
- 11 (3) A regulation may provide for the following matters:
- 12 (a) how compensation under subsection (2) is worked out;
- 13 (b) how claims for compensation are made and dealt with;
- 14 (c) a time limit within which a claim for compensation may be
15 made;
- 16 (d) information or other things required from a person claiming
17 compensation that is needed to assess their claim and work out
18 any compensation;
- 19 (e) how any dispute about working out compensation is resolved;
- 20 (f) how compensation is paid;
- 21 (g) any other matter relevant to providing just terms to a person
22 from whom an interest is acquired under this Act.
- 23 (4) A claim for compensation is not maintainable if brought after the end
24 of a time limit made for subsection (3) (c), and the *Limitation*
25 *Act 1985* does not apply to the claim.

Part 2 Compulsory acquisition of public hospital land and assets

Section 10

- 1 (5) In this section:
2 *compensation*, for an acquisition of an interest under this Act,
3 includes the following:
4 (a) monetary payment;
5 (b) the transfer or assumption of a loss, liability or expense;
6 (c) the grant of a right, entitlement or benefit;
7 (d) any other beneficial term.

1 **Part 3** **Acquisition and transition of**
2 **public hospital operations**

3 **11 Territory may enter hospital land**

4 (1) An authorised person may, at any reasonable time before the
5 acquisition day and with reasonable written notice, do any of the
6 following things:

7 (a) enter on the hospital land with any person, vehicle or thing for
8 the purpose of carrying out any necessary or desirable survey,
9 review or other investigation related to the proposed
10 construction by the Territory of a public hospital on the hospital
11 land;

12 (b) make surveys, take levels, dig or bore into the hospital land,
13 examine the soil and do any other thing reasonably necessary for
14 the purpose mentioned in paragraph (a);

15 (c) enter on the hospital land to do anything necessary for section 18
16 (Territory must prepare draft deposited plan) or section 19
17 (Amendment of the Crown lease etc);

18 (d) enter any operational or service delivery part of the public
19 hospital to do anything reasonably necessary for a purpose of
20 this Act, including any of the following:

21 (i) undertake an inspection or stocktake of public hospital
22 assets;

23 (ii) assess the Territory's requirements for maintaining and
24 operating facilities and public hospital assets immediately
25 after the acquisition day;

26 (iii) assess the Territory's requirements for complying with all
27 licences and authorisations required by law to operate the
28 public hospital immediately after the acquisition day;

Part 3 Acquisition and transition of public hospital operations

Section 11

- 1 (iv) assess the Territory's requirements for operating, and
2 maintaining service delivery standards at, the public
3 hospital immediately after the acquisition day;
- 4 (e) enter on the hospital land to do any other thing reasonably
5 necessary to prepare for or give effect to a purpose of this Act
6 or to otherwise exercise a function under this Act;
- 7 (f) any other thing prescribed by regulation.
- 8 (2) If requested by an authorised person, Calvary must give the
9 authorised person any assistance reasonably necessary for the
10 authorised person to exercise a function under subsection (1).
- 11 (3) Without limiting subsection (2), Calvary must:
- 12 (a) give an authorised person access to secured areas in the public
13 hospital; and
- 14 (b) show an authorised person where records, equipment and other
15 assets in relation to the public hospital are kept on the hospital
16 land.
- 17 (4) In entering the hospital land under this section, the Territory must
18 minimise any interference with Calvary's use of the land to the extent
19 reasonably practicable.
- 20 (5) In this section:
- 21 ***authorised person*** means a person authorised in writing by the
22 director-general to exercise a function under this section.

1 **12 Calvary to provide information**

- 2 (1) For a purpose of this Act, the director-general may request Calvary
3 provide information about any of the following:
- 4 (a) public patient health records;
 - 5 (b) stock in trade and inventory of the public hospital;
 - 6 (c) fixed and non-fixed assets of the public hospital including asset
7 maintenance records and condition reports;
 - 8 (d) trade debts and other receivables owed in relation to the public
9 hospital;
 - 10 (e) suppliers of goods and services in relation to the public hospital;
 - 11 (f) subleases, underleases, licences, easements, rights of way and
12 any other occupancy rights or arrangements in relation to the
13 public hospital land;
 - 14 (g) accounting and financial records in relation to the operation of
15 the public hospital;
 - 16 (h) public hospital employees including employment records and
17 payroll information;
 - 18 (i) public hospital contracts;
 - 19 (j) any trust funds for the public hospital including details about the
20 specific purpose for which the funds are held or the trusts
21 established;
 - 22 (k) any existing or pending investigation, proceeding (whether civil
23 or criminal) or remedy in relation to a right, privilege or liability
24 under a law applying in the ACT in relation to the public
25 hospital;

Part 3

Acquisition and transition of public hospital operations

Section 12

- 1 (l) details about any existing security over the hospital land, public
2 hospital assets or other property in relation to the public hospital
3 including—
- 4 (i) contact details of the securityholder; and
- 5 (ii) the total amount of debt secured by the security and details
6 of any other security instrument which secures that debt;
- 7 (m) details of any other personal property security interest in relation
8 to the public hospital or the arrangements to which they relate,
9 including contact details of the security interest holder;
- 10 (n) intellectual property relating to the operation of the public
11 hospital, including any intellectual property created under a
12 network agreement;
- 13 (o) public hospital administration records, including any reports,
14 audited materials, regulatory matters, maintenance and
15 operational records;
- 16 (p) any other matter relevant to a purpose of this Act;
- 17 (q) anything else prescribed by regulation.
- 18 (2) A request—
- 19 (a) must be in writing; and
- 20 (b) must state a reasonable period within which the information is
21 to be provided; and
- 22 (c) may state a reasonable format or way in which the information
23 is to be provided.
- 24 (3) Calvary must—
- 25 (a) comply with the request within the stated period; and
- 26 (b) provide the information in any stated format or way.

- 1 (4) For a purpose of this Act, the director-general may give any
2 information, including a public patient health record, provided to
3 them by Calvary under this section to a Territory employee or
4 contractor.

5 **13 Calvary and Territory must cooperate to ensure safe and**
6 **orderly transition etc**

- 7 (1) Calvary and the Territory must act in good faith, cooperate and do all
8 other things reasonably necessary to ensure—
- 9 (a) the safe and orderly transition of the operation of the public
10 hospital to the Territory; and
- 11 (b) the continued operation of, and maintenance of service delivery
12 standards at, the public hospital.
- 13 (2) Without limiting subsection (1), Calvary must—
- 14 (a) appoint a senior executive to—
- 15 (i) be the contact person for operational matters relating to the
16 transition of the operation of the public hospital to the
17 Territory; and
- 18 (ii) coordinate Calvary's role in the transition of the operation
19 of the public hospital to the Territory; and
- 20 (b) cooperate with the Territory to develop a transition plan for the
21 transfer of the operation of the public hospital and ensure its
22 employees, officers and contractors comply with the plan; and
- 23 (c) provide all reasonable assistance to enable the Territory to
24 obtain all licences and authorisations required by law to operate
25 the public hospital; and
- 26 (d) provide reasonable access to any records management
27 information technology systems used for public patient health
28 records, employee and payroll records, financial records and
29 other operations management records; and

Part 3 Acquisition and transition of public hospital operations

Section 13

- 1 (e) ensure its employees and officers provide all reasonable
2 assistance to the Territory to assist in the transition of the
3 operation of the public hospital to the Territory and ensure there
4 is sufficient staffing to do so; and
- 5 (f) ensure all maintenance and repair of public hospital facilities
6 and public hospital assets continues until the acquisition day;
7 and
- 8 (g) comply with all requirements under this Act as soon as is
9 reasonably practicable; and
- 10 (h) provide reasonable assistance to the Territory to enable the
11 Territory to comply with its obligations under this Act; and
- 12 (i) not do anything that hinders, obstructs or delays the transition of
13 the operation of the public hospital to the Territory; and
- 14 (j) promptly notify the Territory of any matter of which it is aware
15 may hinder, obstruct or delay the transition of the operation of
16 the public hospital to the Territory; and
- 17 (k) do anything else prescribed by regulation.
- 18 (3) Without limiting subsection (1), the Territory must—
- 19 (a) appoint a senior executive to—
- 20 (i) be the contact person for operational matters relating to the
21 transition of the operation of the public hospital to the
22 Territory; and
- 23 (ii) coordinate the Territory's role in the transition of the
24 operation of the public hospital to the Territory; and
- 25 (b) cooperate with Calvary to develop a transition plan for the
26 transfer of the operation of the public hospital and ensure its
27 employees and contractors comply with the plan; and

- 1 (c) ensure that any disruption to Calvary caused by the transition of
2 the operation of the public hospital to the Territory is minimised;
3 and
- 4 (d) comply with all requirements under this Act as soon as is
5 reasonably practicable; and
- 6 (e) provide reasonable assistance to Calvary to enable Calvary to
7 comply with its obligations under this Act; and
- 8 (f) not do anything that hinders, obstructs or delays Calvary in
9 complying with its obligations under this Act; and
- 10 (g) on request by Calvary, provide Calvary with any reasonable
11 assistance to enable Calvary to comply with its obligations
12 under this Act; and
- 13 (h) promptly notify Calvary of any matter of which it is aware may
14 hinder, obstruct or delay the transition of the operation of the
15 public hospital to the Territory; and
- 16 (i) do anything else prescribed by regulation.

- 1 **Part 4** What happens on or after
2 acquisition day
- 3 **Division 4.1** Operation of public hospital
- 4 **14** Operation of public hospital—generally
- 5 (1) On the acquisition day—
- 6 (a) the Crown lease for the hospital land is amended under
7 section 18; and
- 8 (b) the network agreements are terminated; and
- 9 (c) Calvary must—
- 10 (i) vacate the public hospital land; and
- 11 (ii) allow the Territory to enter the public hospital land; and
- 12 (iii) allow the Territory to use all public hospital assets; and
- 13 (iv) allow the Territory to perform any activity necessary for
14 the continued operation of the public hospital; and
- 15 (v) execute all documents necessary to give effect to a purpose
16 of this Act; and
- 17 (vi) do all other things reasonably necessary to ensure—
- 18 (A) the safe and orderly transition of the operation of the
19 public hospital to the Territory; and
- 20 (B) the continued operation of, and maintenance of
21 service delivery standards at, the public hospital.
- 22 (2) A regulation may provide for the following matters:
- 23 (a) the offer of employment by the Territory to public hospital
24 employees and employment by the Territory of those employees
25 and related matters;

-
- 1 (b) the disapplication of provisions of the *Public Sector*
2 *Management Act 1994* for paragraph (a);
- 3 (c) for public hospital contracts—
- 4 (i) the novation or assignment of the contracts to the Territory;
5 and
- 6 (ii) other arrangements in relation to the contracts, including
7 renegotiation by the Territory of existing contractual
8 arrangements with other parties to the contracts;
- 9 (d) arrangements with parties to charges or other security interests,
10 including renegotiation by the Territory of existing
11 arrangements;
- 12 (e) the transfer, retention and storage of public patient health
13 records, employment and other records of the public hospital;
- 14 (f) any other thing reasonably necessary to ensure—
- 15 (i) the safe and orderly transition of the operation of the public
16 hospital to the Territory; and
- 17 (ii) the continued operation of, and maintenance of service
18 delivery standards at, the public hospital.

19 **15 Access to hospital land on and after acquisition day**

- 20 (1) On the acquisition day—
- 21 (a) the Territory grants Calvary a licence to enter on the public
22 hospital land and do all things reasonably necessary—
- 23 (i) to allow Calvary to comply with its obligations under this
24 Act; and
- 25 (ii) to do any other thing reasonably required to ensure the
26 continued operation of facilities on the private hospital
27 land; and
- 28 (iii) for any other reason prescribed by regulation; and

Part 4 What happens on or after acquisition day
Division 4.1 Operation of public hospital
 Section 16

- 1 (b) Calvary grants the Territory a licence to enter on the private
 2 hospital land—
- 3 (i) to allow the Territory to comply with its obligations under
 4 this Act; and
- 5 (ii) to do anything mentioned in section 11; and
- 6 (iii) to do any other thing reasonably required to ensure—
- 7 (A) the safe and orderly transition of the operation of the
 8 public hospital to the Territory; and
- 9 (B) the continued operation of, and maintenance of
 10 service delivery standards at, the public hospital; and
- 11 (iv) for any other reason prescribed by regulation.
- 12 (2) The *Public Unleased Land Act 2013* does not apply to the grant of a
 13 licence by the Territory under this section except that the licence is
 14 taken to be a licence for that Act, section 43 (4) (Offence—use public
 15 unleased land without permit).
- 16 (3) In entering land under a licence granted under this section, the
 17 Territory and Calvary, must minimise any interference with the other
 18 party's use of the land to the extent reasonably practicable.
- 19 (4) This section expires on the day declared by the Minister.
- 20 (5) A declaration under subsection (4) is a notifiable instrument.
- 21 **16 Territory may grant Calvary short-term licence to operate**
 22 **public hospital**
- 23 (1) The Territory may grant Calvary a licence to operate the public
 24 hospital on and from the acquisition day to ensure the continued
 25 operation of, and maintenance of service delivery standards at, the
 26 public hospital while the matters required to be done under this part
 27 are done.
- 28 (2) The terms of the licence are as agreed by the Territory and Calvary.

- 1 (3) The *Public Unleased Land Act 2013* does not apply to the grant of a
2 licence by the Territory under this section except that the licence is
3 taken to be a licence for that Act, section 43 (4) (Offence—use public
4 unleased land without permit).

5 **17 Continued access to historical records relating to public**
6 **hospital**

- 7 (1) The director-general may at any time after the acquisition day request
8 that Calvary—

- 9 (a) provide historical information reasonably required by the
10 Territory in relation to the following:

- 11 (i) any existing or pending investigation, proceeding (whether
12 civil or criminal) or remedy in relation to a right, privilege
13 or liability under a law applying in the ACT in relation to
14 the operation of the public hospital before the acquisition
15 day;

- 16 (ii) the employment of public hospital employees before the
17 acquisition day including in relation to their rights and
18 entitlements;

- 19 (iii) any other thing prescribed by regulation; and

- 20 (b) do anything reasonably required in relation to the storage and
21 retention of information mentioned in paragraph (a) including
22 storing the information in a stated electronic form.

23 *Note* Nothing in this section limits any obligation Calvary or a related
24 corporation would otherwise have under a territory privacy law
25 (see s 22).

- 26 (2) A request—

- 27 (a) must be in writing; and

- 28 (b) must state a reasonable period within which the request must be
29 complied with; and

Part 4 What happens on or after acquisition day
Division 4.2 Amendment of Crown lease

Section 18

1 (c) may state a reasonable format or way in which the information
 2 is to be provided, stored or retained.

3 (3) Calvary must—

4 (a) comply with the request within the stated period; and

5 (b) provide, store or retain the information in any stated format or
 6 way.

7 **Division 4.2 Amendment of Crown lease**

8 **18 Territory must prepare draft deposited plan**

9 (1) The Territory must prepare a draft deposited plan describing—

10 (a) the land to be the subject of the amended Crown lease, which—

11 (i) substantially corresponds to the area identified as the
 12 ‘PRIVATE PRECINCT AREA’ in the plan in schedule 1;
 13 or

14 (ii) corresponds to any other area in the hospital land agreed in
 15 writing by the Territory and Calvary; and

16 (b) any easement or right of way the Territory decides is appropriate
 17 to allow Calvary to access the land the subject of the amended
 18 Crown lease; and

19 (c) any other thing prescribed by regulation.

20 (2) In this section:

21 ***draft deposited plan*** means a plan in a form that is registerable under
 22 the *Districts Act 2002*, section 7 (Deposited plans).

- 1 **19** **Amendment of the Crown lease etc**
- 2 (1) On the acquisition day, the Crown lease is amended—
- 3 (a) to only apply to the private hospital land; and
- 4 (b) in any other way prescribed by regulation.
- 5 (2) The registrar-general must, as soon as is practicable after the
- 6 acquisition day record the amendments on the register under the *Land*
- 7 *Titles Act 1925*.
- 8 (3) The Territory must—
- 9 (a) prepare an instrument for any easement or right of way noted in
- 10 the draft deposited plan prepared under section 18 (1) (b); and
- 11 (b) take all reasonable steps to ensure the draft deposited plan and
- 12 the instrument mentioned in paragraph (a) are registered under
- 13 the *Land Titles Act 1925*.

1 **Part 5** **Miscellaneous**

2 **20** **No repudiation etc of network agreements**

- 3 (1) None of the following constitutes a repudiation or breach of a network
4 agreement:
- 5 (a) the development or preparation of the Bill for this Act, or
6 government or Cabinet consideration of policy carried out in
7 developing or preparing the Bill;
- 8 (b) the presentation of the Bill in, and agreement to the Bill by, the
9 Legislative Assembly, or any processes associated with the
10 passage of the Bill through the Legislative Assembly;
- 11 (c) the making, notification or commencement of this Act;
- 12 (d) any act done in accordance with this Act;
- 13 (e) anything done by the Territory to give Calvary notice (whether
14 in writing or orally) of the Territory's intention to do a thing
15 mentioned in paragraphs (a) to (d);
- 16 (f) any other communication between the Territory and Calvary
17 before the commencement of this Act about a matter mentioned
18 in paragraphs (a) to (e).
- 19 (2) Calvary or a related corporation may not bring any claim against the
20 Territory for repudiation or breach of a network agreement, and is not
21 entitled to any compensation or remedy for repudiation or breach of
22 a network agreement, because of an event or matter mentioned in
23 subsection (1).
- 24 (3) Subsection (2) does not limit any right a person may have to
25 compensation for an acquisition under section 10 (Acquisition must
26 be on just terms).

1 **21 Performance of Calvary's obligations**

- 2 (1) This section applies if—
- 3 (a) this Act requires Calvary to do, or not do, a thing; and
- 4 (b) Calvary fails to comply with the requirement, including because
- 5 Calvary does not have or cannot access the resources required
- 6 to do so.
- 7 *Note* **Fail** includes refuse (see [Legislation Act](#), dict).
- 8 (2) A related corporation of Calvary nominated in writing by the
- 9 Territory must comply with the requirement or ensure another related
- 10 corporation does so.

11 **22 Application of privacy legislation**

- 12 (1) This section applies in relation to either of the following information
- 13 Calvary is required to give to the Territory under this Act
- 14 (the **transferred information**):
- 15 (a) a public patient health record;
- 16 (b) personal information of a public hospital employee or other
- 17 person.
- 18 (2) None of the following constitutes a breach of a territory privacy law:
- 19 (a) Calvary or a related corporation providing the transferred
- 20 information;
- 21 (b) the Territory receiving the transferred information;
- 22 (c) the Territory keeping the transferred information;
- 23 (d) the Territory using the transferred information for a purpose of
- 24 this Act.

Part 5 Miscellaneous

Section 23

1 (3) Nothing in this section limits any obligation Calvary, a related
 2 corporation or the Territory would otherwise have under a territory
 3 privacy law in relation to the use, disclosure and security of the
 4 transferred information.

5 (4) In this section:

6 *territory privacy law* means—

- 7 (a) the *Health Records (Privacy and Access) Act 1997*; and
 8 (b) the *Information Privacy Act 2014*.

9 **23 References to director-general etc**

10 (1) A reference to the *director-general* in this Act means the
 11 director-general of the administrative unit responsible for matters
 12 generally under the *Health Act 1993*.

13 (2) The director-general may delegate a function under this Act to—

- 14 (a) the director-general responsible for Canberra Health Services;
 15 or
 16 (b) another public servant.

17 **24 Supreme Court may order stay of proceedings under**
 18 **security**

19 (1) This section applies if—

- 20 (a) an interest acquired under this Act is, immediately before the
 21 acquisition day, subject to a security and the securityholder—
 22 (i) commences a proceeding and the proceeding was pending
 23 on the acquisition day; or
 24 (ii) commences, or proposes to commence, a proceeding on or
 25 after the acquisition day and before compensation has been
 26 paid in full in relation to the acquisition; or

- 1 (b) Calvary or a related corporation has granted a security over
2 property which is not acquired under this Act and, as a direct
3 consequence of the operation of this Act, the securityholder—
- 4 (i) commences a proceeding and the proceeding was pending
5 on the acquisition day; or
- 6 (ii) commences, or proposes to commence, a proceeding on or
7 after the acquisition day and before compensation has been
8 paid in full in relation to the relevant acquisition under this
9 Act.
- 10 (2) The Supreme Court may, on application by Calvary or a related
11 corporation and subject to any condition it considers appropriate—
- 12 (a) order a stay of the proceeding or enjoin the securityholder
13 against commencing or continuing the proceeding; and
- 14 (b) make any other order it considers appropriate.
- 15 (3) In this section:
- 16 *proceeding*, by a securityholder, means any action to enforce the
17 rights of the securityholder under the security, whether or not the
18 proceeding is in a court, including action with a view to taking
19 possession of or selling an interest or foreclosing.

20 **25 Court order to enforce exercise of powers**

- 21 (1) This section applies if—
- 22 (a) a person hinders or obstructs or intends to hinder or obstruct an
23 authorised person in the exercise of a function under section 11;
24 or
- 25 (b) Calvary does not comply with a requirement under—
- 26 (i) section 11 (Territory may enter hospital land); or
27 (ii) section 12 (Calvary to provide information); or

1 **27** **Execution of documents for or on behalf of Territory**

2 The planning and land authority may execute any instrument or other
3 document, for and on behalf of the Territory, relating to an acquisition
4 of land under this Act.

5 **28** **Regulation-making power**

6 The Executive may make regulations for this Act.

7 *Note* Power to make a regulation includes power to make different provision
8 in relation to different matters or different classes of matters (see
9 [Legislation Act](#), s 48).

Part 6 Repeal and consequential amendments

Section 29

1 **Part 6** **Repeal and consequential**
2 **amendments**

3 **29** **Legislation repealed**

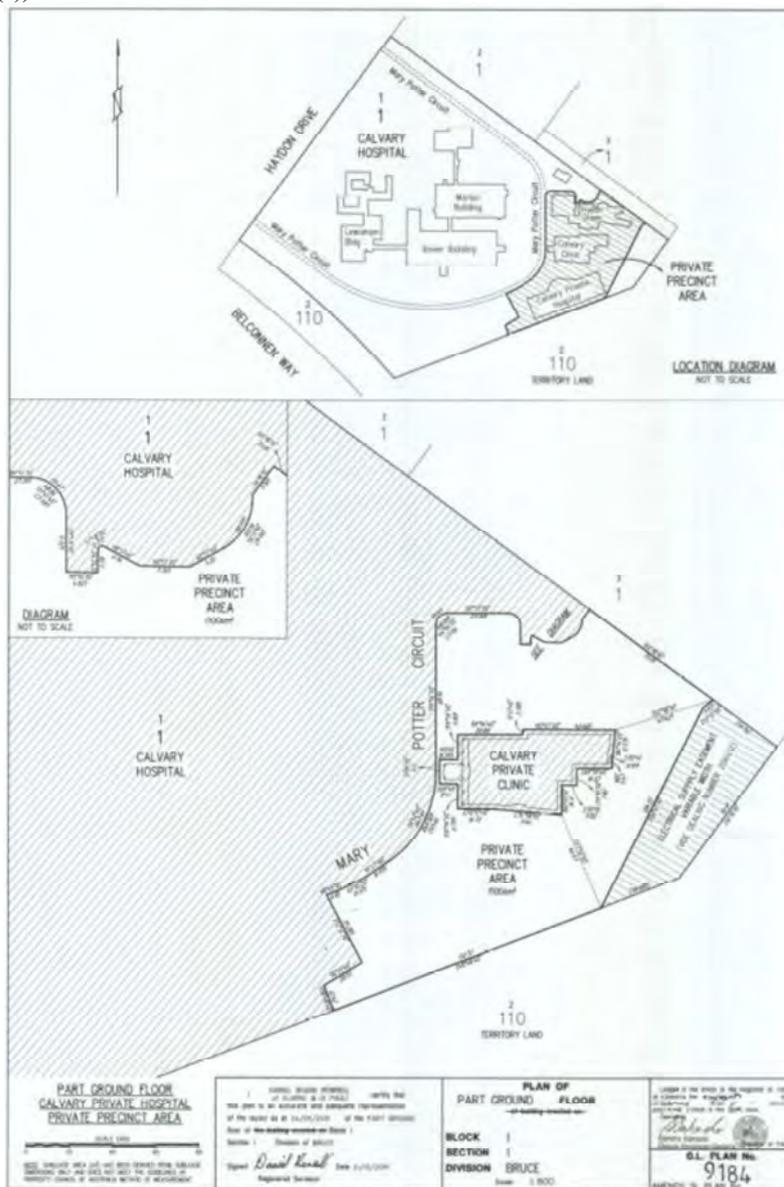
4 The *Road Transport (Safety and Traffic Management) Parking*
5 *Authority Declaration 2020 (No 6)* (DI2020-62) is repealed on the
6 acquisition day.

7 **30** **Legislation amended—sch 2**

8 This Act amends the legislation mentioned in schedule 2.

Schedule 1 Private precinct area

(see 18 (1) (a))



1 **Schedule 2 Consequential amendments**

2 (see pt 6)

3 **Part 2.1 Health Act 1993**

4 **[2.1] Section 50, definition of *chief executive officer, Calvary***

5 *omit*

6 **[2.2] Section 66 (4)**

7 *omit*

8 and the chief executive officer, Calvary (the *executive officers*)

9 **[2.3] Section 66 (5) and examples**

10 *substitute*

11 (5) If the director-general is told about the withdrawal or amendment of
12 the scope of clinical practice of a practitioner under this section, the
13 director-general must tell appropriate officers under their authority or
14 direction of the committee's decision so that proper effect can be
15 given to the decision.

16 **[2.4] Section 69 (6) (c)**

17 *omit*

18 **[2.5] Dictionary, definition of *chief executive officer, Calvary***

19 *omit*

1 **Part 2.2** **Health Infrastructure Enabling**
2 **Act 2023**

3 **[2.6] Section 6 (1) (d)**

4 *substitute*

5 (d) the *Planning and Development Act 2007* (repealed);

6 (da) the *Planning Act 2023*.

7 **[2.7] Section 6 (2) and (3)**

8 *omit*

9 *Planning and Development Act 2007*

10 *substitute*

11 *Planning Act 2023*

12 **Part 2.3** **Medicines, Poisons and**
13 **Therapeutic Goods**
14 **Regulation 2008**

15 **[2.8] Section 861A (5), definition of *public employee***

16 *substitute*

17 *public employee* includes a police officer.

18 **Part 2.4** **Public Sector Management**
19 **Act 1994**

20 **[2.9] Division 8.3**

21 *omit*

Dictionary

(see s 3)

Note The [Legislation Act](#) contains definitions relevant to this Act.
For example:

- [Corporations Act](#)
- director-general (see s 163)
- Executive
- public servant
- registrar-general
- territory law.

acquisition day—see section 7.

amended Crown lease means the Crown lease as amended under section 19.

Calvary means Calvary Health Care ACT Limited (ACN 105 304 989).

Crown lease means the Crown lease over the hospital land.

director-general—see section 23 (1).

excluded asset means—

- (a) any asset used only in, or only purchased for, the private hospital; and
- (b) any non-fixed asset of religious or cultural significance to Calvary or a related corporation, as agreed in writing by the Territory; and
- (c) any loan receivables between Calvary and a related corporation; and
- (d) any special purpose fund or trust fund for the public hospital held by Calvary or a related corporation the terms of which only Calvary or a related corporation can fulfil; and
- (e) any other thing prescribed by regulation.

1 **health record**—see the *Health Records (Privacy and Access)*
2 *Act 1997*, dictionary.

3 **hospital land** means Block 1 Section 1 Division of Bruce.

4 **interest**, in the public hospital land or a public hospital asset—

5 (a) means—

6 (i) the legal or equitable estate or interest in the public hospital
7 land or a public hospital asset; and

8 (ii) any other right (including a right under an option and a
9 right of redemption), charge, power or privilege over, or in
10 connection with, the public hospital land or a public
11 hospital asset or an interest in the public hospital land or a
12 public hospital asset; and

13 (b) includes—

14 (i) an interest of the Territory, a State or another Territory in
15 the public hospital land or a public hospital asset; and

16 (ii) an interest that did not previously exist in relation to the
17 public hospital land or a public hospital asset; and

18 (iii) a restriction on the use of the public hospital land or a
19 public hospital asset, whether or not annexed to the public
20 hospital land or public hospital asset; and

21 (c) does not include an interest excluded by regulation.

22 **network agreement**—

23 (a) means each of the following:

24 (i) the agreement between the Territory and Calvary dated
25 7 December 2011 in relation to the operation of the public
26 hospital on the hospital land;

27 (ii) the precinct deed;

Dictionary

- 1 (iii) if the provisions of the new public hospital agreement
2 applies because of clause 32 of the network agreement—
3 the agreement constituted by those provisions;
- 4 (iv) any other agreement (not including a public hospital
5 contract) related to the operation of the public hospital
6 prescribed by regulation; but
- 7 (b) does not include an agreement excluded by regulation.
- 8 **operation**, of the public hospital, includes the provision of public
9 health services by public hospital employees at places other than the
10 public hospital.
- 11 **patient**, of the public hospital, means a consumer as defined in the
12 *Health Records (Privacy and Access) Act 1997*, dictionary.
- 13 **precinct deed** means the Bruce Health Care Precinct Deed between
14 the Territory and Calvary dated on or about 7 December 2011.
- 15 **private hospital** means the private health care facilities (including
16 Hyson Green and Calvary Clinic) operated on the hospital land by
17 Calvary or a related corporation.
- 18 **private hospital land** means the land identified as the private hospital
19 land in the draft deposited plan prepared under section 18.
- 20 **public hospital** means the public hospital located on the hospital land
21 known as Calvary Public Hospital Bruce.
- 22 **public hospital assets**—
- 23 (a) means the following:
- 24 (i) the fixed and non-fixed assets of the public hospital
25 nominated by the Territory in writing;
- 26 (ii) the public hospital stock;
- 27 (iii) the motor vehicles used for the public hospital nominated
28 by the Territory in writing;

- 1 (iv) any special purpose fund or trust fund for the public
2 hospital held by Calvary or a related corporation the terms
3 of which only the Territory can fulfil;
- 4 (v) any asset purchased for the public hospital before the
5 acquisition day;
- 6 (vi) any other thing prescribed by regulation; but
- 7 (b) does not include—
- 8 (i) an excluded asset; or
- 9 (ii) a public hospital contract;
- 10 (iii) any other thing excluded by regulation.
- 11 ***public hospital contract—***
- 12 (a) means a contract (not including a network agreement) to which
13 Calvary or a related corporation is a party necessary for and
14 ancillary to the operation of the public hospital; and
- 15 (b) includes a contract (not including a network agreement)
16 prescribed by regulation.
- 17 ***public hospital employee—***
- 18 (a) means a person employed by Calvary or a related corporation
19 solely or substantially for the purpose of providing services in
20 or to the public hospital or other public health services and
21 includes the following:
- 22 (i) a person employed under the *Public Sector Management*
23 *Act 1994*;
- 24 (ii) a person employed under an industrial agreement
25 prescribed by regulation;
- 26 (iii) any other person prescribed by regulation; and
- 27 (b) does not include a person excluded by regulation.

- 1 **public hospital land** means that part of the hospital land that is not
2 private hospital land.
- 3 **public hospital stock** means stock in trade and inventory of the public
4 hospital and all other items held for sale or use in the ordinary course
5 of the operation of the public hospital as at the acquisition day and
6 includes items which are—
- 7 (a) held by or on behalf of Calvary or a related corporation; and
8 (b) in transit to Calvary or a related corporation; and
9 (c) on consignment with a customer or any other person.
- 10 **public patient health records** means a health record for a current or
11 past patient of the public hospital.
- 12 **purpose of this Act** means a purpose mentioned in section 5.
- 13 **related corporation**, of another corporation, means a related body
14 corporate, associate or related entity under the [Corporations Act](#).
- 15 **security**—
- 16 (a) means security over an interest in land or other property securing
17 the payment or repayment of money; and
- 18 (b) includes a mortgage.
- 19 **securityholder**, in relation to a security, means the person who is or
20 was entitled to receive payment or repayment of the money secured
21 by the security, or any agent or security trustee on their behalf.
- 22 **security right** means the interest in the land or other property of a
23 securityholder under a security.

Endnotes

- 1 Presentation speech**
Presentation speech made in the Legislative Assembly on 11 May 2023.
 - 2 Notification**
Notified under the [Legislation Act](#) on 2023.
 - 3 Republications of amended laws**
For the latest republication of amended laws, see www.legislation.act.gov.au.
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DRAFT

(Prepared by Parliamentary Counsel's Office)

Health Infrastructure Enabling Regulation 2023

Subordinate Law SL2023-

The Australian Capital Territory Executive makes the following regulation under the *Health Infrastructure Enabling Act 2023*.

Dated 2023.

Chief Minister

Minister

DRAFT

(Prepared by Parliamentary Counsel's Office)

Health Infrastructure Enabling Regulation 2023

Subordinate Law SL2023-

made under the

Health Infrastructure Enabling Act 2023

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Part 1 Preliminary

1 Name of regulation

This regulation is the *Health Infrastructure Enabling Regulation 2023*.

2 Commencement

This regulation commences on the day the Act, section 3 commences.

Note The naming and commencement provisions automatically commence on the notification day (see Legislation Act, s 75 (1)).

3 Dictionary

The dictionary at the end of this regulation is part of this regulation.

Note 1 The dictionary at the end of this regulation defines certain terms used in this regulation, and includes references (*signpost definitions*) to other terms defined elsewhere in this regulation.

For example, the signpost definition ‘*acquisition*, for part 4 (Compensation)—see section 9.’ means that the term ‘acquisition’ is defined in that section for part 4.

Note 2 A definition in the dictionary (including a signpost definition) applies to the entire regulation unless the definition, or another provision of the regulation, provides otherwise or the contrary intention otherwise appears (see Legislation Act, s 155 and s 156 (1)).

4 Notes

A note included in this regulation is explanatory and is not part of this regulation.

Part 2 Operation of public hospital

5 Public hospital employees—Act, s 14 (2) (a) and (b)

- (1) The Territory must make a written offer of employment with the Territory to each public hospital employee who satisfies all of the following criteria:
 - (a) they are a public hospital employee immediately before the acquisition day;
 - (b) they are an eligible person under the *Public Sector Management Act 1994*;
 - (c) they are not a person to whom the *Public Sector Management Act 1994*, section 138 (No reappointment of former officer in certain circumstances) applies;
 - (d) they are not ineligible under an industrial agreement to be re-employed by the Territory for a certain period because the employee has received a voluntary redundancy payment from the Territory;
 - (e) they have not accepted a redundancy payment or similar payment from Calvary or a related corporation.
- (2) An offer must be on terms that are, as far as possible under the *Public Sector Management Act 1994*, the same as or no less favourable than the terms applying to the public hospital employee's employment immediately before the acquisition day.
- (3) An offer is conditional on the public hospital employee—
 - (a) accepting the offer before the acquisition day or by any later day determined in writing by the director-general; and
 - (b) terminating their employment with Calvary or a related corporation as a public hospital employee on the acquisition day.
- (4) A determination under subsection (3) (a) is a notifiable instrument.

- (5) For each public hospital employee who accepts an offer of employment with the Territory under this section—
- (a) the Territory is liable for any entitlement (including annual, long service, personal or other leave) the employee has accrued or has a right to, immediately before the acquisition day; and
 - (b) the employee's employment as a public hospital employee is recognised prior service and continuous service for leave and other entitlements under the *Public Sector Management Act 1994* and any relevant industrial agreement.
- (6) The Territory is liable for—
- (a) any liability, loss or expense Calvary or a related corporation incurs as a result of the Territory not complying with subsection (4); and
 - (b) any redundancy or similar payment (not including any accrued annual, long service, personal or other leave) payable by Calvary or a related corporation to a public hospital employee—
 - (i) who is not employed by the Territory under this section; and
 - (ii) whose employment with Calvary or a related corporation has been terminated on or immediately after the acquisition day because of the operation of this Act.
- (7) The amount equivalent to the Territory's liability under subsection (4) (a) must be deducted from the amount of compensation to which Calvary or a related corporation is entitled under the Act as worked out under part 3.

Part 2 Operation of public hospital

Section 6

- (8) The following provisions do not apply to an offer of employment with the Territory under this section:
- (a) the *Public Sector Management Act 1994*, section 27 (Application of the merit and equity principle);
 - (b) the *Public Sector Management Standards 2016*, part 2 (Selection process).
- (9) In this section:
- eligible person***—see the *Public Sector Management Act 1994*, dictionary.

6 Prescribed industrial agreements—Act, dict, def *public hospital employee*, par (a) (ii)

- (1) The following industrial agreements are prescribed:
- (a) the *Administrative and Related Classifications Enterprise Agreement 2021-2022*;
 - (b) the *Health Professionals Enterprise Agreement 2021-2022*;
 - (c) the *Infrastructure Services Enterprise Agreement 2021-2022*;
 - (d) the *Support Services Enterprise Agreement 2021-2022*;
 - (e) the *Technical and Other Professional Enterprise Agreement 2021-2022*;
 - (f) the *Medical Practitioners Enterprise Agreement 2021-2022*;
 - (g) the *Nursing and Midwifery Enterprise Agreement 2020-2022*;
 - (h) any other agreement, including any agreement replacing an agreement mentioned in paragraphs (a) to (g) before the acquisition day, declared by the director-general.
- (2) A declaration under subsection (1) (h) is a notifiable instrument.

7 Public hospital contracts—Act, s 14 (2) (c)

- (1) The Territory must notify Calvary in writing which public hospital contracts (the *nominated contracts*) the Territory proposes to have novated or assigned to it.
- (2) Calvary must use all reasonable endeavours to ensure the Territory receives the full benefit of the nominated contract including by procuring the execution of deeds of assignment or novation if consent and agreement of a third party is required.
- (3) The Territory must—
 - (a) assume the rights and liabilities under each nominated contract novated or assigned to it under this section; and
 - (b) cooperate with Calvary in any reasonable arrangement intended to transfer to the Territory the benefit and the burden of each of those contracts.
- (4) If a nominated contract (a *residual nominated contract*) is not effectively assigned or novated to the Territory, on written request by the Territory—
 - (a) Calvary or a related corporation must account to the Territory for any benefit it receives in relation to the contract; and
 - (b) Calvary must do all things reasonably required by the Territory to ensure that the Territory receives the benefit of the contract; and
 - (c) Calvary or a related corporation must hold the benefit of the contract on bare trust for the Territory and deal with the contract only as directed by the Territory.
- (5) The Territory may give written notice (which must not be less than 7 days) to Calvary and the third party under a residual nominated contract that the Territory intends to novate the contract to the Territory.

Part 2 Operation of public hospitalSection 7

- (6) However, the Territory may only give notice under subsection (5) if it considers that novating the residual nominated contract is necessary for—
- (a) the safe and orderly transition of the operation of the public hospital to the Territory;
 - (b) the continued operation of, and maintenance of service delivery standards at, the public hospital.
- (7) If the Territory gives notice in relation to a residual nominated contract under subsection (5)—
- (a) the contract is novated on the day stated in the notice; and
 - (b) the third party may 6 months after the contract is novated to the Territory, or any other period stated in the notice, terminate the contract by written notice to the Territory; and
 - (c) if the third party terminates the contract under paragraph (b), the third party is not liable to the Territory for breach of the contract or for any compensation to the Territory.
- (8) Calvary is liable for any liability, loss or expense the Territory incurs because of a default by Calvary or a related corporation under, or breach by Calvary or a related corporation of, any nominated contract before the day the contract is assigned or novated to, or held in trust for, the Territory.
- (9) The Territory is liable for any liability, loss or expense a Calvary or a related corporation incurs as a result of any breach under, or breach by the Territory of, any nominated contract after the day the contract is assigned or novated to, or held in trust for, the Territory.

Part 3 **Amendment of Crown lease**

8 **Amendment of Crown lease—Act, s 19 (1) (b)**

The Crown lease is amended as set out in schedule 1.

Part 4 Compensation

Division 4.1 Preliminary

9 Definitions—pt 4

In this part:

acquisition means an acquisition of an interest under the Act.

claim means a claim for compensation under this part.

claimant means a person making a claim for compensation under this part.

compensation—see the Act, section 10 (5).

market value, of an interest on the acquisition day, means the amount that would have been paid for the interest if it had been sold at that time by a willing but not anxious seller to a willing but not anxious buyer.

miscellaneous interest—see section 16.

Division 4.2 Acquisition of Calvary's interest in the public hospital land

10 Matters relevant to working out compensation—Calvary's interest in the public hospital land

- (1) Matters that may be relevant to working out the amount of compensation for the acquisition of Calvary's interest in the public hospital land include the following:
 - (a) the market value of the Crown lease for the hospital land on the acquisition day considering—
 - (i) whether the Crown lease and preceding Crown lease for the hospital land were granted to Calvary for no charge and a nominal rent was payable under the leases; and

- (ii) that the Crown lease as amended under the Act, section 18 continues to be held by Calvary for no charge and for nominal rent;
 - (b) the value, on the acquisition day, of any financial advantage to Calvary, additional to the market value of the Crown lease for the hospital land, incidental to Calvary's interest in the hospital land;
 - (c) any reasonable increase or decrease in the value of the private hospital land or buildings or other improvements on it directly caused by—
 - (i) the removal of the public hospital land from the Crown lease; or
 - (ii) the development of a new public hospital on the public hospital land;
 - (d) any costs reasonably incurred by Calvary as a direct and reasonable consequence of it complying with its obligations under the Act;
 - (e) any other loss, injury or damage suffered, or expense reasonably incurred, by Calvary as a direct and reasonable consequence of the acquisition.
- (2) Calvary must take all reasonable steps to minimise any loss, injury or damage suffered, or expense reasonably incurred by Calvary because of the acquisition of Calvary's interest in the public hospital land.

Example

make a claim under an insurance policy or under an indemnity or other contractual right for a loss

**11 Matters to be disregarded in working out compensation—
Calvary's interest in the public hospital land**

In working out the amount of compensation under this division, the following must be disregarded:

- (a) the market value of the amended Crown lease;
- (b) the value of any buildings or improvements on the hospital land or capital items funded by the Territory, the Commonwealth or any person other than Calvary or a related corporation;
- (c) costs arising from the termination or variation of an agreement or other arrangement between Calvary and a related corporation;
- (d) any amount that is claimed by Calvary or another claimant under division 4.3 (Acquisition of security rights) or division 4.4 (Acquisition of miscellaneous interests);
- (e) any compensation paid or payable under another territory law;
- (f) anything else excluded under another provision of this regulation or the Act.

12 Hospital land subject to security

- (1) As a general rule, the compensation for the acquisition of Calvary's interest in the public hospital land is determined as if the interest had not been subject to any security.
- (2) To avoid double counting, if compensation is payable under this part to a securityholder, the compensation payable to Calvary is reduced by so much of the compensation payable to the securityholder as represents the amount worked out under division 4.3 (Acquisition of security rights).

Division 4.3 Acquisition of security rights

13 Matters relevant to working out compensation—security rights

- (1) Matters that may be relevant to working out the amount of compensation for the acquisition of a security right under a security (the *relevant security*) include the following:
 - (a) the amount reasonably determined to reflect the value of the impact of the acquisition of the security right on the debt arrangements which are secured by the relevant security;
 - (b) any other costs reasonably incurred by the securityholder as a direct and reasonable consequence of the acquisition.
- (2) Calvary and any securityholder must take all reasonable steps to minimise any loss, injury or damage suffered, or expense reasonably incurred because of the acquisition of the security right.

14 Matters to be disregarded in working out compensation—security interests

In working out the amount of compensation under this division, the following must be disregarded:

- (a) any amount that is claimed by Calvary or another claimant under division 4.2 (Acquisition of Calvary's interest in the public hospital land) or division 4.4 (Acquisition of miscellaneous interests);
- (b) any compensation paid or payable under another territory law;
- (c) anything else excluded under another provision of this regulation or the Act.

15 Securityholder may waive rights in relation to security rights

- (1) The securityholder under a security may, by written notice to the Territory, waive the securityholder's right to any compensation under the Act in relation to the acquisition of a security right.
- (2) The Territory may, by written notice given to a securityholder from whom a security right has, or may have been, acquired under the Act, require the securityholder, at the securityholder's option to—
 - (a) make a claim under division 4.5; or
 - (b) waive the right to compensation.
- (3) If a securityholder does not, within 30 days after a notice under subsection (2) is given to the securityholder or any further period as the Territory, in writing, allows, make a claim for compensation, the securityholder is taken to have waived the right to compensation in relation to the acquisition of the security right.
- (4) A securityholder who waives the right to compensation in relation to the acquisition of a security right—
 - (a) is debarred from recovering any compensation from the Territory or the Commonwealth in relation to the acquisition; but
 - (b) retains, in relation to the security right, any right or remedy that the securityholder may have—
 - (i) against Calvary; or
 - (ii) in relation to any interest in the public hospital land, public hospital assets or network agreements that is still subject to the security.

Division 4.4 Acquisition of miscellaneous interests

16 Application—div 4.4

This division applies to an acquisition of an interest (a *miscellaneous interest*) other than an acquisition of—

- (a) Calvary's interest in the public hospital land; or
- (b) a security right.

Examples

- 1 Calvary's interest in the public hospital assets acquired under the Act, s 9 (1) (Acquisition of public hospital assets)
- 2 any interest in land that is not a security right that is taken to have been acquired under the Act, s 8 (2) (Acquisition of public hospital land)
- 3 any other interest that is not a security right that is taken to have been acquired under the Act, s 9 (2)

17 Matters relevant to working out compensation—miscellaneous interests

- (1) Matters that may be relevant to working out the amount of compensation for an acquisition of a miscellaneous interest include the following:
 - (a) except in a case to which paragraph (b) applies—
 - (i) the market value of the interest on the acquisition day; and
 - (ii) the value, on the acquisition day, of any financial advantage to the person, additional to market value, incidental to the person's interest; and
 - (iii) the impact caused by the acquisition on any other interest ancillary to the person's interest;
 - (b) if the person's interest was diminished, but not extinguished, by the acquisition—the loss suffered by the person because of the diminution of the person's interest;

- (c) any loss, injury or damage suffered, or expense reasonably incurred, by the person as a direct and reasonable consequence of the acquisition.
- (2) A person must take all reasonable steps to minimise any loss, injury or damage suffered, or expense reasonably incurred by them because of the acquisition of the person's interest.

Example

make a claim under an insurance policy or under an indemnity or other contractual right for a loss

18 Matters to be disregarded in working out compensation—miscellaneous interests

In working out the amount of compensation under this division, the following must be disregarded:

- (a) the value of any item funded by the Territory, the Commonwealth or any person other than Calvary or a related corporation;
- (b) costs arising from the termination or variation of an agreement or other arrangement between Calvary and a related corporation;
- (c) any amount that is claimed by Calvary or another claimant under division 4.2 (Acquisition of Calvary's interest in the public hospital land) or division 4.3 (Acquisition of security rights);
- (d) any compensation paid or payable under another territory law;
- (e) anything else excluded under another provision of this regulation or the Act.

19 Miscellaneous interest subject to security

- (1) This section applies if—
 - (a) a miscellaneous interest is acquired from a person (the *owner*) under the Act; and
 - (b) immediately before the acquisition day, the interest was subject to a security.
- (2) As a general rule, the compensation to which the owner of the interest is entitled in relation to the acquisition is determined as if the interest had not been subject to any security.
- (3) To avoid double counting, if compensation is payable under this part to a securityholder, the compensation payable to Calvary is reduced by so much of the compensation payable to the securityholder as represents the amount worked out under division 4.3 (Acquisition of security rights).

Division 4.5 Claims for, and offers of compensation**20 Claims for compensation—generally**

- (1) A person who considers that they are entitled to be paid compensation under the Act may make a claim for compensation in accordance with this division.
- (2) A claim must be made—
 - (a) within the 12-month period starting on the acquisition day; or
 - (b) if the Minister gives notice before the end of that period of a later day—the day stated in the notice.
- (3) If a person does not make a claim for compensation, within 30 days after a notice under subsection (2) (b) is given to the person or any further period as the Territory, in writing, allows, the person is taken

to have waived the right to compensation in relation to the acquisition.

- (4) A person who waives the right to compensation in relation to the acquisition under subsection (3)—
- (a) is debarred from recovering any compensation from the Territory or the Commonwealth in relation to the acquisition; but
 - (b) in relation to a security interest—retains, in relation to the security, any right or remedy that the person may have against Calvary or a related corporation.
- (5) A notice under subsection (2) (b) is a notifiable instrument.

21 How claims must be made

- (1) A claim must—
- (a) be in writing and in any form reasonably required by the Territory; and
 - (b) state the interest of the person that has been acquired under the Act; and
 - (c) state the amount of compensation the person claims in relation to the acquisition; and
 - (d) include sufficient detail to allow the claim to be considered, including detail about how a monetary amount claimed is worked out; and
 - (e) if the claim is in relation to the acquisition of a security right under a security—state the total value of the impact of the acquisition on the relevant debt arrangement, how it has been determined (including calculations, if relevant), and the total amount of debt secured by the security.
- (2) A claim is taken to be made only when it is given to the director-general.

- (3) A person may withdraw their claim by written notice to the director-general.
- (4) If a claim is withdrawn, the Act has effect as if the claim had never been made.
- (5) The director-general may determine further requirements for how a claim must be made under this section.
- (6) A determination under subsection (5) is a notifiable instrument.

22 Territory may request further information about claims

The director-general may, in writing, require a claimant to give the director-general information that the director-general reasonably considers is needed to decide a claim within a stated period.

23 Timeframe for deciding initial claims

- (1) The director-general must decide a claim within 12 weeks after the day—
 - (a) the claim is given to them; or
 - (b) if information is requested under section 22—the information is given to them.
- (2) The claimant may agree in writing to an extension of the 12-week period before the end of the period.

24 Early compensation arrangements

- (1) The Territory may make a payment to a claimant or do any other thing on account of compensation that may—
 - (a) become payable to a claimant under this division; or
 - (b) be required to be done by the Territory under this division; or
 - (c) assist to mitigate the impacts of the acquisition on the claimant in the period before compensation is given.

- (2) Anything done by the Territory under subsection (1) does not constitute acceptance by the Territory of any claim made under this division.
- (3) Acceptance by a claimant of anything done by the Territory under subsection (1) does not constitute an acceptance of any offer made by the Territory under this division.

25 Effect of compensation claim in relation to acquisition of security rights

- (1) This section applies if—
 - (a) a security right has been acquired by the Territory from a securityholder; and
 - (b) the securityholder makes a claim for compensation in relation to the acquisition.
- (2) The acquisition is taken, on the acquisition day, to have—
 - (a) discharged and released the public hospital land, public hospital assets and Calvary's interests in the network agreements from the security; and
 - (b) discharged and released the liability of Calvary under the security to the extent attributable to the public hospital land, public hospital assets and Calvary's interests in the network agreements; and
 - (c) discharged and released Calvary and its related corporations from the obligation to pay or repay to the securityholder an amount equal to the amount of compensation paid to or for the account of the securityholder.
- (3) On the giving of the compensation to the securityholder, the securityholder must, if required by Calvary and at the expense of Calvary, execute a discharge to the extent provided for in subsection (2).

26 Amount paid in relation to security rights extinguished by s 25

- (1) If an amount has been paid to or recovered by the securityholder under a security in relation to a liability that, on the making of a claim by the securityholder, is, by section 25, taken to have been discharged—
 - (a) the securityholder is liable to repay that amount to the person who paid it; and
 - (b) the Territory may deduct from the compensation payable to the securityholder and pay to the person who paid that amount the amount that has not been repaid.
- (2) A payment made by the Territory under subsection (1) (b) is taken to have been made in discharge of the obligation of the securityholder under subsection (1) (a).

27 Territory must accept or reject claim for compensation

- (1) If the Territory is satisfied that the interest stated in a claim is an acquisition from the claimant, the Territory must make an offer of compensation to the claimant that the Territory considers the claimant is entitled to in accordance with this part.
- (2) The Territory must give the claimant written notice stating—
 - (a) that the claim is accepted; and
 - (b) how the compensation offered was, or will be, worked out.
- (3) If the Territory does not consider that the interest stated in the claim is an acquisition from the claimant under the Act the Territory must reject the claim.

- (4) If the Territory rejects the claim, it must give written notice to the claimant stating—
 - (a) that the claim is rejected; and
 - (b) the reasons why it is rejected.
- (5) If the Territory has not given the claimant a notice under subsection (2) or (4) within the period mentioned in section 23 (Timeframe for deciding initial claims), the Territory is taken to have rejected the claim.

28 Claimant may accept or reject Territory’s compensation offer

If the Territory makes an offer of compensation under section 27 (1), the claimant may, by written notice to the director-general—

- (a) accept the offer; or
- (b) do both of the following:
 - (i) reject the offer;
 - (ii) state the amount of compensation they consider they are entitled to and how the amount is worked out.

29 Territory must reconsider offer and make final offer

- (1) If the director-general receives a notice rejecting an offer under section 28 (b) (i), the Territory must—
 - (a) reconsider the amount of compensation within 12 weeks after the day the Territory receives the notice; and
 - (b) consider the information included in the notice; and
 - (c) give the claimant a written final offer of compensation that the Territory considers the claimant is entitled to under this part.

- (2) The Territory must state in the final offer how the compensation offered is worked out.
- (3) The claimant must accept or reject the final offer by written notice to the director-general.

Division 4.6 Payment etc of compensation

30 Payment etc of compensation

- (1) If a claimant accepts an offer of an amount of compensation under section 28 (a) or section 29 (3) in relation to an acquisition, the amount of compensation given to the claimant under the Act, section 10 (Acquisition must be on just terms) for the acquisition is—
 - (a) the amount of compensation in the accepted offer; less
 - (b) any amount paid, or the value of any other compensation given, by the Territory to the claimant under section 24 (Early compensation arrangements).
- (2) The Territory must give the claimant the compensation as soon as is reasonably practicable after the claimant has—
 - (a) produced or surrendered all deeds and documents relating to, or evidencing, the claimant's title to the acquired interest that the Territory reasonably requires to be produced or surrendered; and
 - (b) executed all documents, including any deed of release, the Territory reasonably requires; and
 - (c) complied with any obligations under the Act.

31 Interest payable on compensation—acquisition other than security rights

- (1) This section applies if the Territory is liable to pay a monetary component of compensation to a claimant under this part in relation to an acquisition, other than a security right.
- (2) The Territory must pay the claimant interest on the compensation at the relevant rate for the month when the Territory becomes liable to pay the compensation on and from the acquisition day until—
 - (a) the day on which the compensation is paid; or
 - (b) if payment is delayed through a default or delay of the claimant, until the day on which the compensation would have been paid but for the default or delay.
- (3) For subsection (2), if—
 - (a) the Territory made a final offer of compensation to the claimant under section 29 (1) (c); and
 - (b) the claimant rejected the final offer; and
 - (c) the amount of compensation payable under this division is less than the final offer;

payment of the compensation by the Territory is taken to have been delayed because of the claimant and the day on which compensation would have been paid but for that delay is taken to be the day on which the claimant received notice of the final offer.
- (4) If, on the day following the end of the period of 3 months, starting on the acquisition day, or any subsequent 3-month period, the interest payable to the claimant under subsection (2) in relation to the period has not been paid, this part has effect as if, on that day, the amount of compensation payable were increased by the amount of the unpaid interest.

(5) Interest is not payable to the claimant on the whole or any part of the compensation otherwise than in accordance with this section.

(6) In this section:

relevant rate, of interest, means the rate that is the assessed secondary market yield for 5 year non-rebate Treasury bonds, published by the Reserve Bank of Australia.

32 Interest payable on compensation—security rights

(1) This section applies if the Territory is liable to pay compensation to a claimant under this part in relation to the acquisition of a security right.

(2) The Territory must pay the claimant interest on the amount representing the principal secured under the security included in the compensation at the lowest rate (whether for prompt payment or otherwise) provided for by the security on and from the acquisition day until—

- (a) the day on which the compensation is paid; or
- (b) if payment is delayed through a default or delay of the claimant, until the day on which the compensation would have been paid but for the default or delay.

(3) For subsection (2) if—

- (a) the Territory made a final offer of compensation to the claimant under section 29 (1) (c); and
- (b) the claimant rejected the final offer; and
- (c) the amount of compensation payable under this part is less than the final offer;

payment of the compensation by the Territory is taken to have been delayed because of the claimant and the day on which compensation would have been paid but for that delay is taken to be the day on which the claimant received notice of the final offer.

Part 4 Compensation
Division 4.7 Dispute resolution

Section 33

- (4) If, on the day following the end of the period of 3 months, starting on the acquisition day, or any subsequent 3-month period, the interest payable to the claimant under subsection (2) in relation to the period has not been paid, this part has effect as if, on that day, the amount of compensation payable were increased by the amount of the unpaid interest.
- (5) Interest is not payable to the claimant on the whole or any part of the compensation payable otherwise than in accordance with this section.

Division 4.7 Dispute resolution

33 Expert determination

- (1) This section applies if a dispute arises between a claimant and the Territory.
- (2) The party in dispute must give the other party written notice of the dispute no later than 30 days after the dispute arises.
- (3) Unless the parties to the dispute otherwise agree—
 - (a) as soon as is practicable after the notice under subsection (2) is given—
 - (i) an independent expert must be appointed to decide the dispute; and
 - (ii) the dispute must be promptly referred to the independent expert; and
 - (b) a party may not commence legal proceedings in relation to the dispute if the dispute has not been first decided by the independent expert.

- (4) The person appointed as an independent expert, including the terms of the appointment, is—
- (a) as agreed in writing by the parties to the dispute; or
 - (b) if the parties are unable to agree—a person nominated in writing by a relevant professional body declared by the Minister.
- (5) If a dispute is referred to an independent expert, the expert must—
- (a) make a determination—
 - (i) as an expert; and
 - (ii) based on the information provided to them by the parties; and
 - (b) give the parties written notice of the determination and reasons for it.
- (6) A determination by an independent expert—
- (a) is final and binding on the parties for the Act and any court proceeding under the Act; but
 - (b) may be reviewed by a court of competent jurisdiction for legal error.
- (7) A declaration under subsection (4) (b) is a notifiable instrument.
- (8) In this section:
- dispute* means a dispute about how compensation is worked out under this part but does not include a question of law.

Part 5 Miscellaneous

34 Effect of acquisition of security right on securityholder's rights

- (1) This section applies to any security right that is taken to have been acquired by the Territory under the Act.
- (2) The securityholder retains, in relation to so much of the security as is not discharged by section 25 (Effect of compensation claim in relation to acquisition of security right), any right and remedy that the securityholder may have—
 - (a) against Calvary; or
 - (b) in relation to any interest that is still subject to the security.

Schedule 1 Amended Crown lease

(see s 8)

1.1 Amendment of Crown lease

The Crown lease is amended as follows:

- (a) text that is underlined is inserted into the Crown lease;
- (b) text that is struck through is omitted from the Crown lease.

Entered in the Register Book

Volume Folio

Registrar-General

Section 167

**Land (Planning and
Environment) Act applies**

*AUSTRALIAN CAPITAL TERRITORY
LAND (PLANNING AND ENVIRONMENT) ACT 1991*

*Australian Capital Territory (Planning and Land
Management) Act 1988 (C'th) ss 29, 30 & 31*

LESSEE

LEASE GRANTED pursuant to the *Land
(Planning and Environment) Act 1991* and the
Regulations thereunder on the Sixteenth day of
November One thousand nine hundred and ninety
nine WHEREBY THE AUSTRALIAN
CAPITAL TERRITORY EXECUTIVE ON
BEHALF OF THE COMMONWEALTH OF
AUSTRALIA (hereinafter called "the
Commonwealth") grants to **CALVARY
HOSPITAL ACT INCORPORATED** an

LAND association incorporated under the Associations Incorporation Act 1991 of the Australian Capital Territory having its principal office at Calvary Hospital Bruce in the said Territory (hereinafter called "the Lessee") ALL THAT piece or parcel of land situate in the Australian Capital Territory containing an area of ~~12.69~~ *[insert area of*

TERM *private hospital land]* hectares or thereabouts and being ~~Block 1 Section 1 Division of Bruce~~ *[insert identifier for private hospital land]* as delineated on ~~Deposited Plan Number 2360~~ *[insert deposited plan number for private hospital land]* in the Registrar-General's Office at Canberra in the said Territory (hereinafter referred to as "the land") RESERVING unto the Territory all minerals TO HOLD unto the Lessee for the term of ninety nine years commencing on the sixteenth day of November One thousand nine hundred and ninety nine (hereinafter referred to as "the date of the commencement of the lease") to be used by the Lessee for the purpose set forth in sub-clause (a) of Clause 3 of this lease only YIELDING AND PAYING THEREFOR rent in the amount and in the manner and at the times hereinafter provided and UPON AND SUBJECT

TO the covenants conditions and agreements
hereinafter contained.

1. INTERPRETATION

1.1 IN THIS LEASE, unless the contrary intention appears:

- (a) **Adjacent Land** means ***insert identifier for public hospital land***;

- (b) **Australian Capital Territory Executive** means the **Executive** established by section 36 of the *Australian Capital Territory (Self-Government) Act 1988 (C'th)*;

- (c) **Lessee** shall –
 - (i) where the Lessee consists of one person be deemed to include the Lessee and the executors administrators and assigns of the Lessee;

 - (ii) where the Lessee consists of two or more persons be deemed to include in the case of a tenancy in common the persons and each of them and their and each of their executors administrators and assigns and in the case of a joint tenancy be deemed to include the said persons and each of them and their and each of their assigns and the executors administrators and assigns of the survivor of them; and

(iii) where the Lessee is a corporation be deemed to include such corporation its successors and assigns;

(d) **Territory** means –

(i) when used in a geographical sense the Australian Capital Territory; and

(ii) when used in any other sense the body politic established by section 7 of the *Australian Capital Territory (Self Government) Act 1988* (C'th);

2. THE LESSEE COVENANTS WITH THE COMMONWEALTH as follows:

RENT

(a) That the Lessee shall pay to the Territory rent at the rate of ten cents per annum if and when demanded payable within one month of the date of any demand made by the Territory relating thereto and served on the Lessee;

MANNER OF PAYMENT OF RENT

(b) That any rent or other moneys payable by the Lessee to the Territory under this lease shall be paid to such person as may be authorised by the Territory for that purpose at Canberra in the said Territory without any deduction whatsoever.

3. THE LESSEE FURTHER COVENANTS WITH THE COMMONWEALTH as follows:

- | | | |
|-------------------------------------|-----|--|
| PURPOSE | (a) | To use the said land only for the purpose of a hospital and ancillary services thereto and accommodation facilities for employees of the hospital and a residence and ancillary services for members of the Calvary Hospital ACT Incorporated who are conducting the hospital; |
| BUILDING SUBJECT TO APPROVAL | (b) | That the Lessee shall not without the previous approval in writing of the Territory erect any building or structure other than a hospital or make any structural alteration to any building or erection on the said land; |
| REPAIR | (c) | That the Lessee shall at all times during the said term maintain repair and keep in repair all buildings and erections on the said land all to the satisfaction of the Territory. In case of loss or damage to any buildings or other improvements on the said land which have been wholly paid for directly or indirectly by the Territory the Territory may in their absolute discretion at their own cost replace such buildings or other improvements as they think fit; |

FAILURE TO REPAIR

- (d) If and whenever the Lessee fails to repair or keep in repair any building or erection on the said land the Territory may by notice in writing to the Lessee specifying the wants of repairs require the Lessee to effect repairs in accordance with the said notice or to remove the building or erection and if after the expiration of one calendar month from the date of the said notice or such longer time as the Territory may in writing allow the Lessee has not effected the said repairs or removed the building or erection the Territory with such equipment as is necessary may enter upon the said land and effect the said repairs or (if the Territory is of the opinion the building or erection is beyond reasonable repair) may demolish and remove the building or erection;

SUB-LETTING

- (e) Not to assign sub-lease or part with possession of any or all of the said land or buildings erections or improvements thereon without the previous approval in writing of the Territory;

RIGHT OF INSPECTION	(f)	Subject to the provisions of the <i>Land (Planning and Environment) Act 1991</i> to permit any person or persons authorised by the Territory to enter upon the said land at all reasonable times and in any reasonable manner and inspect the said land and any buildings erections and improvements thereon;
RATES AND CHARGES	(g)	To pay all rates charges and other statutory outgoings assessed levied or payable in respect of the said land as and when the same fall due;
<u>LAND ACCESS</u>	(h)	<u>To permit any person or persons authorised by the Territory to enter upon the said land at all reasonable times and in any reasonable manner to enable access between the hospital on the Adjacent Land and any hospital on the land.</u>

4. **THE COMMONWEALTH COVENANTS WITH THE LESSEE** that the Lessee observing and performing the covenants on the part of the Lessee to be observed or performed shall quietly enjoy the said land without interruption by the Territory; **THE COMMONWEALTH FURTHER COVENANTS WITH THE LESSEE** that while the Adjacent Land is owned or controlled by the Territory the Lessee (and/or any approved sublessee operating a hospital on the land) will be permitted to access any hospital on the Adjacent Land at such times and in such manner as is reasonably required for the purpose of the conduct of the business of a hospital operated from the land by the Lessee and/or their approved sublessee.

5. IT IS MUTUALLY COVENANTED AND AGREED as follows:

SURRENDER

- (a) In the event of the expiration surrender or termination of the lease (not being termination arising under the next succeeding sub-clause) the Lessee shall not remove or be entitled to compensation for the value of any buildings or other improvements on the said land which have been wholly paid for directly or indirectly by the Territory. In respect of all other buildings and other improvements the Lessee may be paid such compensation as determined by the Territory having regard to the financial contribution made by the Lessee in the construction of those buildings and other improvements provided that the amount or amounts payable as compensation shall not exceed the value or values of such buildings or other improvements at the time of the expiration surrender or termination;
- (b) In the event that the Lessee breaches or fails to comply with any ~~of the terms and conditions of the Agreement made between the Australian Capital Territory and Calvary Health Care ACT Limited dated the seventh day of December two thousand and eleven which said Agreement deals with the construction establishment operation and maintenance of Calvary Hospital in the said Territory or any of the covenants of this lease or any applicable law of the said Territory the~~

Schedule 1 Amended Crown lease

Territory without prejudice to any other remedy may give the Lessee thirty days notice requiring it to rectify such breach or omission and in the event that such breach or omission is not rectified within such time the Territory may forthwith terminate the lease and in that event the Lessee will be entitled to fair and reasonable compensation for the value of the buildings and other improvements having regard to the financial contributions made by the Lessee in the construction of those buildings and other improvements;

FURTHER LEASE (c) Subject to the provisions of the *Land (Planning and Environment) Act 1991* the Lessee shall be entitled to a further lease of the said land for such further term and at such rent and subject to such conditions as may then be provided or permitted by Statute Ordinance or Regulation;

NOTICES (d) That any notice requirement demand consent or other communication to be given to or served upon the Lessee under this lease shall be deemed to have been duly given or served if signed by or on behalf of the Territory and delivered to or sent in a prepaid letter addressed to the Lessee at the registered office of the Lessee in the said Territory BUT if for any reason the Lessee does not have a registered office in the said Territory then at the usual or last-known address of the

**EXERCISE OF
POWERS**

- (e) Lessee or affixed in a conspicuous position on the said land;
- Any and every right power and or remedy conferred on the Commonwealth the Territory or the respective Ministers hereunder or implied by law may be exercised on behalf of the Commonwealth the Territory or the respective Ministers as the case may be by:
- (i) the Australian Capital Territory Executive;
 - (ii) the Minister for the time being administering the *Land (Planning and Environment) Act 1991* or any Statute Ordinance or Regulation substituted therefor;
 - (iii) an authority or person for the time being authorised by the Australian Capital Territory Executive or the Minister referred to in (i) or (ii) above or by law to exercise those powers or functions of the Territory the Commonwealth or the relevant Minister; or
 - (iv) the person to whom the Minister referred to in (ii) above has delegated all his powers or functions under the said *Land (Planning and Environment) Act 1991* or any Statute Ordinance or Regulation substituted therefor.

Schedule 1 Amended Crown lease

IN WITNESS whereof the Australian Capital Territory Executive on behalf of the Commonwealth and the Lessee have executed this Lease.

**SIGNED, SEALED and
DELIVERED** by DULCE
LANDER
a person duly authorised by the
Australian Capital Territory
Executive for and on behalf of the
Commonwealth in the presence of:

Signature of delegate

Signature of witness

Name of delegate (block letters)

Full name of witness (block letters)

Position of delegate (block letters)

The Common Seal of **CALVARY
HOSPITAL ACT
INCORPORATED** was affixed
hereto by the authority of the Local
Council and in the presence of:

Signature of authorised person

Signature of witness

Name of authorised person (block letters)

Full name of witness (block letters)

Position of authorised person (block letters)

Dictionary

(see s 3)

Note 1 The Legislation Act contains definitions relevant to this regulation. For example:

- notifiable instrument
- the Territory
- territory law.

Note 2 Terms used in this regulation have the same meaning that they have in the *Health Infrastructure Enabling Act 2023*. For example, the following terms are defined in the Act, dict:

- acquisition day (see s 7)
- Crown lease
- director-general (see s 22 (1))
- hospital land
- interest, in the public hospital land
- network agreement
- public hospital assets
- public hospital contract
- public hospital employee
- public hospital land
- security
- securityholder
- security right.

acquisition, for part 4 (Compensation)—see section 9.

claim, for part 4 (Compensation)—see section 9.

claimant, for part 4 (Compensation)—see section 9.

compensation—see the Act, section 10 (5).

market value, for part 4 (Compensation)—see section 9.

miscellaneous interest, for part 4 (Compensation)—see section 16.

Endnotes

1 Notification

Notified under the Legislation Act on 2023.

2 Republications of amended laws

For the latest republication of amended laws, see www.legislation.act.gov.au.

From: Gower, Tara (Health) on behalf of ACT Health DLO
Sent: Friday, 19 May 2023 12:20 PM
To: Health Ministerial Liaison Officer
Subject: FOR NOTING : BCC Media Release - NORTHSIDE HOSPITAL A WELCOME INVESTMENT FOR THE BELCONNEN DISTRICT.
Attachments: Northside Hospital - MR - Final.pdf
Importance: High
Categories: Kathy

OFFICIAL

Hi team

Please add to TRIM under MIN23/434 and send to the NH Project Team for noting.

Thank you

Tara

Tara Gower | Directorate Liaison Officer | ACT Health Directorate

Mob: [Schedule 2.2\(a\)\(ii\)](#) Email: ACTHealthDLO@act.gov.au

Office of Rachel Stephen-Smith | Minister for Health

Office of Emma Davidson | Minister for Mental Health

Level 2, Legislative Assembly Building, Civic Square



From: STEPHEN-SMITH <STEPHEN-SMITH@act.gov.au>

Sent: Friday, 19 May 2023 8:39 AM

To: ACT Health DLO <ACTHealthDLO@act.gov.au>

Subject: FW: BCC Media Release - NORTHSIDE HOSPITAL A WELCOME INVESTMENT FOR THE BELCONNEN DISTRICT.

Importance: High

FYI

From: Lachlan Butler (Chair, Belconnen Community Council), [Schedule 2.2\(a\)\(ii\)](#)

Sent: Friday, 19 May 2023 7:37 AM

To: Lachlan Butler (Chair, Belconnen Community Council), [Schedule 2.2\(a\)\(ii\)](#)

Subject: BCC Media Release - NORTHSIDE HOSPITAL A WELCOME INVESTMENT FOR THE BELCONNEN DISTRICT.

You don't often get email from [Schedule 2.2\(a\)\(ii\)](#) [Learn why this is important](#)

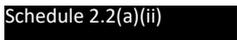
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Dear MLAs for Yerribi and Ginninderra, media outlets, and the Minister for Health,

Please find attached a media release from the Belconnen Community Council regarding the announcement of a new northside hospital in Belconnen.

Kind regards

Lachlan Butler
Chair
Belconnen Community Council

[web.facebook.com/belcouncil](https://www.facebook.com/belcouncil) 



BELCONNEN COMMUNITY COUNCIL

Building a stronger community

MEDIA RELEASE

NORTHSIDE HOSPITAL A WELCOME INVESTMENT FOR THE BELCONNEN DISTRICT.

The Belconnen Community Council welcomes the ACT Government's commitment to delivering a new Northside Hospital in Belconnen, meeting the growing needs of Canberra's north over the next 50 years.

The location of the new hospital within the Belconnen district is a welcome decision, in line with our recommendations to the government during community consultation last year. Belconnen is the largest district by population and is set to remain the largest through to at least 2041.

Investment in critical health infrastructure and services in the northside is an investment in Canberra's future, as we have consistently advocated to the government for many years.

The BCC does not hold a formal position on the approach the government has taken in acquiring the hospital, however notes the significant impact this will have on staff and calls on the ACT government to work with all stakeholders to ensure the best possible outcome for staff and patients in the transition.

The government's \$1 billion funding commitment is a welcome investment to support the development of a state-of-the-art facility for Belconnen, broader Canberra and regional NSW. The BCC expects the government to maintain transparency and undertake extensive community consultation as this project progresses to ensure it meets community expectations.

The government should seize this opportunity to take a holistic approach to the Bruce Hospital Precinct and rectify public transit accessibility issues, adjacent Haydon Drive and Belconnen Transitway congestion, parking and associated amenities.

Quotes Attributable to Lachlan Butler – Chair, BCC

"The investment in a new hospital for North Canberra is welcome, ensuring that the health needs of our district and the wider Canberra community are supported into the future".

"Regular, effective and transparent community consultation by the government will be critical to the successful delivery of the new Northside Hospital. The Belconnen Community Council welcomes all opportunities to engage with the government on project plans, as the body representing the Belconnen community".

Friday 19 May 2023

Media contact: 0438 458 220



SENSITIVE: CABINET

To: Rachel Stephen-Smith MLA, Minister for Health

Through: Rebecca Cross, Director-General
Dave Peffer, CEO, CHS

Subject: Northside Hospital project - Briefing note

Legislation and regulation

- The legislation is undergoing scrutiny, with the scrutiny report due on 23 May. The Transition team will prepare a response to any comments through this process.
- A debate pack is being prepared for you, for 31 May 2023. The pack will include a debate speech and an updated Q&A document.
- The Regulation continues to be developed and will be provided to your office later this week for finalisation with the Chief Minister.

Negotiation and other legal

- A letter and table were prepared following your meeting with Martin Bowles on 18 May.
- Lawyers are finalising an affidavit in the event of an injunction.

Workforce engagement

- The Transition Team has managed 37 hotline calls and held 16 Workforce Support Sessions with more than 140 attendees. A new schedule of sessions for 22-26 May is on the website. We will continue to monitor attendance and schedule more sessions as needed and ideally onsite in the transition period.
- At 3pm 19 May, we had received 52 transition forms from Calvary employees and 14 forms Visiting Medical Officers.

Employee Case Management

- Workflows confirmed for the management of employment enquires using a tiered approach based on complexity. A tracking and reporting system confirmed to ensure all enquires followed through and issues closed out.
- Full workflow confirmed for employee transition. Preparations underway to scale workforce engagement activities post 1 June and post 3 July.

Contract Management

- Team established to manage contracts, including a lawyer from KWM embedded in the team from Monday.
- Working through all options and workflows, including for non-monetary contracts such as academic agreements and stakeholder MOUs.

Plan for Transition

- A detailed plan for the conduct of the Territory throughout the transition period is underway to ensure a professional, legal and respectful approach.
- The plan will include a prioritisation approach to ensure critical go live tasks are completed and to decrease the potential to overwhelm the Calvary team.

Communication

- Radio advertising continues to support the promotion of the Workforce Information sessions.
- We are working closely with your office to adapt and refine our proactive media and communications approach based on the shifting public discourse.
- A summary of communications reporting from the first week since the announcement has been provided to your office.

Other Northside issues

- Further briefing relating to Clare Holland House and provision of palliative care in the ACT is being developed for Minister and Cabinet
- The Standing Committee on Health and Community Wellbeing briefing has requested fortnightly briefings in lieu of a Committee inquiry into the Bill.

Contact Officer: Liz Lopa, Deputy Director-General

Contact Number: Schedule 2.2(a)(ii)

Date: 19 May 2023

Noted/Please Discuss

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Rachel Stephen-Smith
Minister for Health