

Our reference: **ACTHD23-24.30**

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

Dear [REDACTED]

### **DECISION ON YOUR ACCESS APPLICATION**

I refer to your application under section 30 of the *Freedom of Information Act 2016* (FOI Act), received by the ACT Health Directorate (ACTHD) on **Thursday 25 January 2024**.

This application requested access to:

*'Under the FOI Act I would like to be supplied with copies of the following ministerial briefs, together with any attachments:*

- *MIN 2023 / 00848 Final Report – Review of the Board of the Ngunnawal Bush Healing Farm Advisory Board*
- *MIN 2023 / 00910 Community Assistance and Support Program (CASP) Transitions and Community Assistance and Temporary Supports (CATS) program*
- *MIN 2023 / 00732 Health Professionals Enterprise Agreement and Staffing Levels*
- *MIN 2023 / 00782 North Canberra Hospital 'Grassroots' Engagement'*

I am an Information Officer appointed by the Director-General of 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 **Friday 8 March 2024**.

I have identified eight 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**

I have decided to grant partial access to the eight 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 *Human Rights Act 2004*.

### **Partial Access**

I have decided to grant partial access to eight documents. These documents contain 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 FOI Act. These documents also include information that is taken to be contrary to the public interest to release under Schedule 1 of the FOI 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; and
- Schedule 2, 2.1 (a)(ii) contribute to positive and informed debate on important issues or matters of public interest.

### **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;
- Schedule 2, 2.2(a)(xi) prejudice trade secrets, business affairs or research of an agency or person; and
- Schedule 2, 2.2(a)(xv) prejudice the management function of an agency or the conduct of industrial relations by an agency.

Documents at references 1 and 2 are partially comprised of personal information such as mobile numbers of ACT-Government employees and the names of Non-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.

Documents at references 1-2 and 4 are partially comprised of information classified as information that would be contrary to the public interest in accordance with Schedule 2, 2.2 (a) (xi) prejudice trade secrets, business affairs or research of an agency or person.

Documents at reference 3 are partially comprised of cabinet information under Schedule 1.6, 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 also include information that would prejudice the management function of an agency or the conduct of industrial relations by an agency.

### **Explanatory Material**

In relation to the release of the document at reference 2, identified as MIN2023/00910, the ACTHD offers the following additional explanatory material:

Regarding Paragraphs 12-13 on Page 42:

- *The figures quoted at paragraphs 12 and 13 of the brief come from point-in-time data provided by some, but not all, CASP and CATS providers at the request of the Directorate. It does not include those CASP clients who had already transitioned to other programs. Given that such a significant amount of data is missing from the estimate provided it cannot be considered to be accurate and was provided for indicative purposes only, showing that the Directorate had made attempts in good faith to collect data about the number of clients affected by the transition from CASP to CATS.*

Regarding Paragraphs 14 on Page 43:

- *The Directorate sought information from CASP and CATS Program providers about the number of current CASP clients and the number of clients that were expected to transition, or had transitioned, to the CATS Program. Not all providers responded to this request and so the estimated total cannot be considered to be accurate.*

### **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](mailto:ACTFOI@ombudsman.gov.au)  
Website: [ombudsman.act.gov.au](http://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  
Allara House  
15 Constitution Avenue  
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](mailto:HealthFOI@act.gov.au).

Yours sincerely

A handwritten signature in black ink, appearing to read 'CEllis', written in a cursive style.

Catherine Ellis  
**Senior Director**  
Ministerial and Government Services

7 March 2024

## 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
	<p>'Under the FOI Act I would like to be supplied with copies of the following ministerial briefs, together with any attachments:</p> <ul style="list-style-type: none"> <li>• MIN 2023 / 00848 Final Report – Review of the Board of the Ngunnawal Bush Healing Farm Advisory Board</li> <li>• MIN 2023 / 00910 Community Assistance and Support Program (CASP) Transitions and Community Assistance and Temporary Supports (CATS) program</li> <li>• MIN 2023 / 00732 Health Professionals Enterprise Agreement and Staffing Levels</li> <li>• MIN 2023 / 00782 North Canberra Hospital 'Grassroots' Engagement'</li> </ul>	ACTHDFOI23-24.30

Ref Number	Page Number	Description	Date	Status Decision	Factor	Open Access release status
1.	01 - 07	MIN 2023/00848 - Final Report – Review of the Board of the Ngunnawal Bush Healing Farm Advisory Board	20 November 2023	Partial Release	Schedule 2.2(a)(ii) Privacy Schedule 2.2(xi) Business Affairs	YES
	08 - 37	Attachment A - 2023 NBHFAB Review Final Report				

	38 - 39	Attachment B - NBHF - Proposed ACT Government and TWG actions and responsibilities				
2.	40 - 47	MIN 2023/00910 - Community Assistance and Support Program (CASP) Transitions and Community Assistance and Temporary Supports (CATS) program	23 October 2023	Partial Release	Schedule 2.2(a)(ii) Privacy Schedule 2.2(xi) Business Affairs	YES
3.	48 - 52	MIN 2023/00732 - Health Professionals Enterprise Agreement and Staffing Levels	03 November 2023	Partial Release	Schedule 1.6 Cabinet Information. Schedule 2.2(xv) Management Function of an Agency	YES
	53	Attachment A - Response letter to CPSU				
4.	54 - 57	MIN 2023/00782 North Canberra Hospital 'Grassroots' Engagement'	31 October 2023	Partial Release	Schedule 2.2(xi) Business Affairs	YES
	58 - 91	Attachment A - A new northside hospital - Early Clinician Engagement Listening Report				
<b>Total Number of Documents</b>						
<b>8</b>						



**ACT Health Directorate**

<b>To:</b>	Minister for Aboriginal and Torres Strait Islander Affairs	Tracking No.: MIN2023/00848
<b>Through:</b>	Rebecca Cross, Director-General, ACT Health Directorate	
<b>From:</b>	Michael Culhane, Executive Group Manager, Policy, Partnerships and Programs	
<b>Subject:</b>	Final Report - Review of the Ngunnawal Bush Healing Farm Advisory Board	
<b>Critical Date:</b>	Not applicable	
<b>Critical Reason:</b>	Not applicable	

**Recommendation**

That you:

1. Agree to next steps (items 19 and 20).

**Agreed / Not Agreed / Please Discuss**

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

Minister's Office Feedback
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**Background**

1. The Ngunnawal Bush Healing Farm Advisory Board (NBHFAB) was paused on 27 January 2023 following extensive but unproductive efforts by the ACT Health Directorate (ACTHD) to address governance concerns, and receipt by your office of complaints from NBHFAB members.
2. Negotiations for a First Nations provider to review the NBHFAB began early March 2023, but were delayed due to deaths in Community and Sorry Business.

3. PricewaterhouseCoopers Indigenous Consulting (PIC) were engaged on 1 May 2023 to determine whether the current NBHFAB arrangement best supported prompt transition to residential care, in a manner understood and supported by First Nations Communities, the broader community and service environment.
4. All key stakeholders were provided the chance to speak in-person and confidentially with the consultants. The process ran approximately three weeks over schedule due to availability of key stakeholders.
5. All stakeholders participating in the review were offered an in-person debrief with PIC consultants regarding findings and likely recommendations prior to the report being finalised.
6. The final report (Attachment A) was received on 2 August 2023.
7. Rebecca Cross met with [REDACTED] on 20 October 2023 to discuss key recommendations and pathways forward.

### Issues

8. The report states that “Almost all stakeholders interviewed raised concerns about an environment with examples of bullying, intimidation, and psychologically unsafe practices” and that “both staff and external stakeholders have withdrawn involvement with NBHFAB due to matters relating to psychological and cultural safety”.
9. The report identifies two possible pathways forward:
  - a. Continuing with the advisory board, establishing agreed behavioural standards and dealing with any contravention of the standards; or
  - b. If the advisory board is not an appropriate structure, a transition to Community Control should be considered.
10. The report also contains a range of other recommendations that support good governance.

### Behaviours

11. Irrespective of the chosen way forward, the behavioural issues identified in the report must be addressed (consistent with Action 2 of the report). The directorate has WHS responsibilities for its staff and likely for any advisory board members as well. The same WHS responsibilities would apply to any alternative group established by the directorate.
12. Based on the directorate’s experience on the advisory board, discussions with members of the advisory board, and the letters of complaint to you from First Nations advisory board members the behavioural issues raised in the report relate to the [REDACTED].
13. In early 2022, in response to longstanding pattern of behaviours by [REDACTED] that fell well short of the directorate’s expectations, the directorate co-designed with the

advisory board explicit behavioural standards that were documented and agreed by all members.

14. [REDACTED] breached those behavioural standards on multiple occasions. In consultation with the advisory board, the directorate made several different efforts to ensure behaviours were consistent with the agreed standards. However, these interventions had only a brief effect, if any.
15. The directorate is unable to provide a safe working environment for staff and involved Community members while [REDACTED] remains a member of any group established or funded by the directorate. Accordingly, the directorate intends to write to [REDACTED] advising [REDACTED] that [REDACTED] can no longer be a member of the NBHF Advisory Board or any other structure that the directorate establishes related to the NBHF.

#### The preferred governance structure

16. The directorate considers the preferable way forward is to transition to Community Control (consistent with Actions 4 and 9 of the report) as this will:
  - a) Align with the principles of Closing the Gap, in particular Priority Reform 2 – Building the Community-Controlled Sector.
  - b) Support a staged approach to moving to Community Controlled residential service delivery at the NBHF.
17. Alternatively, the NBHF could continue to be overseen by an advisory board. If an advisory board was retained and the other actions from the report were implemented (eg an independent chair was appointed, independent secretariat, a broader skills base, etc) then the advisory board might operate well. However:
  - a. This does not best meet the principle of self-determination. With an advisory board, the government is ultimately the decision-maker and government processes and responsibilities inhibit the freedom of the advisory board. Even where decisions reflect the views of community members, there remains a perceived powerlessness.
  - b. This does not build the community-controlled sector, as envisaged by CTG Priority Reform 2.
  - c. The involvement by government in the operations of the NBHF would likely continue to be a source of friction for community and potentially board members.
  - d. There will be a more significant “step up” for any new ACCO that might emerge to deliver a residential service at the NBHF without first having delivered the day program (which is of significantly lower risk and complexity).
18. Other alternatives not canvassed by the report include an existing ACCO taking on the operations at the NBHF. [REDACTED]



## OFFICIAL

- e. Governance training (Action 6)
  - f. Alignment on purpose (Action 8)
22. While a few elements would be dealt with by the directorate in establishing a new structure, in particular those relating to the Terms of Reference and behavioural standards, the bulk of them would fall to the new structure to consider, consistent with self-determination. The directorate would assist as if requested.

Continued operations of the day program in parallel with the transition to Community control

23. To enable the new time-limited structure to focus on establishing an ACCO (if desired by Community), the directorate proposes to continue to operate the NBHF in line with:
- a. Prior advice provided through Community consultation, prior reviews, and co-design with the NBHFAB;
  - b. Advice of the Elder in Residence;
  - c. The NBHF Master Plan;
  - d. The Healing Framework endorsed by the NBHFAB; and
  - e. For new land management items requiring Traditional Custodian guidance and authorisation, ACTHD will work with EPSDD and the Dhawura Ngunnawal Caring for Country Committee.
24. Consistent with previous advice by the Advisory Board, the directorate has negotiated with [REDACTED], to help build capacity in day-service operations and programming. This will strengthen the current day service and provide a strong a foundation for sustainable and effective transition to residential services.
25. How Communities continue to guide day program and infrastructure development in-line with local need will be considered as part of this work.

**Financial Implications**

26. It is anticipated that funding for the new structure and initial funding for the ACCO (if Community wishes to establish one), including a non-government full time secretariat, would fall within the 2022 budget for a NBHF residential trial. It may be necessary to seek government agreement to re-purpose part of the existing residential trial funding to support establishment and operations of an ACCO until such time as residential services can be delivered.

**Consultation**

Internal

27. Jacinta George, Executive Group Manager, HSIP Executive.

28. Ngunnawal Bush Healing Farm staff (operational project).
29. Yehuwdiy Dillon, Senior Director, Aboriginal and Torres Strait Islander Health Partnerships.

#### Cross Directorate

30. Chris Simpson, Executive Branch Manager, Aboriginal Service Development was consulted on the elements of this brief that relate to the establishment of a new time limited structure and potentially an ACCO. He was not consulted on the part of the brief dealing with behavioural issues as it was neither relevant nor appropriate.

#### External

31. [REDACTED] and [REDACTED], in relation to elements of the brief.

#### **Work Health and Safety**

32. Addressing the behavioural issues experienced by the NBHFAB consistent with the report will reduce work, health and safety risks.

#### **Benefits/Sensitivities**

33. There are additional sensitivities in community following the outcome of the referendum and any action or inaction in relation to the NBHF is likely to raise further sensitivities.
34. Whilst it is anticipated that some First Nations peoples in ACT and Region Communities will not support the establishment of a new structure as proposed, it is believed this will be a minority.
35. There is a risk that some members of the NBHFAB might be unwilling to transition to a new structure if [REDACTED] is not a member of that structure. This may result in a situation where there may be no Ngunnawal membership on the new structure. Should [REDACTED] remain involved, there is also a risk that other members are unwilling to transition to a new structure. We have no insight into the likelihood of these risks eventuating.
36. The proposed approach has significant benefits including:
  - a. Supporting self-determination by putting the strategic project under direct control of ACT and Region First Nations peoples, while taking a staged approach to releasing control;
  - b. Explicitly articulating purpose and timeframes for the major milestone of establishment of an ACCO, or alternate pathways, to deliver residential services at the NBHF;
  - c. Explicit action against Closing the Gap Priority Reform 1: Formal Partnerships and Shared Decision Making, and Priority Reform 2: Building the Community-Controlled Sector; and

d. Implementation of *Ngunnawal Bush Healing Farm Review* priority actions.

### Communications, media and engagement implications

37. The NBHF has received media attention several times in recent months. It is likely that the actions above would receive further attention.
38. Timing of several actions will need to be sensitively managed to provide individuals with the opportunity to engage in culturally and psychologically safe ways.
39. Release of the final report will occur with key stakeholders (NBHF staff and NBHFAB members) first, followed by secondary stakeholders such as the Elected Body. The report will be available to other parties on request.

Signatory Name: Michael Culhane, Executive Group Manager, Policy, Partnerships & Programs Phone: [REDACTED]

Action Officer: Yehuwdiy Dillon, Senior Director, Aboriginal and Torres Strait Islander Health Partnerships Phone: [REDACTED]

### Attachments

Attachment	Title
Attachment A	2023 NBHFAB Review Final Report
Attachment B	NBHF - Proposed ACT Government and TWG actions and responsibilities

July 2023

8

# *Ngunnawal Bush Healing Farm Advisory Board Review*

ACT Health Directorate



**PwC's Indigenous  
Consulting**

# Disclaimer

This report is not intended to be read or used by anyone other than ACT Health Directorate.

We prepared this report solely for ACT Health Directorate's use and benefit in accordance with and for the purpose set out in the Work Order between ACT Health Directorate and PwC Indigenous Consulting signed 1 May 2023. In doing so, we acted exclusively for ACT Health Directorate and considered no-one else's interests.

We accept no responsibility, duty or liability:

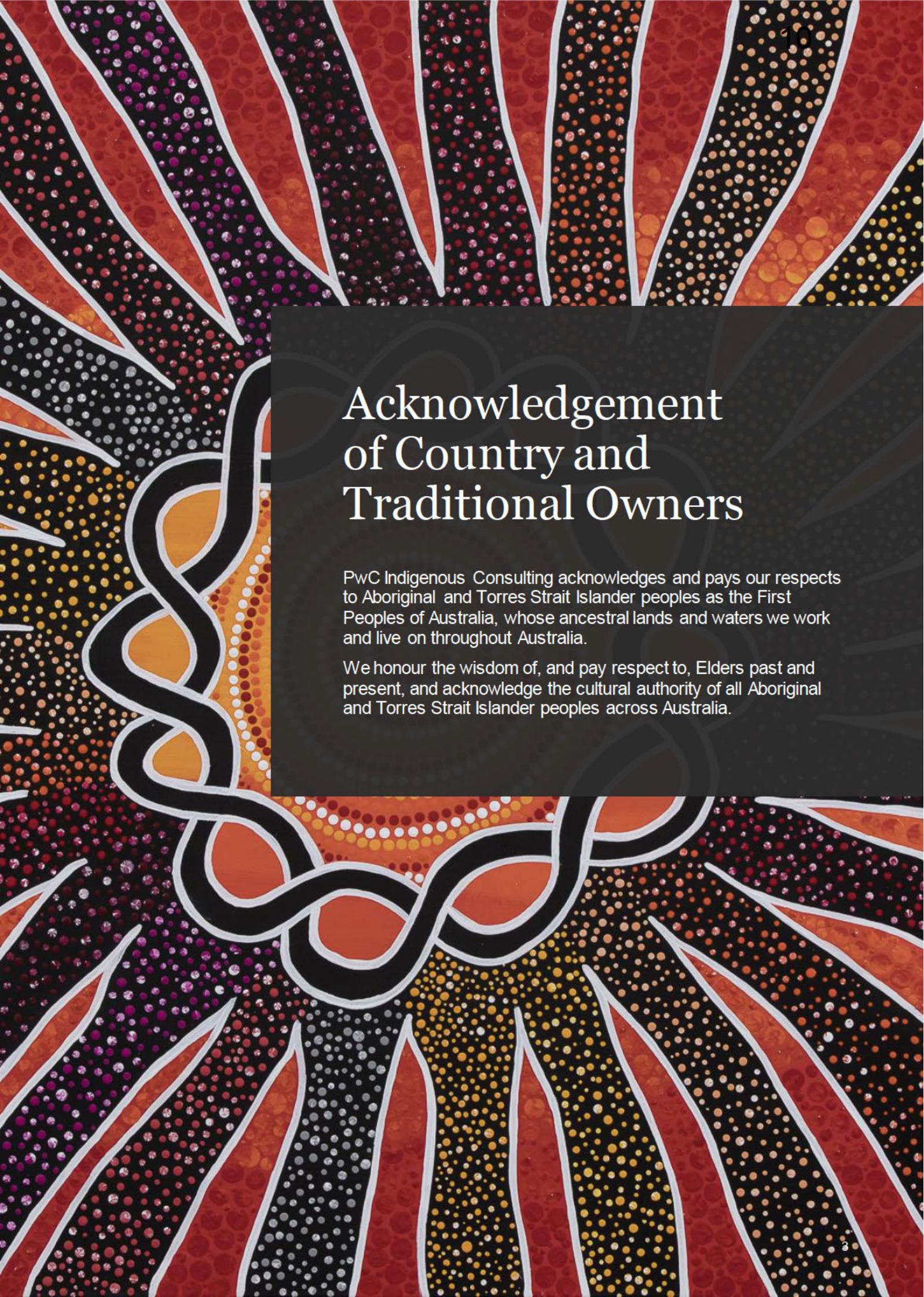
- To anyone other than ACT Health Directorate in connection with this report
- To ACT Health Directorate for the consequences of using or relying on it for a purpose other than that referred to above.

We make no representation concerning the appropriateness of this report for anyone other than ACT Health Directorate. If anyone other than ACT Health Directorate chooses to use or rely on it they do so at their own risk.

This disclaimer applies:

- To the maximum extent permitted by law and, without limitation, to liability arising in negligence or under statute; and
- Even if we consent to anyone other than ACT Health Directorate receiving or using this report.

Liability limited by a scheme approved under Professional Standards legislation

The background is a vibrant Aboriginal-style artwork. It features a central dark grey rectangular box containing white text. The artwork is composed of various patterns: a central black area with a white, thick, wavy line that forms a continuous, looping shape; surrounding this are sections of red and orange, some with fine white dots, and others with larger, more spaced-out dots. The overall effect is a rich, textured, and culturally significant design.

# Acknowledgement of Country and Traditional Owners

PwC Indigenous Consulting acknowledges and pays our respects to Aboriginal and Torres Strait Islander peoples as the First Peoples of Australia, whose ancestral lands and waters we work and live on throughout Australia.

We honour the wisdom of, and pay respect to, Elders past and present, and acknowledge the cultural authority of all Aboriginal and Torres Strait Islander peoples across Australia.

# Contents

Title Page	1
Disclaimer	2
Acknowledgement of Country	3
Contents	4
Executive Summary	5
1. Background Information	7
Background	8
Timeline	9
Review of the NBHFAB	10
PIC's approach to reviewing NBHFAB	11
Previous Reviews	12
Closing the Gap	13
Pathways to Community Control	14
2. Observations and Considerations	15
Key Insights	16
Good Practice Governance	17
Culturally-Appropriate Ways of Working	23
Strong Capability	25
Strategic Alignment	26
Appendix	28

## Executive Summary

Since 2003 ACT Health and Ngunnawal Elders have been on a journey together to realise the vision for Ngunnawal Bush Healing Farm (NBHF). Central to this vision is the delivery of a residential care program that would provide Aboriginal and Torres Strait Islander people in the ACT healing through connection (or reconnection) to country, culture and community.

Significant milestones have been achieved across the 20 years since the idea was conceived, including the purchase of land (2007), construction of the facility (2017) and an allocation of funds to begin the transition to residential care - including a six-month trial (2002). However, NBHF remains exclusively a day-program facility.

In May 2023, ACT Health engaged PwC Indigenous Consulting (PIC) to review the Ngunnawal Bush Healing Farm Advisory Board (NBHFAB) and determine whether the current NBHFAB arrangement best supports prompt transition to residential care at the NBHF, in a manner that is understood and supported by First Nations Communities and the broader community and service environment.

Set out within this report is PIC's approach to the review as well as its key findings, observations and actions for consideration when navigating the path forward. Set out on page 6 is a summary of those high-level actions for consideration.

PIC has developed these considerations based on its understanding of the context, obtained via both qualitative insights and quantitative data, as well as its decade of experience shaping, influencing and advocating for good-practice when government and community seek to work in partnership.

PIC acknowledges the need for the NBHF to promptly transition to a residential facility, to urgently support the ACT Aboriginal and Torres Strait Islander community who, like many First Nations Peoples around the country, experience trauma at disproportionate rates to non-Indigenous Australians.

It is PIC's view that the vision for NBHF is strong. To ensure this vision is brought to life, all parties involved in NBHFAB must:

- Focus on the principles of good-governance
- Apply culturally appropriate ways of working
- Ensure the project is led by a diverse and capable Board, and;
- All board members are strongly aligned on the vision and purpose of NBHF.



## Executive summary

### Considerations

Theme	ID	Action for consideration
Good Practice Governance	01	Refreshed Terms of Reference must be drafted, and endorsed, upon immediate resumption of the Advisory Board.
	02	NBHFAB must establish agreed behavioural standards, and all Advisory Board members should be held to these standards, with any contravention dealt with immediately via the appropriate channel.
	03	Improve record-keeping in line with good governance practices.
	04	The ToR should clearly articulate who the NBHFAB is providing advice to, and resolutions and/or key decisions need to be framed as recommendations to that entity.  Should this governance structure (ie. an advisory board) not be deemed the appropriate structure, a transition to 'community controlled' should be considered.
Culturally Appropriate Ways of Working	05	The NBHFAB may benefit from an independent Chairperson and Secretariat, for a fixed period of time, to support all parties to come together to re-build trust and promptly transition to a residential facility.
Strong Capability	06	Provision of governance training to all NBHFAB members should be of the highest priority.
	07	NBHFAB should conduct gap analysis to identify the Advisory Board's existing skill-sets and identify gaps in both skills and sector representation that could be filled via recruitment.
Strategic Alignment	08	Members of NBHFAB need to be aligned on the farm's purpose. Honouring the Ngunnawal Elders' vision should be a priority, and strategic decisions should be aligned to The Living Web and The Healing Framework.
	09	Defining an agreed transition to community-control would signal government's commitment to community ownership, in line with Closing the Gap principles.

# **1** *Background Information*



# Background

## Context

The Ngunnawal Bush Healing Farm (NBHF) was conceived by Ngunnawal Elders in 2003, with the aim of establishing a culturally safe place of cultural healing for Aboriginal and Torres Strait Islander people of the ACT. The original purpose of NBHF was to provide an opportunity for healing following traumatic or life-changing events and experiences through connection (or re-connection) to country, kin and culture.

In 2007, the ACT Government purchased land for the development of the healing farm and the facility was officially opened in November 2017. Since that time, the farm has offered various day programs to support Aboriginal and Torres Strait Islander people seeking support to recover from a history of alcohol and/or drug use.

ACT Health Directorate has been working in partnership with Ngunnawal Elders and the community since inception to bring the vision of 2003 to fruition. This process hasn't been without challenges. Over the past decade, two separate reviews were completed due to ongoing issues surrounding the required model of care and governance structures.

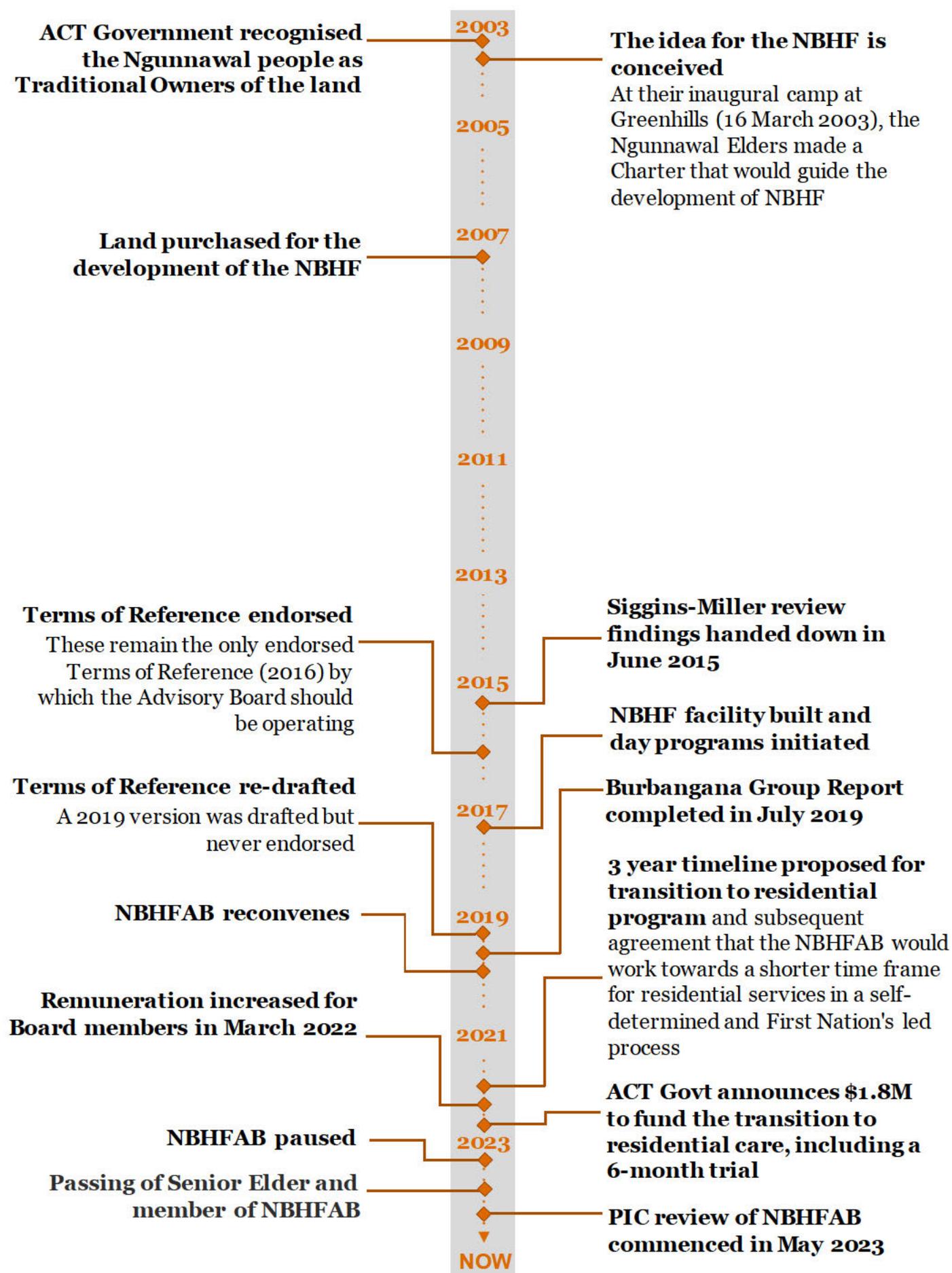
The Siggins-Miller Review was finalised in 2015, which reviewed two proposed models of care and the requirements for developing a modified / place-based collaborative model of care. The Burbangana Review was completed in 2019, which undertook a governance and operational review of the NBHF. The outcomes of these reviews are reflected upon within this Report.

One of the key recommendations from the Burbangana review was the urgent need to reconvene and revitalise the NBHF Advisory Board (NBHFAB), which wasn't meeting at the time of the review, and had not been since the facility was opened in 2017. Whilst the NBHFAB was reconvened in late 2019, effective governance and a transition to residential care at the farm remained a challenge. In January 2023, NBHFAB was again paused.

Intertwined amongst the challenges in the operation of the NBHF and NBHFAB was also a dispute with the Ngambri people and the ACT government over Traditional Custodianship of the ACT. In 2003, the Ngunnawal people were recognised as the Traditional Owners of the ACT. In 2022, two leaders of the Ngambri peoples took the ACT government to the Supreme Court, claiming the government had breached their human rights by failing to also acknowledge Ngambri people as Traditional Custodians. In 2023, and mid-way through this review, a settlement was reached and the ACT government made a formal apology to the Ngambri people for not recognising their links to the Canberra area. This decision has been met with a mixed response in the ACT community. For example, the ABC reported Ngunnawal Traditional Owner Richie Allan said he believed the ACT government's decision to apologise and to reach settlement with the Ngambri people had added to the trauma they had experienced as First Nations people.<sup>1</sup>

To navigate the current cultural context and to review the operational and governance issues for the NBHFAB, ACT Health Directorate has commissioned the services of PwC Indigenous Consulting (PIC). PIC has been engaged to determine whether current NBHFAB arrangements best support prompt transition to the delivery of residential care in a manner that is understood and supported by First Nations Communities and the broader community and service environment. This review will also make recommendations for future arrangements. This is not required nor intended to speak to broader contextual issues, but rather undertake a focused effort on mapping a feasible path for the residential facilities.

# Timeline



# Review of the NBHFAB

## Terms of Reference

The Terms of Reference for the review of the NBHFAB articulate the objectives, scope, behaviours and deliverables which informed this report. The purpose of the review was to determine whether the current NBHFAB arrangement best supports prompt transition to residential care at the NBHF, in a manner that is understood and supported by First Nations Communities and the broader community and service environment.

In seeking a path forward, the Terms of Reference specified that the review must honour both the commitment of First Nations people and the origins of the vision for NBHF. It is vital that the origins of this vision remain connected to future and further work.

As per the Terms of Reference, the scope of the review includes:

- Conducting a desktop review of governance documents such as terms of reference, minutes, project planning and associated documentation;
- Undertaking qualitative interviews of individuals, both present and past, affected by the operation of the NBHF Advisory Board (NBHFAB);
- Analysing implementation of Burbangana and Siggins-Miller Review recommendations, and future relevance of the recommendations of these reviews
- Analysing matters impacting the cultural and psychological safety of NBHFAB members and affected parties
- Analysing governance arrangements impacting the efficacy of the NBHFAB
- Analysing any challenges and barriers impeding the effectiveness of the NBHFAB
- Assessing the extent of progress made through the NBHFAB in achieving its objective, and;
- Assessing the impact of current diversity of representation.

## *PIC's approach to reviewing NBHFAB*

### *Phase 1: Discovery*

- Extensive stakeholder engagement, including 12 consultations and one-on-one meetings
- Analysis of governance documentation including the 2016 Terms of Reference and draft 2019 Terms of Reference as well as Advisory Board Minutes provided by ACT Health;
- Review of the Burbangana and Siggins-Miller Reports
- Review of documents provided by stakeholders during the consultations, including The Living Web, The Healing Framework and various letters and relevant correspondence
- Review of documents, frameworks, policies and literature to inform best-practice assessments

### *Phase 2: Define*

- Develop a Current State Analysis, including high-level summary of the findings of qualitative interviews
- Define the governance arrangements and the impact on the efficacy of the NBHFAB, challenges and barriers impeding effectiveness of the NBHFAB, and progress made through NBHFAB in achieving its objective
- Identify best practice examples and resources
- Share Current State Analysis with stakeholders

### *Phase 3: Document*

- Document findings in a Final Report, capturing key findings, evidence, observations and actions for consideration, based on the current state analysis of the NBHFAB.

During the exploratory work, four key themes emerged which PIC have used as the basis to frame its Current State Analysis and Final Report:

*Good Practice  
Governance*



*Culturally Appropriate  
Ways of Working*



*Strong  
Capability*



*Strategic  
Alignment*



These four key themes will be discussed further in the Final Report.

## Previous Reviews

### *Siggins-Miller and Burbangana Review*

Two previous reviews have been completed regarding the current and future needs of the NBHF and the NBHFAB. The first was the Siggins-Miller Review in 2015, which primarily reviewed the models of care for the NBHF. The second was the Burbangana Review in 2019, which reviewed the governance arrangements and operational models and policies. A high-level summary of these reviews is provided below:

#### *Siggins-Miller Review*

The Siggins-Miller Review:

- Reviewed the two models of care and mapped the contents to key elements
- Identified critical success factors
- Identified contemporary evidence for critical elements of a collaborative, Aboriginal and Torres Strait Islander place-based model of care
- Specified requirements for tenderers to demonstrate
- Outlined processes and activities required in order to develop a modified / place-based collaborative model of care
- Specified requirements for the service design

*The Siggins-Miller Review recommended that the model of care at NBHF should:*

- Be underpinned by a holistic concept of Aboriginal and Torres Strait Islander health and wellbeing
- Be a collaborative, connected and integrated response across sectors and agencies
- Demonstrate cultural sensitivity
- Allow for the use of Indigenous healing models that focus on the rebuilding of connection with culture
- Acknowledge the role in healing of the historical context of Indigenous Australians

#### *Burbangana Review*

The Burbangana Review put forward 12 Recommendations, including:

1. Initiating a communication strategy
2. Reconvening the NBHFAB and revise its membership, roles and responsibilities
3. Priority considerations for the NBHFAB
4. Reviewing the NBHFAB Secretariat
5. Exploring “best practice” examples
6. Applying appropriate contract management oversight
7. Evaluating current programs
8. Exploring future potential programs
9. Considering the NBHFAB’s policy regarding referrals, and involving Winnunga in the referral practice
10. Evaluating operational staff skill sets
11. Creating a caretaker position
12. Reviewing operational and governance policies

## Closing the Gap

Closing the Gap began in response to a call for governments to commit to achieving equality for Aboriginal and Torres Strait Islander people in health and life expectancy within a generation.<sup>1</sup> It is underpinned by the belief that when Aboriginal and Torres Strait Islander people have a genuine say in the design and delivery of policies, programs and services that affect them, better life outcomes are achieved.<sup>2</sup>

Closing the Gap has 19 socio-economic targets that impact on the lives of Aboriginal and Torres Strait Islander people in Australia. Progress against these targets is monitored by the Productivity commission. On top of these targets, there are four priority reform areas. These are:

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**Priority Reform One:** Formal Partnerships and Shared Decision-Making.

**Priority Reform Two:** Building the Community-Controlled Sector

**Priority Reform Three:** Transforming Government Organisations

**Priority Reform Four:** Shared Access to Data and Information and a Regional Level

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Of these four reform areas, three have deep relevance for the NBHF operationally, and the NBHFAB and its effective governance. These priority reforms were directly informed by Aboriginal and Torres Strait Islander people with the intention of changing the way governments work with them. PIC believes this makes them particularly relevant for the NBHF project.

**Priority Reform One** commits to building and strengthening structures that empower Aboriginal and Torres Strait Islander people to share decision-making authority with governments to accelerate policy and place-based progress against Closing the Gap.

**Priority Reform Two** commits to building formal Aboriginal and Torres Strait Islander community-controlled sectors to deliver services to support Closing the Gap. Aboriginal and Torres Strait Islander community-controlled services are better for Aboriginal and Torres Strait Islander people, achieve better results, employ more Aboriginal and Torres Strait Islander people and are often preferred over mainstream services.

**Priority Reform Three** commits systemic and structural transformation of mainstream government organisations to improve accountability and respond to the needs of Aboriginal and Torres Strait Islander people.

For the NBHF and the NBHFAB to succeed, all three priority areas need to be taken into consideration and addressed. Specific actions for considerations have been provided in this report in *Section 2: Findings and Recommendations*.

## Pathways to Community Control<sup>3</sup>

The Northern Territory Aboriginal Health Forum created a framework that supports Aboriginal Communities' control in the planning, development and management of primary health care and community care services.

Within this framework, community control refers to the principle that Aboriginal Communities have the **right to participate in decision making**. Community control requires communities and their organisations to possess both the understanding of and the ability to apply the knowledge and competence on which sound engagement is built. It also depends on the capability of government organisations and structures to understand and find new ways of working that respond to community's calls for greater levels of engagement.

The framework identifies **community participation** as the **policy goal**. Successful implementation requires that both the community and government need to have the necessary skills and insights for the partnership journey. It is understood that success is built through effective partnerships. This partnership environment is described as a continuum in Figure 1 below.

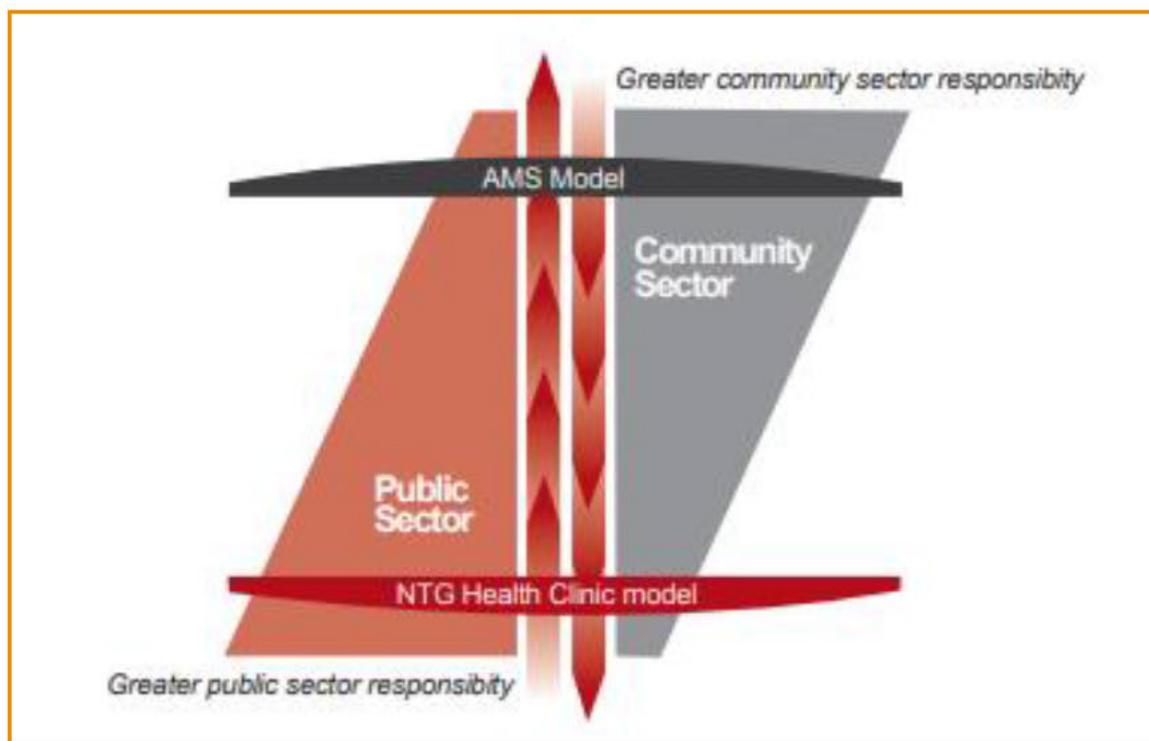


Figure 1: The Continuum of Community Participation and Control

The above continuum identifies that there is a level of responsibility held on the one hand by the public sector and on the other by the community sector changes as communities move along this continuum. The continuum for community participation is a two-way environment, and communities may in response to changing circumstances move along the continuum in both directions.

There are a number of factors that will influence a suitable service delivery model. Both Governments and communities will need to consider those factors when development or changes in services models are proposed.

## **2** *Observations and Considerations*



## Key Insights

The insights gained from extensive stakeholder engagement and review of key governance documentation were distilled across four main themes: (1) Good Practice Governance, (2) Culturally Appropriate Ways of Working, (3) Strong Capability, and (4) Strategic Alignment. The following pages detail the insights, findings and recommendations across these themes, which have been described below:



### *Good Practice Governance*

Good practice governance refers to the principles, processes and structures that ensure effective and responsible management of organisations or institutions. This may involve setting up effective structures, processes and ethical standards to ensure an organisation / board fulfils its purpose and provides valuable guidance and insights to the community it serves. Good governance is characterized by transparency, accountability, fairness and the promotion of ethical behaviour. A summary of principles is set out on pages 22-23.



### *Culturally Appropriate Ways of Working*

Culturally appropriate ways of working involve practices, behaviours and policies that demonstrate sensitivity, respect and understanding of different cultural backgrounds. It involves actively adapting work methods to accommodate and include various cultural perspectives. By strengthening culturally appropriate ways of working, an organisation or board may better fulfil its role in providing valuable advice and guidance, fostering inclusivity, and contributing to the organisation's overall success and positive impact on diverse communities



### *Strong Capability*

Strong capability refers to the collective expertise, skills and qualities possessed by staff and/or board members that enable them to effectively fulfil their roles and responsibilities. Having strong capability means that an organisation or board has the knowledge, experience and attributes needed to provide valuable guidance and support to the community it serves. These capabilities may include strategic thinking, analytical skills, communication skills, independence, collaboration or technical skills



### *Strategic Alignment*

Strategic alignment refers to the process of ensuring that all aspects of an organisation, including its goals, objectives, resources and actions are coordinated and directed towards a common vision or strategic direction. This may include defining a vision or mission, setting strategic goals and objectives, linking with stakeholder expectations, or resource allocation and prioritisation.

## Good Practice Governance



### Key Finding:

The Advisory Board does not appear to be operating according to its endorsed Terms of Reference (2016).

### Key Issues / Evidence

- The only endorsed Terms of Reference is from 2016. PIC notes a refreshed version was drafted in 2019, however it was not endorsed.
- Roles and responsibilities of the Chairperson/s are not articulated.
- Current membership does not reflect the 2016 Terms of Reference.

### Observations

Terms of Reference (ToR) are fundamental to effective board governance. PIC observes that the only endorsed ToR for NBHFAB were developed in 2016 and as such, PIC has used the 2016 version of the ToR to assess whether the Advisory Board is functioning against the scope outlined within that document.

The key observation from desktop analysis is that the current Advisory Board membership clearly does not align to the membership set out in the ToR.

Insights gathered during consultation also suggest the roles, reporting mechanisms and functions outlined in the ToR are rarely being followed and/or achieved. PIC recognises this may be the symptom of other challenges, however it is imperative that all Advisory Board members understand the importance of the ToR and that conversations and decisions are consistently brought back to the scope set out within.

Additional observations and considerations within this Report also refer to the ToR. Within this particular key finding, it is less about the content within the ToR but rather the observation that the NBHFAB is not genuinely operating against any ToR – which makes good governance challenging.

Drafting new ToR, ensuring the new version is endorsed, and having the Chairperson/s understand and be able to manage activities in accordance with updated ToR will be a critical foundation for taking the organisation forward.

Noting the Advisory Board is deemed 'advisory' (more on page 21), the ToR should also clearly identify to whom the Board is advising. (ie. ACT Health or the Minister for Health)

### Action for Consideration:

**Refreshed Terms of Reference must be drafted, and endorsed, upon immediate resumption of the Advisory Board.**

*The ToR must articulate clear roles and responsibilities of the Advisory Board as a collective, as well as the roles and responsibilities of the Chairperson/s, and have diverse membership that balances skills and representation.*

## Good Practice Governance



### Key Finding:

Advisory Board members have described behaviour of an unacceptable standard during Advisory Board meetings, with limited consequence.

### Key Issues / Evidence

- Almost all stakeholders interviewed raised concerns about an environment with examples of bullying, intimidation, and psychologically unsafe practices.
- Current ToR are silent on expectations and consequences for poor behaviour and contravening the Code of Conduct
- Some Advisory Board members concede a reluctance to call-out poor behaviour

### Observations

Unacceptable behaviour was a consistent theme through many stakeholder consultations. Allegations of bullying, intimidation and racism were shared. It is neither possible nor appropriate for PIC to adjudicate on allegations against individuals that were raised during conversations, however, some board members felt there was an absence of process for complaints-handling and others felt the processes in place were unable to ensure individuals felt psychologically safe – and both of these scenarios are problematic.

Advisory Board members, or anyone involved with NBHF, must be empowered to feel psychologically safe at all times and individuals must not be able to stymie progress of the Advisory Board in achieving its vision.

PIC understands that both staff and external stakeholders have withdrawn involvement with NBHFAB due to matters relating to psychological and cultural safety. A failure to deal with this finding may prevent NBHFAB attracting the Advisory Board diversity required to successfully deliver the prompt transition to a residential program at the farm.

Additionally, in terms of managing Advisory Board conduct, the Chairperson/s play a critical role in managing Advisory Board behaviour and must be aware of this responsibility and equipped with the skills to navigate these situations, and capable of maintaining high standards of behaviour.

### Action for Consideration:

**NBHFAB must establish agreed behavioural standards, and all Advisory Board members should be held to these standards, with any contravention dealt with immediately via the appropriate channel.**

*PIC is also conscious of the mistrust between community and government (not unique to NBHFAB) which can make using public sector officials/senior officers as arbiters during disputes unfavourable for this type of partnership structure. It may be worth exploring a neutral option to be put in place, which is agreed to by the Advisory Board as part of newly defined behavioural standards and dispute resolution process.*

## Good Practice Governance



### Key Finding:

Record-keeping is not of the standard required to reflect good governance.

### Key Issues / Evidence

- Difficulty identifying progress
- Lack of transparency
- Uncertainty around what decisions were agreed and whether changes were being made outside of the Advisory Board meeting

### Observations

Like the ToR, meeting minutes and broader-record keeping form an essential part of good governance.

Desktop analysis identified that whilst meeting minutes exist, they are difficult to follow and lack a consistent structure. It was also evident that actions were not being effectively consolidated, making it difficult to identify what progress was being made against the Advisory Board's strategy.

Stakeholder consultations provided insights relating to the challenges of sudden changes in direction and instructions being given to staff by Advisory Board members between meetings which at times contradicted agreed actions. It was shared with us that this happened frequently and negatively impacted recording-keeping.

PIC concludes that, to an extent, these issues may be a consequence of the Advisory Board not focussing on its core purpose and functions. Having clear, and agreed standard practices for board minutes, actions and dissemination/instructions for the Secretariat, will also reduce the possibility of inadvertently taking action which might be inconsistent with board meeting agreements. Requests to give new instructions or change previous decisions is also likely a symptom of inadequate training of Advisory Board members to understand the importance of good governance.

### Action for Consideration:

#### **Improve record-keeping in line with good governance practices.**

*A consistent template for minute taking should be used. The secretariat must not compromise on the principles of good governance and must ensure accurate records are kept of all decisions, all actions and ensure all notes adequately and appropriately capture Advisory Board discussions. Draft minutes must be distributed to all members soon after each meeting for review and signed by the Co-Chairs following endorsement.*

## Good Practice Governance



### Key Finding:

NBHFAB needs to ensure it acts in a manner consistent with that of an Advisory Board – ie. providing strategic oversight of the organisation.

### Key Issues / Evidence

- Is it an advisory group/committee? Is it an advisory board? Is it a board of directors?
- How can NBHFAB stay "out of the weeds" and effectively provide strategic direction?

### Observations

The primary role of an advisory board is captured within its title – its purpose is to provide advice. It would seem NBHFAB is operating partly in a non-executive and partly in an executive/administrative manner. Whilst PIC advocates for ensuring a level of governance flexibility to suit community needs, the existing operating approach may be impeding progress and causing unnecessary pain points.

Whilst the ToR articulate an appropriate strategic purpose for NBHFAB, qualitative data suggests the Advisory Board is making both board-level-style strategic decisions, and administrative-style very operational decisions – which has the potential to impact on the autonomy of staff working at the NBHF.

Operating in this way can also impact the Chairperson's and Secretariat's ability to implement boundaries around decision-making and involvement – and for all parties to understand where responsibility lays.

To drive greater clarity, the ToR should also make clear the object of the Advisory Board's advice - be that ACT Health or the Minister for Health (or other). This too can help provide clarity of purpose and responsibility for all stakeholders.

Given the sense of ownership that the founding members feel toward NBHF, which was highly apparent during the consultations, the premise of the Advisory Board's role being limited to that of one that provides advice (ie an advisory board) may be unpalatable. This too should be subject to discussion and resolution – with one potential path tabled being the transition to a community-controlled governance model (see page 14).

### Action for Consideration:

**The ToR should clearly articulate who the NBHFAB is providing advice to, and resolutions and/or key decisions need to be framed as recommendations to that entity.**

**Should this governance structure (ie. an advisory board) not be deemed the appropriate structure, a transition to 'community controlled' should be considered.**

# Effective Governance Practices



Effective governance is at the heart of the success of running an organisation or board. It not only improves the overall performance, but also promotes trust among stakeholders. It is important that an Advisory Board strives to follow effective governance practices. To assist, we have set out what PIC considers to be the 8 key components:

## Governance Frameworks

Governance frameworks are often overlooked, however, they are the bedrock of how a board is governed and should be designed so as to ensure:

- Effective board function;
- Transparency around roles and responsibilities;
- Accountability to, and engagement with, stakeholders, and;
- Driving sustainable business practices.

## Governance Documentation

It is imperative that governance documentation is accurate and kept up to date.

These documents establish the rules by which the board is governed, set out the rights and obligations of the members/owners, and provide evidence for regulators or stakeholders of the governance processes and procedures in place.

## Policies in line with law and applicable regulations

Policies and guidelines are important because they address pertinent issues, such as rules and principles for day-to-day operations.

They ensure compliance with laws and regulations, reflect the culture of the board, give guidance for decision-making, risk appetite and streamline internal processes.

Additionally, these should be made easily available to ensure that everyone understands the way things should be done and how they are expected to behave.

## Documenting processes and procedure

It is important that governance processes / procedures are adequately documented.

Often a board has good corporate governance practices, however, they have gaps in terms of documenting the actual processes/procedures in place.

# Effective Governance Practices



## Effective Board Reporting

Boards perform best when they receive good quality reports that contain sufficient information for them to make well-informed decisions and to develop business strategies for short and long-term growth and overall sustainability. The challenges for management in preparing fit for purpose board reports may include:

- Time-consuming and inefficient processes;
- Inconsistent styles; and
- Difficulty in ascertaining the purpose and the output required from the board.

## Agenda and minutes

It is imperative that the board deals with the most pressing / important strategic matters at meetings. Grouping items under headings and putting routine items together for simultaneous approval by the board will ensure agenda time can be best utilised during the meeting. At minimum, minutes should include:

- Key points of discussion;
- Decisions made and, where appropriate, the reasons for them; and
- Agreed actions, including a record of any delegated authority to act on behalf of the board.

## Director Training and Board Evaluations

Directors must keep up to date with regulations, which can prove challenging. Increased responsibility and expanding regulatory demands means higher expectations for board performance. Commonly found issues include:

- Not spending enough time on strategy and longer-term plans;
- Not having a strong mix of skills, knowledge, experience and diversity;
- Directors not obtaining any formal / ongoing training; or
- Governance documentation not being in place or inaccurately reflecting actual processes.

## Subsidiary governance policies

To ensure that corporate governance principles are cascaded, consistently and effectively down to its subsidiaries and that subsidiary boards are aware of their responsibilities, it is important that boards:

- Establish a subsidiary governance framework;
- Set out rules in relation to the oversight of the subsidiaries, and;
- Provide guidance on roles and responsibilities, and reporting requirements to the parent company.

## Culturally-Appropriate Ways of Working



### **Key Finding:**

A high level of mistrust of government exists that should be considered within governance arrangements and appropriately managed.

### **Key Issues / Evidence**

- Strong mistrust, including a fear that the farm "will be taken away again" from the Elders

### **Observations**

It is important to recognise the ongoing impacts of colonisation as well as both the historical and current national and ACT government actions that - together with the local First Nations cultural, social and political landscape - all play a role in the complex context surrounding NBHFAB.

It is reasonable to assume that the mistrust generated through historical and recent actions would contribute to the mistrust that Elders involved in this project feel towards government, and that too may be negatively impacting the functioning of the NBHFAB.

This means managing any changes or decisions around future state against this kind of backdrop will be delicate and should be contemplated from a position of wanting to increase trust. To assist with rebuilding this trust over time, the NBHFAB future state needs to maintain genuine input from foundation members, and in the case of those who have sadly passed - their family representatives too.

It is reasonable to assume that any significant deviation away from the Elders' original vision for the NBHF (as set out in the Healing Framework and The Living Web), could further erode the relationship between government and Ngunnawal Peoples. By contrast, working in partnership to finally realise this vision would be a genuine chance for healing.

ACT Health should also reflect on its own role in the operations of the NBHFAB and may benefit from formally assessing its cultural competency.

### **Action for Consideration**

**The NBHFAB may benefit from an independent Chairperson and Secretariat, for a fixed period of time, to support all parties to come together to re-build trust and promptly transition to a residential facility.**

## Strong Capability



### Key Finding:

The Advisory Board requires structure and support to ensure that it is operating in a functional manner.

### Key Issues / Evidence

- Lack of formal, targeted (fir-for-purpose) training
- Capability and capacity building wanted and needed
- Strong understanding of good governance is required and is critical for all Advisory Board members, and also for members to be capable of effectively performing the responsibilities of the Chair

### Observations

Included in communications to NBHFAB members which were reviewed as part of the desktop analysis, was a commitment by ACT Health to provide governance training for all members.

This training is yet to be delivered and strongly desired by all members.

PIC understands the training has yet to be delivered due to availability of Advisory Board members and Advisory Board preferred providers.

It is worth noting that the governance training would be ideally delivered by a First Nations provider, and be targeted specifically at the needs of the group. It is PIC's view that the training should heavily focus on the principles of good governance and ensuring all board members have an understanding of their responsibilities to contribute to a board that delivers strong governance.

Focus areas could include:

- The importance of a robust ToR and always working within that scope
- The functions and responsibilities of the Chairperson
- How to maintain a strategic focus
- Decision-making and record-keeping

### Action for Consideration

**Provision of culturally appropriate governance training to all NBHFAB members should be of the highest priority.**

*The governance training should be culturally appropriate and tailored to the experience of the existing Advisory Board. The focus should be on understanding the principles of good governance and the non-negotiables the Advisory Board should be implementing to ensure improved outcomes.*

## Strong Capability



### Key Finding:

The capability of NBHFAB, and its ability to effect prompt transition, would be significantly improved with broader membership.

### Key Issues / Evidence

- Current membership is limited in terms of breadth and diversity of representation – improved governance would come from broader community representation
- Consider: what subject matter expertise is required to successfully effect the transition?

### Observations

As set out in the first key finding, the membership of NBHFAB at the time it was paused in January 2023 did not reflect the endorsed Terms of Reference.

The diversity of organisations and individuals identified in the ToR is critical to achieving successful program delivery and just as importantly – buy-in from the broader ACT Aboriginal and Torres Strait Islander Community.

During consultations it was unanimously agreed that reintroducing broad membership was important and desired. As such, upon resumption, NBHFAB should take the opportunity to re-draft the ToR and as part of that process revisit the membership component. The Advisory Board should focus on the organisations and entities that will play a valuable role in shaping the future direction. Crucially this must be done in the context of deciding what role the Advisory Board will play – an advisory capacity or a Board of Directors.

Membership in the ToR should reflect organisations and potentially roles, but PIC would suggest avoiding the use of names in the ToR, providing organisations the flexibility to appoint the most appropriate person to represent the organisation on the Advisory Board, in line with the pillars of the Living Web. This is a very standard approach to membership in ToR.

It may also be worth contemplating the appointment of 1-2 specialist advisors to fill specific skill-sets required for transition. This may include a CEO or board member of a similar facility located elsewhere in the country and/or someone with financial or legal acumen that would benefit the Advisory Board.

### Action for Consideration

**NBHFAB should conduct gap analysis to identify the Advisory Board's existing skill-sets and identify gaps in both skills and sector representation that could be filled via recruitment.**

## Strategic Alignment



### Key Finding:

Advisory Board members are not aligned on the purpose of NBHF, with varying expectations on what the facility will deliver.

### Key Issues / Evidence

- Is it a rehabilitation/detox facility?
- Is it for cultural healing only?

### Observations

Critical to the effectiveness of any board is unity of purpose for members, achieved through the entity's vision and strategic plan.

Early in the consultation phase it became apparent that not all members of NBHFAB were aligned on the purpose for the farm. Some were clear in their expectations of a place for cultural healing, while others aspired for a more clinical rehabilitation, even detox, facility.

In addition to the general challenge that strategic misalignment of this nature presents, aspiring to such significantly different end-states would impact the type of skills and capabilities required to implement the two significantly different outcomes.

In 2017, ACT Health publicly announced that clinical services were not part of NBHF's short to medium future, and rural zoning was identified as an issue then, and remains a barrier in 2023.

This issue needs to be addressed and resolved to ensure all Advisory Board members better understand the program that they are providing advice to deliver.

Government and community have together developed strong visioning documents through the Living Web and the broader Healing Framework and these provide a basis upon which the future state should continue to be based, honouring the vision of senior Elders both past and present.

### Action for Consideration

**Members of NBHFAB need to be aligned on the farm's purpose. Honouring the Ngunnawal Elder's vision should be a priority, and strategic decisions should be aligned to The Living Web and The Healing Framework.**

*All parties should preference the use of 'healing' over 'rehabilitation' when talking about NBHF's purpose – including in the ToR.*

## Strategic Alignment



### Key Finding:

The future state governance model should be aligned to principles of Closing the Gap, in particular Priority Reforms 1, 2 and 3.

### Key Issues / Evidence

- Path forward is unclear
- How can "working in partnership" be improved

### Observations

ACT Health is seeking support via this review to design a future state. Notwithstanding the considerations documented in this Report to resolve specific issues, solid guidance for progressing these types of initiatives can be obtained by reviewing the National Partnership Agreement on Closing the Gap (CtG).

As set out on page 14, the CtG Agreement focuses on four priority reforms. These focus areas were informed by Aboriginal and Torres Strait Islander people in response to the limited progress against CtG since its inception.

There is a distinct and highly relevant focus on working in partnership, building the community-controlled sector and transforming government organisations to better deliver outcomes for Aboriginal and Torres Strait Islander people.

Establishing a pathway to community control would give the NBHFAB the opportunity to simultaneously plan the residential program transition as well as long-term governance arrangements. It would also allow government to prepare and plan for an exit from direct control and decision-making to a provider of funding.

Progress down this pathway should also align to the ACT Government's own commitments or jurisdictional actions in line with the National Agreement. This would also require consideration as to what role the Aboriginal and Torres Strait Islander Elected Body (ATSIEB) can or should play within or alongside NBHFAB. Ensuring long term buy-in from the broader First Nations Community in the ACT is important as the farm is intended to be a service available to all.

### Action for Consideration

**Defining an agreed transition to community-control would signal government's commitment to community ownership, in line with Closing the Gap principles.**

# *Appendix*



## References

1. National Indigenous Australians Agency, Closing The Gap Report 2020, (2021) from <https://ctgreport.niaa.gov.au/>
2. Closing the Gap, Priority Reforms, (2023), from <https://www.closingthegap.gov.au/>
3. Northern Territory Aboriginal Health Forum, 'Pathways to Community Control', 2009 , [http://www.amsant.org.au/wp-content/uploads/2019/12/2009\\_Final\\_Pathways-to-Community-Control.pdf](http://www.amsant.org.au/wp-content/uploads/2019/12/2009_Final_Pathways-to-Community-Control.pdf)

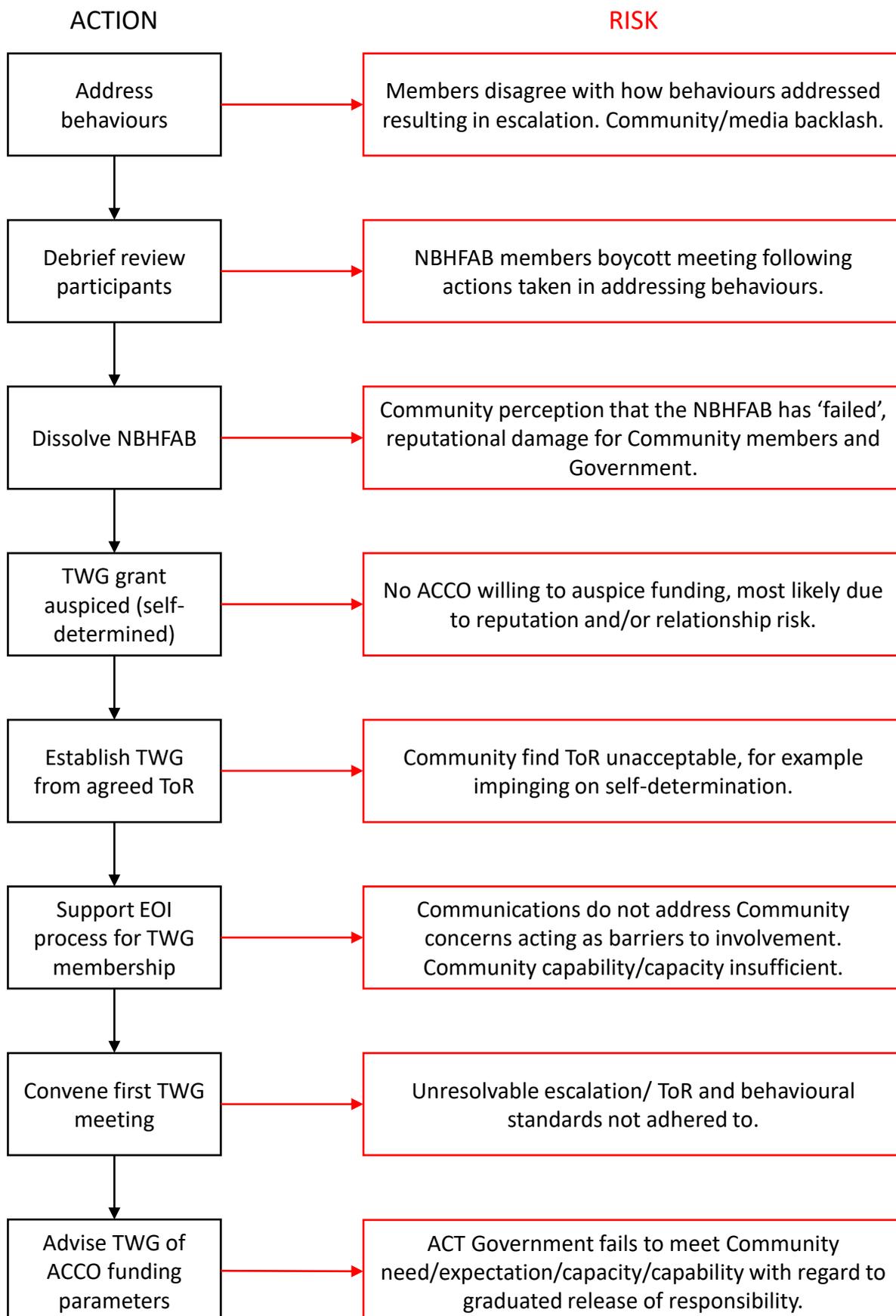
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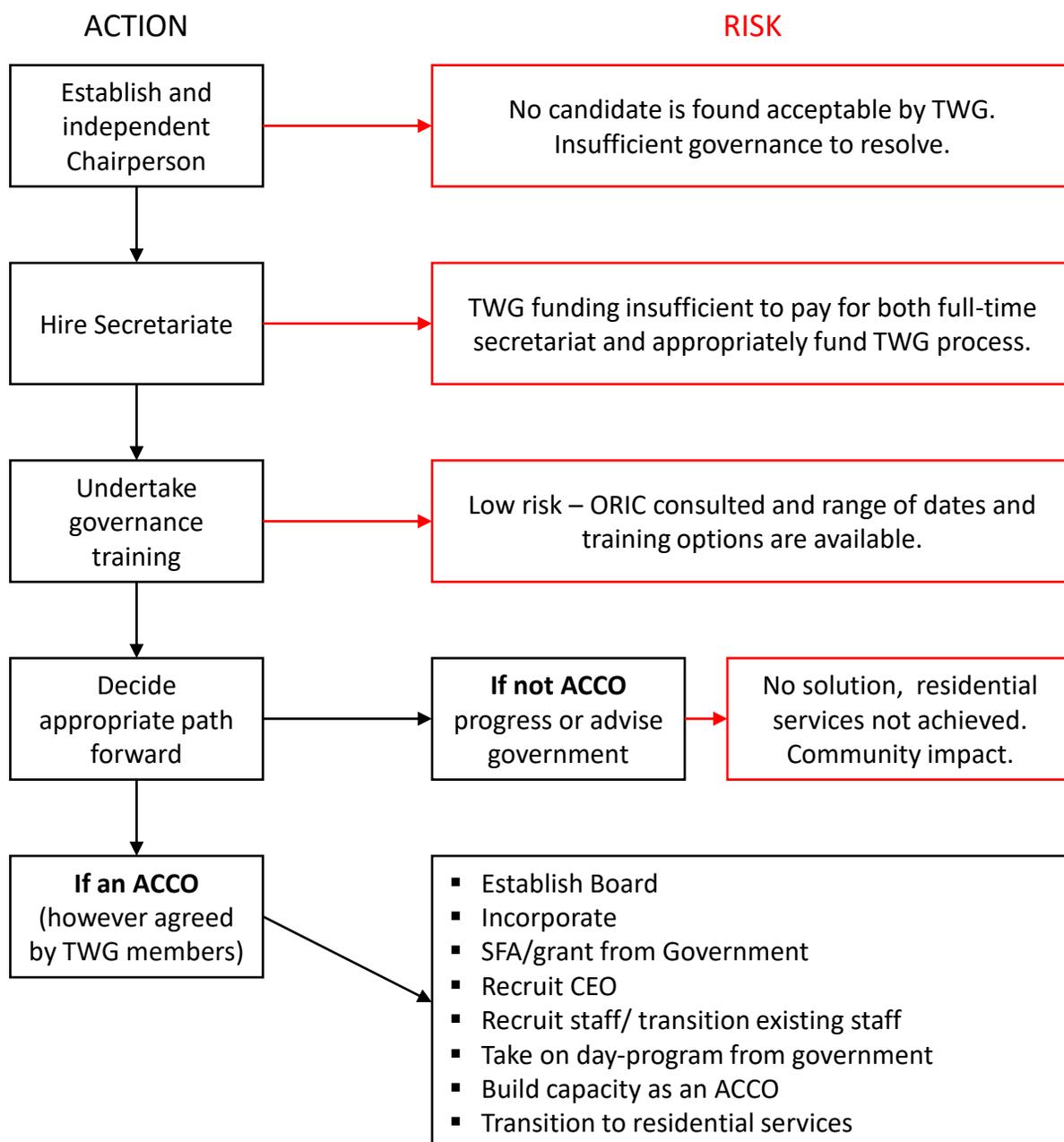
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# ACT Government (ACTHD and CSD) actions/ responsibilities



## TWG actions/ responsibilities





**ACT Health Directorate**

**To:** Minister for Health

Tracking No.: MIN2023/00910

**CC:** Robyn Hudson, Deputy Director-General, Policy and Transformation

**From:** Michael Culhane, Executive Group Manager, Policy, Partnerships and Programs

**Subject:** Community Assistance and Support Program (CASP) Transitions and Community Assistance and Temporary Supports (CATS) Program

**Critical Date:** Not applicable

**Critical Reason:** Not applicable

**Recommendation**

That you:

- 1. Note the information contained in this brief.

**Noted / Please Discuss**

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

Minister's Office Feedback
----------------------------

**Background**

- 1. The Community Assistance and Temporary Supports (CATS) Program commenced on 1 October 2023.
- 2. The CATS Program replaces the low-intensity community supports that are being provided through the Community Assistance and Support Program (CASP), Flexible Family Supports (FFS) and Transitional Care Program (TCP).

3. Under the terms of their funding agreements all CASP, FFS and TCP providers were required to have transition plans in place, with reminders and guidance issued to providers on 6 June 2023 and 12 July 2023.
4. Community support subsector stakeholders had also been given numerous opportunities to identify potential issues and service gaps as part of the Commissioning process, and information was distributed to the sector through the regular commissioning newsletter as well as being made available on the the ACT Health Directorate (ACTHD) Commissioning website.
5. With the advent of the CATS Program these programs were initially scheduled to conclude on 30 September 2023. However, to ensure continuity of care and to better support client transitions, this end date was extended with approval from the Director General to 30 November 2023 for participating providers.
6. All CASP, FFS and TCP providers, excluding those who were selected as preferred providers for the CATS Program, were provided with a Letter of Variation to enable the extension to 30 November 2023. [REDACTED]  
[REDACTED]  
[REDACTED].
7. During the Commissioning process, feedback from consumers and providers made it clear that there had been scope creep under the CASP, with long-term assistance provided to clients with complex needs who were otherwise ineligible for other programs such as the National Disability Insurance Scheme (NDIS) and Commonwealth funded aged care services (such as the Community Home Support Programme or Home Care Packages).
8. The CATS program was designed to retain some of the best features of its three predecessor programs and introduce some significant improvements, including:
  - A shift to placing central importance on program outcomes, participant experience, robust data collection and reporting, along with continuous service improvement;
  - Reducing pressure on acute health services through the 'Warm Hospital Discharge' core service;
  - Making eligibility criteria changes so that Canberrans of all ages –including those over 65 years of age – will be able to access services;
  - Providing longer episodes of support with an increase from 12 weeks under CASP to 6 months for participants and 12 months for carers under the new program; and
  - A Central Intake Service (CIS) to be introduced on or before 1 July 2024.

## Issues

### Engagement with providers

9. The Disability and Community Policy team has engaged with CASP, FFS, TCP and CATS Providers (all of whom were formerly providing supports under one of the concluding programs) to collect information about the:
  - Number of clients receiving support through the CASP, FFS and/or TCP programs;
  - Provider experiences of the transition, including challenges and where the ACTHD could have provided better support and information; and
  - Where they saw significant gaps and other issues of concern emerging following commencement of the CATS Program.
10. In meetings and correspondence on this issue, providers have been invited to give full, frank and in-confidence feedback with the assurance that this is being used to inform future program transitions of a similar nature.
11. Providers were also informed at the beginning of meetings and in correspondence that, where they had been determined to be non-preferred provider through the CATS Program procurement process, the Disability and Community Team could not speak to these issues. Regardless of this instruction some providers did, however, express their concerns about the amount of time provided for tender responses and problems associated with the perceived unsuitability of the procurement process by the Community Support Sub-sector (CSS).

### Transition – client numbers

12. Based on information received from CASP and CATS providers, as of 30 September 2023, there were an estimated 473 clients being assisted through the CASP, FFS or TCP programs. As of 23 October 2023, two of the six current CATS Providers were assisting an additional 168 people who had been receiving CASP program supports.
13. Of the estimated total of 641 clients, 259 had transitioned or were expected to transition to receiving supports through the CATS Program.

14. The following table provides a breakdown of client numbers by provider:

Provider	Number of CASP clients advised by organisation	Number of clients expected to transition or transitioned to CATS Program
Anglicare		
Kincare		
Australian Red Cross		
Community Options		
Community Connections		
Communities@Work		
MMCC		
Mercy Health		
Dementia Australia		
Woden Community Service		
CIT		
LWB (CATS Provider)		
ADACAS (CATS Provider)		
Carers ACT (CATS Provider)		
Northside (CATS Provider)		
CS#1 (CATS Provider)		
CRCS (CATS Provider)		
<b>Total (estimate):</b>	<b>641</b>	<b>259</b>

#### Transition between the programs

15. Provider views were sought regarding the transition from the CASP, FFS and TCP programs to the CATS Program, acknowledging that the commissioning and CATS tender process has been a difficult process for the CSS.
16. Providers across all the programs stated that during transition they needed clearer information about:

- What to tell their clients about the new CATS Program;
- Noting delays in the announcement of the preferred providers, when they would be able to do so;
- How to manage client expectations about their potential eligibility for CATS;
- How to refer clients to CATS providers when they were able to do so; and
- Other supports and programs that might be able to assist clients.

17. Providers expressed concerns about:

- Difficulties in managing client expectations around their eligibility for supports (such as gardening and assistance with shopping) that are now not available as core services under the CATS program; and
- Workforce challenges associated with the uncertainty about CASP funding prior to the announcement of the preferred providers for the CATS Program.

In response to these concerns raised by the CSS, ACTHD has provided material to CASP and CATS providers to assist with client discussions about the changes, as well as information about other funded programs or services. The CATS Program Manual and additional information about the CATS program is publicly available and can be found on the ACT Health Website <http://www.health.act.gov.au/services-and-programs/short-term-support-when-you-are-unwell-community-assistance-and-temporary>.

Transition – emerging gaps and concerns

18. Discussions with providers, as well as initial meetings with CATS Program providers facilitated by ACTHD, have made it clear that there are potentially vulnerable community members who had been receiving CASP, FFS and TCP supports over an extended period. There will be people who will no longer receive these services due to the eligibility limits and focus on temporary and low level supports under the CATS Program.
19. Similar and related issues have been raised in meetings with Canberra Health Services (CHS) staff about the CATS Program implementation.
20. In these discussions ACTHD has emphasised that CATS Program services are directed to those who are eligible because they
- Do not have the financial capacity to access supports;
  - Cannot draw on help (to the extent required) through any family or social networks; and
  - Cannot receive assistance through another Commonwealth or ACT Government program.

21. Stakeholders have been advised that as the CATS Program is implemented and a body of evidence is built about current and emerging gaps in services and supports, this information will directly inform future policy to address these gaps. This includes, where possible, seeking to influence Commonwealth Government policy and program settings and putting forward budget proposals for consideration within the ACT Government.
22. A summary of emerging gaps and concerns that arose during discussion follows:
  - Ineligibility for supports under a long-term support program such as the NDIS or Commonwealth funded aged care services (either because of not meeting disability requirements or the age criteria) combined with ineligibility for the CATS Program as it cannot meet a person's need for intensive supports and services;
  - Concerns about other vulnerable cohorts of people, including those with ongoing mental health conditions and/or complex health needs, who need longer-term and/or intensive support than can be provided through the CATS program;
  - The need for targeted assistance for people with hoarding behaviours, and the exclusion of funding for deep cleans of a person's home in this kind of situation, noting that this is beyond the scope of the CATS program and requires a person-centred case management approach;
  - The exclusion of funding for the purchase and installations of home modifications for people with disability under the CATS Program;
  - Ineligibility for transport assistance affecting those with ongoing and chronic conditions, including those needing regular dialysis and cancer treatment;
  - The exclusion of people from the CATS program with chronic conditions who need long-term low intensity supports (mostly with domestic assistance and/or gardening services);
  - concerns about the exclusion of social supports as a core service, particularly affecting those who may be at risk of experiencing social isolation; and
  - The inability of vulnerable community members to be able to meet the cost of specialist medical appointments and reports needed as supporting evidence for NDIS applications.
23. Wherever possible, ACTHD has been identifying and disseminating information about other programs, services and supports that may be relevant to the needs of vulnerable cohorts. A Service Map is currently being drafted that will serve as an ongoing resource for CATS Program providers in identifying these other sources of assistance for applicants.

24. On 24 October 2023, the ACT Council of Social Services (ACTCOSS) wrote to ACTHD raising concerns held by some of their members in relation to commissioning, the CATS tender and transition from CASP to the CATS program. ACTHD is currently drafting a response to ACTCOSS.

### **Financial Implications**

25. Not applicable.

### **Consultation**

#### Internal

26. Discussions have been held with the ACTHD Commissioning team about the transition issues arising from engagement with providers, and this experience will be used to inform and improve subsequent, similar program transitions.
27. You have been previously briefed about the new Transitions Model which will be implemented for all future commissioning transitions. It is anticipated that the Model will address many of the concerns raised by CATS stakeholders.

#### Cross Directorate

28. CHS are a key CATS Program stakeholder and their views about current and emerging issues have been (and will continue to be) sought as part of implementation and ongoing administration.
29. The Community Services Directorate Integrated Service Response Program (ISRP) has been consulted about minimising potential eligibility overlaps. The Community Relations and Funding Support team was approached for more information about the transport assistance provided under the Community Bus Program.

#### External

30. As noted earlier in this brief, engagement has taken place with CASP, FFS, TCP and CATS Providers specifically about capturing transition issues and, where possible, client data.

### **Work Health and Safety**

31. Not applicable.

### **Benefits/Sensitivities**

32. Prior to meeting with providers about the transition, all non-preferred providers had been offered a debrief meeting specific to the procurement process.
33. Some clients, particularly those with complex needs, have been contacting your office and the offices of other MLAs to express their concerns about supports ending that they had been receiving under the CASP program. This highlights the financial gap the ACT Government has been addressing for people who are not eligible for

Commonwealth programs like the NDIS and Commonwealth funded aged care services.

**Communications, media and engagement implications**

34. Not applicable.

Signatory Name:	Michael Culhane, Executive Group Manager, Policy, Partnerships and Programs	Phone:	██████████
Action Officer:	Maria Travers, Executive Branch Manager, Health Policy and Strategy Branch	Phone:	512 49922



## ACT Health Directorate

<b>To:</b>	Minister for Health	Tracking No.: MIN2023/00732
<b>CC:</b>	Dave Pepper, Chief Executive Officer, Canberra Health Services	
<b>From:</b>	Rebecca Cross, Director-General	
<b>Subject:</b>	Health Professionals Enterprise Agreement and staffing levels	
<b>Critical Date:</b>	<b>27/10/2023</b>	
<b>Critical Reason:</b>	To ensure sufficient time for consideration of the recommended position and options outlined.	

## Recommendations

That you:

1. Note that there are opportunities to further explore how the Territory considers the strategic and effective utilisation of Allied Health Professionals across the ACT Public Service (ACTPS), including establishment of service delivery requirements, priorities, capability investment, governance arrangements and staffing levels to enable a methodical and structured approach to deliver for the ACT community;

**Noted / Please Discuss**

2. Agree to the development of options for a high-level program of work, including resource requirements, to progress work to further consider Allied Health Professional staffing levels led by the Chief Allied Health Officer;

**Agree / Not Agreed / Please Discuss**

3. Agree to sign the letter of response to the Community and Public Sector Union's proposal at Attachment A; and

**Agree / Not Agreed / Please Discuss**

4. [REDACTED]

**Agree / Not Agreed / Please Discuss**

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

Minister's Office Feedback

**Background**

- 1. Bargaining for the new Health Professionals Enterprise Agreement (HPEA) commenced in July 2022 and continues. At a bargaining meeting on 29 September 2023, unions were advised of an enhanced allowance and remuneration offer, which forms part of the overall offer. The enhanced offer includes pay increases for medical physicists and radiation therapists, as well as allowances applicable across the broader allied health workforce.
- 2. The Community and Public Sector Union (CPSU) has previously lodged a claim outlining its position that safe staffing levels be implemented within all allied health professions in the context of managing workloads and demands. This claim has been considered by health bargaining representatives and has not been supported in the form presented by the CPSU, but a final response has not yet been provided to bargaining representatives.
- 3. In May this year, the CPSU wrote to the Chief Minister providing a list of requirements for settling agreement negotiations. Consideration of staffing levels was not included in this letter as a requirement, however we understand it has subsequently been raised with your office.
- 4. In a recent Fair Work Commission hearing under a standing bargaining dispute lodged by the CPSU earlier in bargaining, the CPSU stated that the issue of safe staffing levels is one of only three outstanding matters in HP bargaining. The other two issues are broad banding and enhanced annual leave provisions for shift workers.
- 5. [REDACTED]

**Issues**

[REDACTED]

[REDACTED]

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**Consultation**

Internal

19. There has been consultation across ACTHD, including the CAHO and through the Deputy-Director General, ACTHD.

Cross Directorate

20. Consultation has occurred with the Chief Executive Officer (CEO) CHS, Executive Director, Rehabilitation, Aged and Community Services.

Office of Industrial Relations and Workplace Safety has also been consulted.

**Work Health and Safety**

21. Not applicable.

**Benefits/Sensitivities**

22. The proposal is of interest to the health sector and the Canberra and surrounding community more broadly.

**Communications, media, and engagement implications**

21. This may be of interest to the ACT health system workforce and the ACT community.

Signatory Name: Rebecca Cross, Director-General      Phone: Ext 49400

Action Officer: Jodie Junk-Gibson      Phone: Ext 49923  
 Executive Branch Manager  
 People Strategy and Culture Branch

**Attachment**

<b>Attachment</b>	<b>Title</b>
Attachment A	Response letter to CPSU



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

Member for Kurrajong

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Ms Madeline Northam  
Regional Secretary - CPSU  
[Maddy.Northam@cpsu.org.au](mailto:Maddy.Northam@cpsu.org.au)

Dear Ms Northam

[Redacted]

[Redacted]

[Redacted]

[Redacted]

Yours sincerely

Rachel Stephen-Smith MLA

---

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



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[rachelss\\_mla](https://www.instagram.com/rachelss_mla)



## ACT Health Directorate

<b>To:</b>	Minister for Health	Tracking No.: MIN2023/00782
<b>CC:</b>	Rebecca Cross, Director-General, ACT Health Directorate Dave Pepper, Chief Executive Officer, Canberra Health Services Elaine Pretorius, General Manager, North Canberra Hospital	
<b>From:</b>	Liz Lopa, A/g Deputy Director-General, Corporate, Communications and Delivery, ACT Health Directorate	
<b>Subject:</b>	North Canberra Hospital early clinician engagement listening report	
<b>Critical Date:</b>	<b>07/11/2023</b>	
<b>Critical Reason:</b>	To enable the report to be shared with the Community Facilities Project Control Group and Northside Hospital Project Control Group ahead of their next meetings in November 2023.	

## Recommendations

That you:

1. Agree to circulate the *A new northside hospital - early clinician engagement listening report (Attachment A)* to the Northside Hospital Project Control Group.

**Agreed / Not Agreed / Please Discuss**

2. Agree to circulate the *A new northside hospital - early clinician engagement listening report (Attachment A)* to North Canberra Hospital employees.

**Agreed / Not Agreed / Please Discuss**

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

Minister's Office Feedback

## Background

1. Before commencing detailed design for a new northside hospital it was important to build on the community engagement that was undertaken in 2022 as part of the *Designing ACT health services for a growing population* engagement and hear directly from those working at the North Canberra Hospital campus.
2. The aim of this stage of early clinician engagement was to:
  - a. inform employees about the new northside hospital project – what work has been done, what we have heard from health workforce members and the community (including what was Calvary’s vision for the Northside Health Precinct), and what’s next for the project;
  - b. deliver activities that facilitate effective listening to ensure clinicians are felt heard in the early design phases of the new northside hospital; and
  - c. collect meaningful feedback from clinicians to help inform the next phase of detailed design for the new northside hospital.
3. The engagement ran across two weeks from 31 August to 17 September 2023, commencing with a town hall information session held in person and streamed online, followed by five in person pop-up kiosks.
4. A detailed listening report has been prepared and is included at [Attachment A](#).

## Issues

5. The engagement was anchored around an online survey that focused on the following questions:
  - a. *What does your ideal campus look like?*
  - b. *What does your ideal hospital look like?*
  - c. *What does your ideal work area look like and include?*
  - d. *What does your ideal clinical area look like and include?*
  - e. *What would you like for your patients and their families?*
6. Overall, we heard feedback from 274 people (168 online survey responses and 106 people provided feedback at the pop-ups).
7. The questions posed during the engagement resulted in qualitative data from participants that was analysed separately and grouped into relevant themes. This process provided 1585 individual points of feedback which was been collectively categorised into 9 themes:
  - a. Building design including wayfinding and storage – 28 per cent
  - b. Employee spaces/facilities – 19 per cent
  - c. Food and retail – 11 per cent
  - d. Green/ outdoor spaces – 8 per cent

- e. Clinical and staffing – 8 per cent
  - f. Patient spaces/ facilities/ spaces for children – 8 per cent
  - g. Parking and public transport – 8 per cent
  - h. Office/ meeting space/ education facilities/ IT – 7 per cent
  - i. Other – 3 per cent
8. Participants provided a diverse range of feedback regarding what they would like to see in a new northside hospital with some focusing on very high-level feedback and others providing more detailed feedback regarding specific clinical areas and services. Detailed feedback will be provided to the design team to incorporate into early detailed design work that will be further tested with clinicians in future consultations.
  9. The outcomes and feedback from this engagement, reinforces the feedback received from the engagement conducted in 2022, will inform the initial stages of detailed design for the new northside hospital.
  10. Ongoing clinical engagement on service planning, and the design of the hospital, will continue throughout the design phases of the project.

#### **Financial Implications**

11. Not applicable.

#### **Consultation**

##### Cross Directorate

12. Canberra Health Services have been engaged and will continue to be engaged in the service planning and design for the site.

#### **Work Health and Safety**

13. Not applicable.

#### **Benefits/Sensitivities**

14. [REDACTED]  
[REDACTED]. It is crucial that we provide the listening report and outcomes from the engagement to employees in a timely manner to build and establish credibility and trust as we commence the next phases of engagement on detailed design.

#### **Communications, media and engagement implications**

15. Consultation with community, stakeholders and clinicians will continue in 2024 as part of the detailed infrastructure planning for the building of the new northside hospital.
16. Proactive media opportunities will be sought in conjunction with your office as the project continues.

## OFFICIAL

Signatory Name: Liz Lopa, A/g Deputy Director- General, Corporate, Communications and Delivery, ACT Health Directorate Phone: via MSTeams

Action Officer: Sally-Anne Clark, A/g Executive Branch Manager, Communications – Northside Hospital Project Phone: via MSTeams

**Attachments**

<b>Attachment</b>	<b>Title</b>
Attachment A	A new northside hospital - Early Clinician Engagement Listening Report

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# **A new northside hospital – Early planning and design**

## **Early Clinician Engagement Listening Report**

**North Canberra Hospital – 31 August to 17 September 2023**

## Contents

Executive Summary.....	3
Background .....	6
Early clinician engagement .....	8
What we heard.....	10
Survey Results .....	11
Pop-up Feedback.....	34

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## Executive Summary

Before commencing detailed design for a new northside hospital it was important to build on the engagement that was undertaken in 2022 from Calvary Health Care and to hear directly from those working at the North Canberra Hospital campus.

Engagement activities were designed to understand what employees would like to see incorporated into the early planning and design of a new northside hospital. The engagement ran across two weeks from 31 August to 17 September 2023, commencing with a town hall information session held in person and streamed online, followed by five (5) in person pop-up kiosks. The pop-up kiosks were held across a variety of times, including a Sunday evening from 7.30-9.30 pm to ensure all known shifts were captured.

Participants were encouraged to participate via a QR code displayed on posters throughout the hospital, and via a 'sweet' incentive that included images of the proposed hospital render and a QR code displayed on the packaging. These QR codes linked directly to the online survey.

Promotion of the engagement further occurred through existing North Canberra Hospital channels including an email from the General Manager, the intranet, and the weekly newsletter.

The engagement was anchored around an online survey that focused on the following questions:

1. *What does your ideal campus look like?*
2. *What does your ideal hospital look like?*
3. *What does your ideal work area look like and include?*
4. *What does your ideal clinical area look like and include?*
5. *What would you like for your patients and their families?*

Overall, we heard feedback from 274 people (168 online survey responses and 106 people provided feedback at the pop-ups).

The questions posed during the engagement resulted in qualitative data from participants that has been analysed separately and grouped into relevant themes. This process provided us with 1585 individual points of feedback data which was been collectively categorised into 9 themes and shown in Figure 1 below.

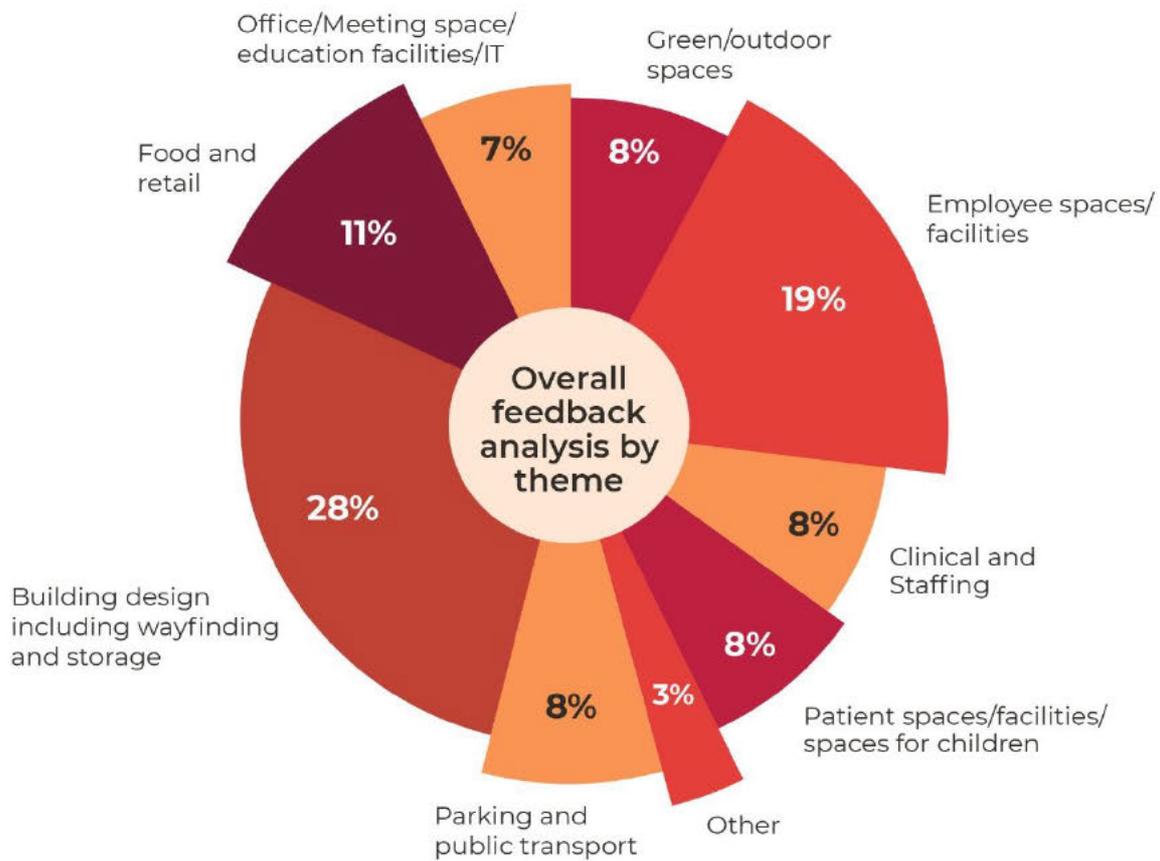


Figure 1: Overall feedback analysis by theme

Participants provided a diverse range of feedback regarding what they would like to see in a new northside hospital with some focusing on very high-level feedback and others providing much more detailed feedback regarding specific clinical areas and services. Detailed feedback will be provided to the design team to incorporate into early detailed design work that will be further tested with clinicians in future consultations.

Feedback around building design considerations (28%) was the most dominant theme. Within this theme participants provided feedback around wayfinding, storage, lighting, layout of the hospital, width and size of rooms and hallways. Access and incorporation of natural light, accessibility and sustainability themes were strong.

Employee facilities (19%) and spaces were strongly featured throughout the feedback. Participants want to see more dedicated employee spaces throughout the whole hospital – including employee lounges, tea rooms, kitchen facilities, bathrooms, changerooms, shower facilities, lockers, and a dedicated employee cafeteria. Additional employee facilities such as an employee gym and childcare centre were also identified.

The availability and variety of food and retail (11%) options provided throughout the hospital were important to participants. There was a strong desire for more variety of commercial food outlets, providing a range of options at different price points that cater for differing age groups and dietary requirements. The need for a dedicated employee cafeteria or reduced meal costs was prominent in the feedback. Participants would like to see more convenient retail opportunities (some examples including groceries, post office, hairdressers, and parcel lockers) provided within or very near the new hospital.

Feedback was also received across a range of other key areas including patient spaces and facilities, including spaces dedicated to children (8%), parking (8%), green and outdoor spaces (8%), clinical and staffing (8%), office and meeting spaces including education facilities and IT (7%) and other (3%).

In 2022, broader community engagement was undertaken to help inform the early design of the new northside hospital. As part of the *Designing ACT health services for a growing community* engagement, we heard from over 400 people and organisations during this engagement across 20 engagement activities. All feedback received during this phase of engagement was analysed and categorised into 11 key themes. Whilst the engagement with North Canberra Hospital employees was targeted and more directed in its questioning – the feedback received strengthens and supports the feedback received from the broader community.

In the 2022 engagement, 22% of the overall feedback related to non-medical experiences inside the hospital building and the hospital grounds. This included feedback relating to the features, design and layout of patient and ward rooms. The need for welcoming and colourful spaces, large rooms with space for furniture and medical equipment, more use of glass and large windows to open-up rooms, good ventilation, fresh air, a reduction in bright lighting, and a homely, quiet, and calm environment for rest.

Participants proposed a wide range of amenities such as lounges, access to water fountains, café and fresh food options, food on demand, laundry facilities, entertainment, post office, supermarket, florist, gift shop, visiting library, magazine trolley and a hygiene/personal products trolley. Participants also suggested storerooms, staff after hours food options that are reasonably priced, education spaces, lecture/training spaces to better support staff. In addition to specific amenities, the desire for green space was also strong. Feedback on wayfinding included the use of simple English, coloured lines and bumps on floors, colour coding, good directions, better signage, easy to navigate/logical/clear layout, directions to buildings and entry/exit points and maps.

In addition to experience, 9% of overall feedback related to parking and travel; 7% to accessibility and inclusion; 7% to infrastructure and technology considerations and 1% on sustainability of the design.

The outcomes of this engagement, and the outcomes it reinforces from the engagement conducted in 2022, will inform the initial stages of detailed design for the new northside hospital. Clinical engagement on service planning, and the design of the hospital, will continue throughout the design phases of the project.

# Background

The ACT Government has committed to delivering a new northside hospital with construction commencing mid-decade. This is a significant investment in health infrastructure in Canberra and is affirmed in the *Parliamentary and Governing Agreement for the 10th Legislative Assembly* and in the 2023 ACT Infrastructure Plan Update.

The new northside hospital represents an investment of more than \$1 billion and will be the largest single health infrastructure project to be delivered in the Territory's history.

The new northside hospital will not be an additional hospital for the ACT but will replace the existing North Canberra Hospital with a larger, modern, state-of-the-art hospital. It is essential that the design and service delivery arrangements appropriately reflect the Government's vision for a community-centred modern, flexible health service.

## Engagement to date

In 2022, as part of the *Designing ACT health services for a growing community* engagement we heard from the community and the ACT Government workforce about how hospitals can contribute to innovation, quality, experience, inclusive and accessible and sustainability. During October and November 2022, ACT Health ran over 20 engagement activities including drop ins at local health facilities, pop ups at local shopping centres, stakeholder workshops and briefings and presentations at local community councils. During these activities we explored the following questions:

- Quality – What does the hospital need to assure you of its safety and quality?
- Experience – What does your ideal hospital experience look like?
- Inclusive and Accessible – How do we make the hospital inclusive and accessible? What is important to you?
- Sustainability – What is important for the environmental design and sustainability of the new hospital?
- Innovation – What does the hospital need to be a facility of the future?

We heard from over 400 people and organisations around plans for a new northside hospital. All feedback received during this phase was analysed and categorised into 11 key themes, with over 60% of responses relating to clinical services, experience and quality.

Initial work was undertaken by Calvary Health Care to develop *Our vision for the new Calvary Public Hospital Bruce and Northside Precinct*. This work explored employees' vision for the precinct (including both the public and private facilities), key care principles, service priorities and key considerations for the next 10 years.

Whilst this work was not a part of the ACT Health engagement for a new northside hospital, it provides an insight into the priorities identified by employees for consideration in early planning for a new hospital.

From this work we heard that the vision for a new northside hospital includes:

- a territory surgical centre of excellence

- a facility built on strong partnership for research and training
- a great place to work
- virtual Care and alternative care pathways
- ensuring equitable access to care.

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## Early clinician engagement

Before commencing detailed design for a new northside hospital it was important to build on the engagement that was undertaken in 2022 and hear directly from those working at the North Canberra Hospital campus.

The aim of this stage of early clinician engagement was to:

- inform employees about the new northside hospital project – what work has been done, what we have heard from health workforce members and the community (including what was Calvary’s vision for the Northside Health Precinct), and what’s next for the project.
- deliver activities that facilitate effective listening to ensure clinicians are felt heard in the early design phases of the new northside hospital.
- collect meaningful feedback from clinicians to help inform the next phase of the detailed design for the new northside hospital.

### The process

Engagement activities were designed to understand what employees would like to see incorporated into the early design of a new northside hospital. The engagement ran across two weeks from 31 August to 17 September, commencing with a town hall information session held in person and streamed online, followed by five (5) in person pop-up kiosks.

The pop-up kiosks were held across a variety of times, including a Sunday evening from 7.30-9.30 pm to ensure all known shifts were captured. A variety of visual materials were available at the pop-up to help prompt and stimulate discussion. These included a proposed map of the campus demonstrating the building required to be demolished to make way for the new hospital, principles guiding the design of the new hospital, and a summary of ‘What we heard’ from the *Our vision for the new Calvary Public Hospital Bruce and Northside Precinct* engagement conducted in 2022 with then Calvary staff. There was also a space where employees could leave their ideas on post-it notes to share with us and their colleagues.

Participants were encouraged to participate in the online survey via a QR code displayed on posters throughout the hospital, and via a ‘sweet’ incentive that included images of the proposed hospital



‘Sweet’ incentive for survey participants

render and a QR code displayed on the packaging. These QR code linked directly to the online survey.

Promotion of the engagement further occurred through existing North Canberra Hospital channels including an email from the General Manager, the intranet, and the weekly newsletter.

The engagement was anchored around an online survey that focused on the following questions:

*If you were responsible for designing the new hospital, what would you include....*

- *What does your ideal campus look like?*
- *What does your ideal hospital look like?*
- *What does your ideal work area look like and include?*
- *What does your ideal clinical area look like and include?*
- *What would you like for your patients and their families?*

Over the two weeks 168 surveys were completed, and 106 additional comments captured during the pop-up kiosk events.

**Table 1: Engagement activity schedule**

<b>Date</b>	<b>Activity</b>
Thursday 31 August	Town Hall information session and Q&A – Face to face and online Survey opens
Friday 1 September 10am – 2pm	Pop up – North Canberra Hospital
Tuesday 5 September 10am – 2pm	Pop up – North Canberra Hospital
Friday 8 September 8am – 12pm	Pop up – North Canberra Hospital
Sunday 10 September 8pm – 9pm	Pop up – North Canberra Hospital
Tuesday 12 September 1pm – 5pm	Pop up – North Canberra Hospital
Sunday 17 September	Survey closes midnight



What we heard



Primary engagement image

## What we heard

We heard feedback from 274 people (168 survey responses and 106 people provided feedback at the pop-ups). The questions asked during the engagement collected qualitative data from participants that has been analysed separately for each question and grouped into relevant themes.

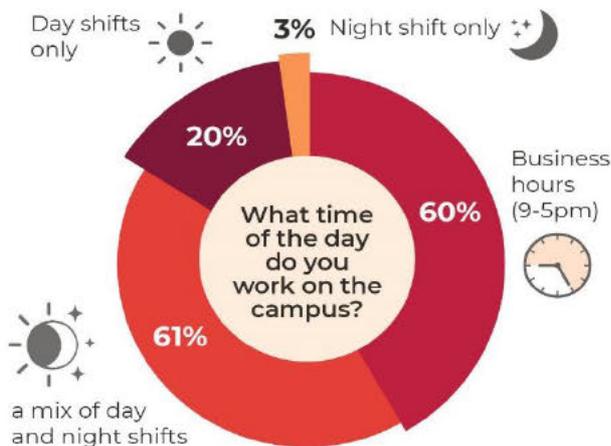
## Survey Results

168 responses were received from the survey with 87% being employees from North Canberra Hospital. Feedback was received across all divisions within the hospital with just over 50% of responses from nurses. The average time to complete each survey was over 24 minutes.

Participants were asked how they would like to receive information about the project moving forward. There was almost an even split amongst responses wanting information via staff newsletters, email, intranet, and town hall information sessions. This highlights that it is important to not rely on one communication channel and to ensure that all future engagement is communicated via all channels.

## Profile of respondents

Are you an employee at North Canberra Hospital?



What division do you work in?



What is your occupation?

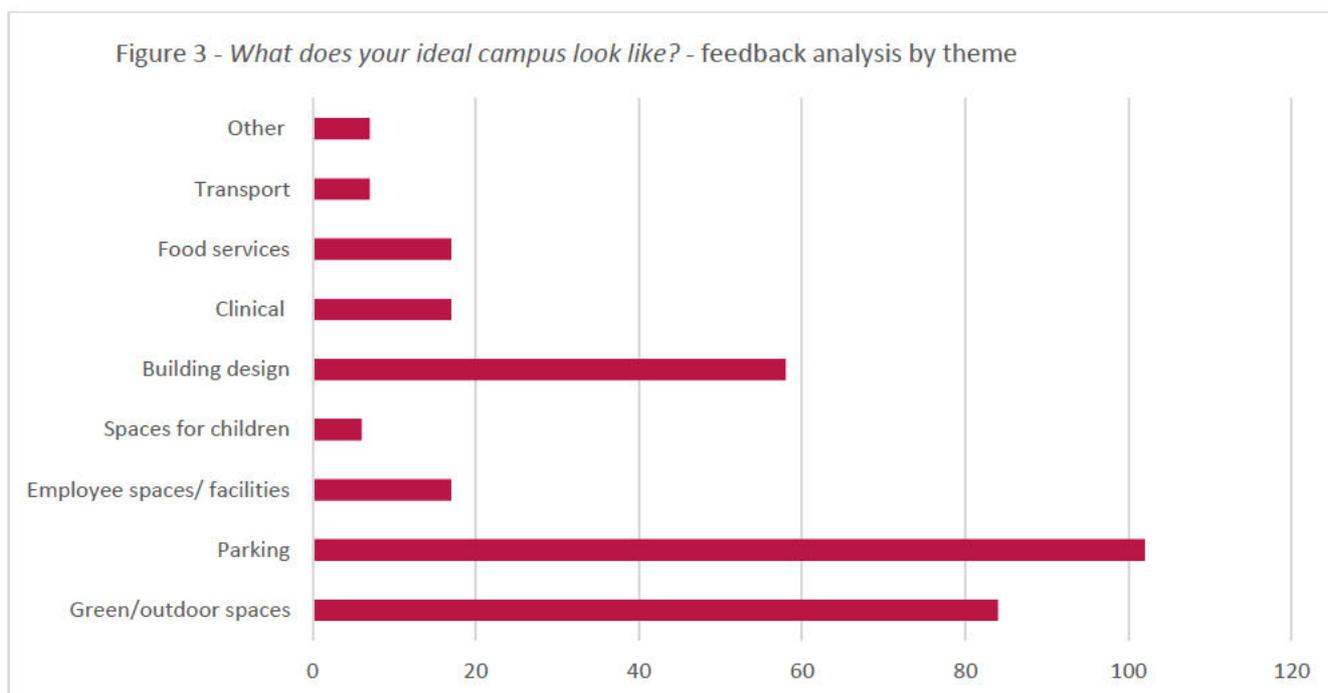


How would you like to be kept updated about the new northside hospital project?



## Question 1 – What does your ideal campus look like?

This question received a total of 141 responses, with more than 50% of comments relating to parking and green, outdoor spaces. All responses were analysed and categorised into the following themes (shown below in figure 3): parking (32%), green and/or outdoor spaces (27%), building design (19%), staff facilities and spaces (6%), food services (5%) clinical (5%), transport (2%), spaces for children (2%) and other (2%).



### Parking

Feedback around parking focused on the need for **increased parking**, **accessible parking**, providing **free parking** and ensuring there are **dedicated spaces** to both **employees** and **visitors**. Ensuring parking was in the **right location** - close to the right facilities and areas of the hospital was noted by several respondents, particularly in relation to **outpatient** visitors and **maternity patients**. **Safety** of the car park needs to be an important consideration – ensuring the areas has appropriate lighting at all hours and security was nearby during end of shifts. Providing **electric charging stations** for both employees, visitors and patients to use was also noted.

*“Parking that is easily accessible for all areas of the hospital, safe for staff when leaving when it is dark (TCH Staff parking (across the road) is scary and far away, not suitable for poor weather), secure staff parking, lighting, security nearby during end of shifts for staff when its dark, parking is close to main entrances, carpark is easy to navigate (TCH multi storey carpark is not fun). Electric charging stations included.”*

*“Parking definitely needs to be expanded for both staff and patients - please use projections based on expanded inpatient and outpatient and ambulatory care numbers as well as the*

*staffing required to provide those services. parking currently is difficult for the patients and staff numbers we have."*

*"Appropriate and sufficient carparking for staff and visitors. If outpatient clinics are to be held there should be designated outpatient carparking available close to clinic locations"*

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### **Green and outdoor spaces**

Providing **lots** of green spaces both surrounding and incorporated throughout the new hospital was considered highly important. Feedback focused around **providing spaces for employees and patients** to use, in some cases common spaces but also ensuring dedicated spaces for both. Employees want to ability to have access to outdoor spaces for **meal breaks, meetings, and quiet reflection**.

*"Green spaces, secure, private courtyards with private areas that can be accessed for patients and families."*

*"Outdoor areas that everyone can enjoy together." "Green spaces - as much as possible and visible from windows. Staff spaces to eat and have breaks outside the presence of patients/visitors."*

*"Appropriate outside space to meet and eat lunch."*

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For their patient's **accessibility** considerations when designing outdoor spaces were important as well as the connection that outdoor spaces have with patient **wellbeing and mental health**. Celebrating a **connection to country** and the **natural bushland** that surrounds the hospital and planting **native vegetation** was noted by many respondents along with the opportunities to celebrate cultural heritage through indigenous artwork and landscaping.

*"Green spaces outside on each ward level to allow patients easy and safe access to outdoor spaces to improve mental health."*

*"Lots of native garden, established shade trees, access to safe water features/ reflection pond. Green lawn areas for staff functions, ability to sit."*

*"Secure outside spaces for where we can take long-term patients in beds or fallout chairs to aid with mental wellbeing."*

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### **Building design**

A **modern, safe and welcoming** building, that is architecturally pleasing, **well designed** and integrated into the **surrounding environment** was a common thread throughout feedback. **Wayfinding** throughout the hospital was important with lots of feedback provided around layout, directional signage, and the use of IT infrastructure to modernise and improve wayfinding. Incorporating **sustainability** elements into the design such as solar panels and batteries, water-wise gardens and designs, refined recycling processes and EV charging stations. **Natural light** through the

hospital was important to many respondents with feedback around the quantity of windows throughout the hospital, the use of skylights, and consideration given to the vistas the windows provide. **Accessibility** of the hospital on the current site was a consideration with some noting the contours and steep slopes of the site as a challenge.

Specific feedback was provided by many around **appropriate lifts** (both the size, capacity and public vs service lifts), access to **public toilets** throughout the hospital, and warm welcoming **lounges and spaces for patients and families** who are waiting, visiting or need quiet reflection.

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*“A blend of open green spaces and innovation. A place to focus on the health of individuals rather than diseases of pathologies. A place where people can truly heal and recover, also a place where people want to come to visit their loved ones with things for all ages to do, cafes and play areas.”*

*“LOTS of natural light and tall ceilings (improves for patient recovery and staff wellbeing)”*

*“A layout that makes sense, is not a crazy rabbit warren!!!!”*

*“The floor tiles should be smartly designed with colouring code system, for example, each ward, the walls, doors and flooring of the ward should be specifically colour coded, in the general entrance, front desk area should have a map indicating the meaning of the colour, the floor tiles should have permanent line and arrow directing also by colour with words also for the colour blinded people. This will help both the visitors and new drs/nurse/allied health/students/agency staff. No one should ever get lost in large facility.”*

*“Easy access to the hospital - a lot of visitors/patients etc find it hard to walk up the hill from the current multi-storey car park to the main entry.”*

*“energy efficient - solar panels”*

*“The windows of the building should be designed in a way natural rainfall can self wash windows or at least reduce dirty collections to keep up with appearance and clarity of the windows.”*

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### **Staff spaces and facilities**

The need for **genuine dedicated employee spaces and facilities** was noted by many respondents. The need for employee **tea rooms**, lounge facilities, resting spaces, **kitchen facilities**, **toilets**, access to **change rooms** and showers, indoor and outdoor spaces, lockable **lockers**, **meeting rooms**, office space, appropriate IT equipment and a dedicated **employee cafeteria open 24/7** to accommodate all shift workers.

## Clinical

Several comments were provided around **specific clinical areas, wards and equipment**. Due to the detailed nature of many of these comments they will be used to start to inform the detailed design of those areas and will be considered as part of the future engagement with clinicians. More general comments were received around the need for **procedure rooms** in all wards, the **layout** and interconnectedness of various departments and **education spaces**.

---

*“The ED triage area should look similar to the Princess Alexandra hospital in Brisbane where there is an area for ambulances to be triaged right next to the triage desk so triage nurses don't have to leave the triage desk to triage ambulances, also the triage desk should have an electronic monitor to be able to view where all ambulances are incoming and outgoing like Metro South has in Queensland.”*

*“All critical care ED, CCU, ICU, maternity also should always be on the same floor as theatre, imaging and pharmacy just common sense for faster safer transfer.”*

*“State of the art ward for dementia patients with lounge areas to assist staff with supervision.”*

*“Every ward to have a treatment room and a wellbeing room for patients.”*

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## Food services

Several comments were provided regarding the current food service provider, the cost of the food and the operating hours. **Increased variety** in food outlets, expanded **operating times** to cover day and night shift workers, and **affordable prices** for employees were all noted.

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*“A designated staff café is definitely warranted, staff are paying ridiculous prices for meals currently, TCH staff have the convenience of having their own space with reasonable priced meals, being able to eat off the ward is beneficial for your mental health, currently staff at NCH need to go Zoukis.”*

*“A variety of cafes and coffee shops .... Affordable food options that are healthy.”*

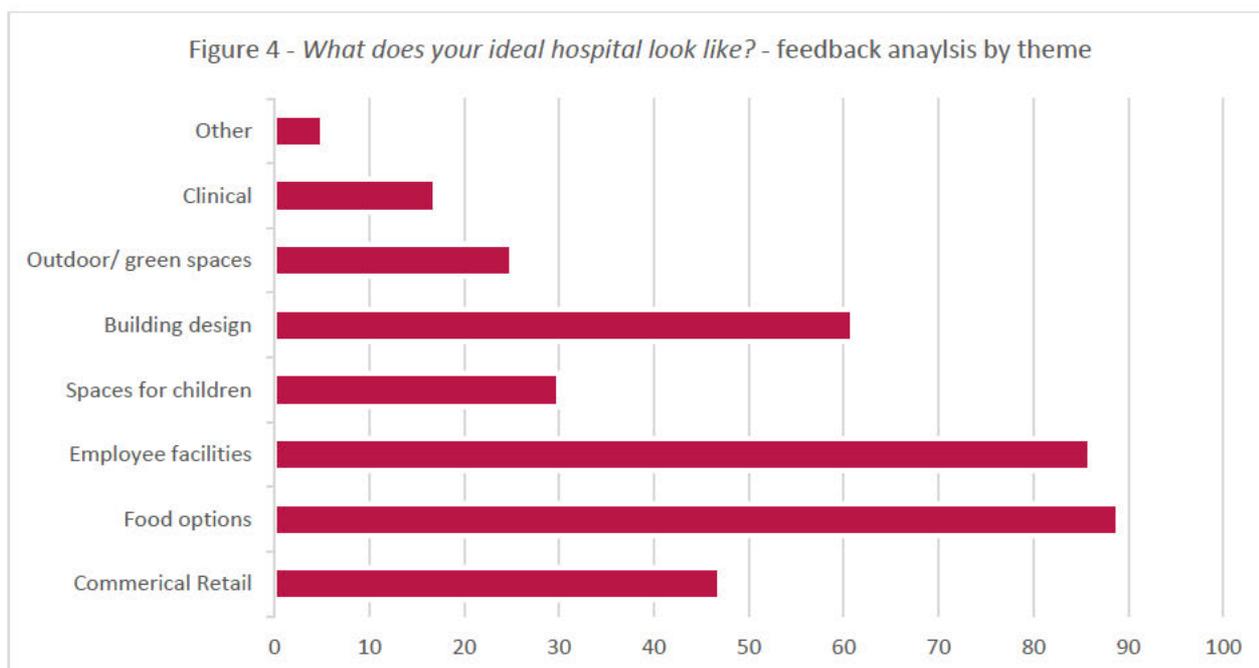
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## Other

Other comments provided to this question were around the themes of **accommodation** for travelling doctors and patients' carers / families, **designated smoking spaces** to allow for smoking away from entrances, access to **childcare** for workers and close connections to **public transport**.

## Question 2 – What does your ideal hospital look like?

This question received a total of 137 responses, with almost 40% of responses referring to food options and commercial spaces. All responses were analysed and categorised into the following themes (shown in figure 4 below): food options (25%), employee facilities (24%), building design (17%), commercial retail (13%), spaces for children (8%), outdoor green spaces (7%), clinical (5%), and other (1%).



### Food options

The food options available in the hospital for both employees and patients was a hot topic throughout comments. Employees want to see more **variety** of options than a single provider – with many suggesting **food court** areas in the foyer. There was a need identified for more **healthy alternatives** to be available as well as catering for different **age groups** (child friendly meals) and **dietary requirements**. The **cost of food** is an issue, with many noting the current high price points. The **hours of operation** that outlets are open is important and needs to cater for all employees in the hospital, both day and night shifts, covering breakfast, lunch, and dinner. Many suggested the need for a **dedicated employee cafeteria** providing a variety of food options at an **affordable** price point.

*“Affordable staff cafeteria that is open on weekends and after hours.”*

*“More than zouki cafe options. Affordable, fresh food options in consideration of the vast socio-economic differences between people.”*

*“Food available 24/7 (not only vending machines) for staff and patients/visitors”*

*"A must is a healthy cafe with lots of vegetarian options and good food for staff and visitors. .... It is an absolute disgrace to think that we are meant to be promoting healthy living yet the only place to eat doesn't reflect this. I would like to see health salad bowls (Mexican bowl, salmon bowl, haloumi salads, chicken salads), discount for staff on meals at a cafeteria and hearty and healthy meals."*

*"A designated staff café is definitely warranted, staff are paying ridiculous prices for meals currently, TCH staff have the convenience of having their own space with reasonable priced meals, being able to eat off the ward is beneficial for your mental health."*

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### Employee facilities

A hospital built with not only patients but employees at the forefront was considered important not only to value the employees and provide a quality and safe workplace, but also an opportunity to make the new northside hospital an employer of choice across the country. An **employee only gym** was noted by over 30% of respondents to this question with many noting health and wellbeing and employee attraction/ retention benefits. Comments around the cost of the gym be provided at a substantially reduced rate and preferably free. Some noted the desire for exercise classes to be available not only equipment.

The need for **genuine dedicated employee spaces and facilities** is considered essential. Many respondents commented on the current lack of dedicated employee spaces to take meal breaks and meetings away from common public areas. Comments provided were of a similar nature to the previous question but provided more granular details. Comments noted the need for employee **tea rooms**, lounge facilities, **resting spaces**, **kitchen facilities**, **toilets**, access to **change rooms** and **showers**, indoor and outdoor spaces, lockable **lockers**, **meeting rooms**, **office space**, appropriate IT equipment, **ergonomic** office furniture and a dedicated **employee cafeteria open 24/7** to accommodate all shift workers. Access to a dedicated childcare centre for hospital workers, that accommodates shift hours was considered essential by many respondents.

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*"It would be AMAZING to have a staff gym/wellbeing centre on site to promote staff health."*

*"Staff gym would be amazing (Liverpool Hospital has a fantastic one)."*

*"Staff lounges that say we are valued- bonus if there's somewhere comfortable to sleep, good natural lighting/windows & balcony/ courtyard - close to or within the department."*

*"Staff gyms to promote staff wellbeing for an already burnt-out workforce who work in high stress environments"*

*"A childcare for staff is an absolute must that must reflect shift working hours."*

*"Generic accessible shower / change areas, to facilitate/encourage people cycling to work, running/exercising before/after work or on breaks when able, etc"*

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## Building design

Building on from the previous question a lot of feedback received was around the building design. A **welcoming environment**, with plenty of **natural light**, **open indoor spaces**, wider corridors, and doorways to fit all bed sizes and **integrated green spaces** were all considered important elements in the new hospital design. Wayfinding throughout the hospital was noted several times, with the need to explore how IT Infrastructure can be integrated into the wayfinding system allowing for interactive maps and changeable electronic screens. Parking considerations, public toilets throughout the hospital, separate staff/service to patient lifts and good Wi-Fi and mobile reception were also noted.

Many people commented on the need for **clean neutral colour tones**, complemented with **artwork**, and in particular artwork with meaning and connection to the hospital and celebrating our indigenous cultures.

Dedicated **meeting and education spaces** was considered essential – from small meeting spaces to have private and sensitive meetings with families, to larger meeting spaces for employees to come together. Dedicated education and training rooms were noted, including lecture theatres and simulation spaces.

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*“The entrance should look very similar to the Princess Alexandra hospital in Brisbane which has a Magnet rating.”*

*“Electronic signage that can be easily changed”*

*“Big fish tank somewhere (Like RCH in Melbourne)”*

*“Lifts that are big enough to fit bariatric beds and equipment!”*

*“Good Wi-Fi access and no dead spots for phone reception”*

*“Lecture theatre for teaching and grand round presentations.”*

*“Should have large windows welcoming natural sunlight and view of the outdoor garden with safe but private space”*

*“More artwork and less plain walls (Aboriginal artwork, photography, random statues, old artefacts). Have pieces that have stories, and images around (like Vivian Bullwinkel, old medical devices, history of Canberra, Staff photos). Indoor plants and indoor green spaces, water features.”*

*“A clean, white theme but pops of colour with signs, greenery, artwork, photography.”*

*“multi-entry/exit points (outpatient separate from visitor to inpatient separate from emergency separate from walk-in)”*

*“Delirium, dementia friendly lighting throughout- not just medical wards.”*

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## Commercial Retail

In addition to comments around food outlets, we received lots of feedback around the need for more **convenience retail opportunities** to be included into the hospital design. Common suggestions included **hairdresser, public pharmacy, convenience stores, parcel pick up boxes, post office, ATMs and florists.**

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*"A convenience store would be wonderful"*

*"A shop that sells affordable clothes (PJ's, undies, socks, slippers, flip flops) as visitors/ patients may need a change of clothes (kind of like a QANTAS pack)"*

*"Ice cream scoop bar (because ice cream makes everything better for kids! (and adults))"*

*"Please can we have shops and restaurants that are not solely focused on the hospital."*

---

## Other

As with the previous question a range of feedback specific to **clinical services and equipment** was provided. This feedback will be used to start to inform the detailed design of those areas and will be considered as part of the future engagement with clinicians. Feedback was received regarding the need an increase in services in paediatrics, oncology, general surgery and orthopaedics. Comments were also provided around the need for more equipment, in particular a public MRI scanner.

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*"The new hospital clearly needs an inpatient paed's ward/service + outpatient clinic. Failure to include this in any new hospital in the ACT would be astonishingly stupid."*

*"Frankly, it has been shameful how many elderly patients caught COVID in our hospital in 2022 because of the 4 bed wards that didn't even have doors let alone good ventilation. We don't have a single negative pressure room on the wards. In 2023! That is similarly disgraceful. Secondly, we need plenty of space for interventional radiology AND our own public MRI scanner. That is the second shameful situation we must rectify."*

*"The new hospital clearly needs ACUTE orthopedics, with theatre time and fracture clinics."*

*"Oncology - Chemotherapy back on the Northside"*

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Comments provided also noted the need for more child/ family friendly spaces, including play areas, green and outdoor spaces, pet friendly areas and affordable accommodation for interstate doctors, patients, visitors.

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*"Children's play area inside and out (similar to TCH)."*

*"Child friendly areas that are easily accessible for patients with reduced mobility to access to enable integration with young family members."*

*"Pet friendly outside area so patients can see their pets while admitted."*

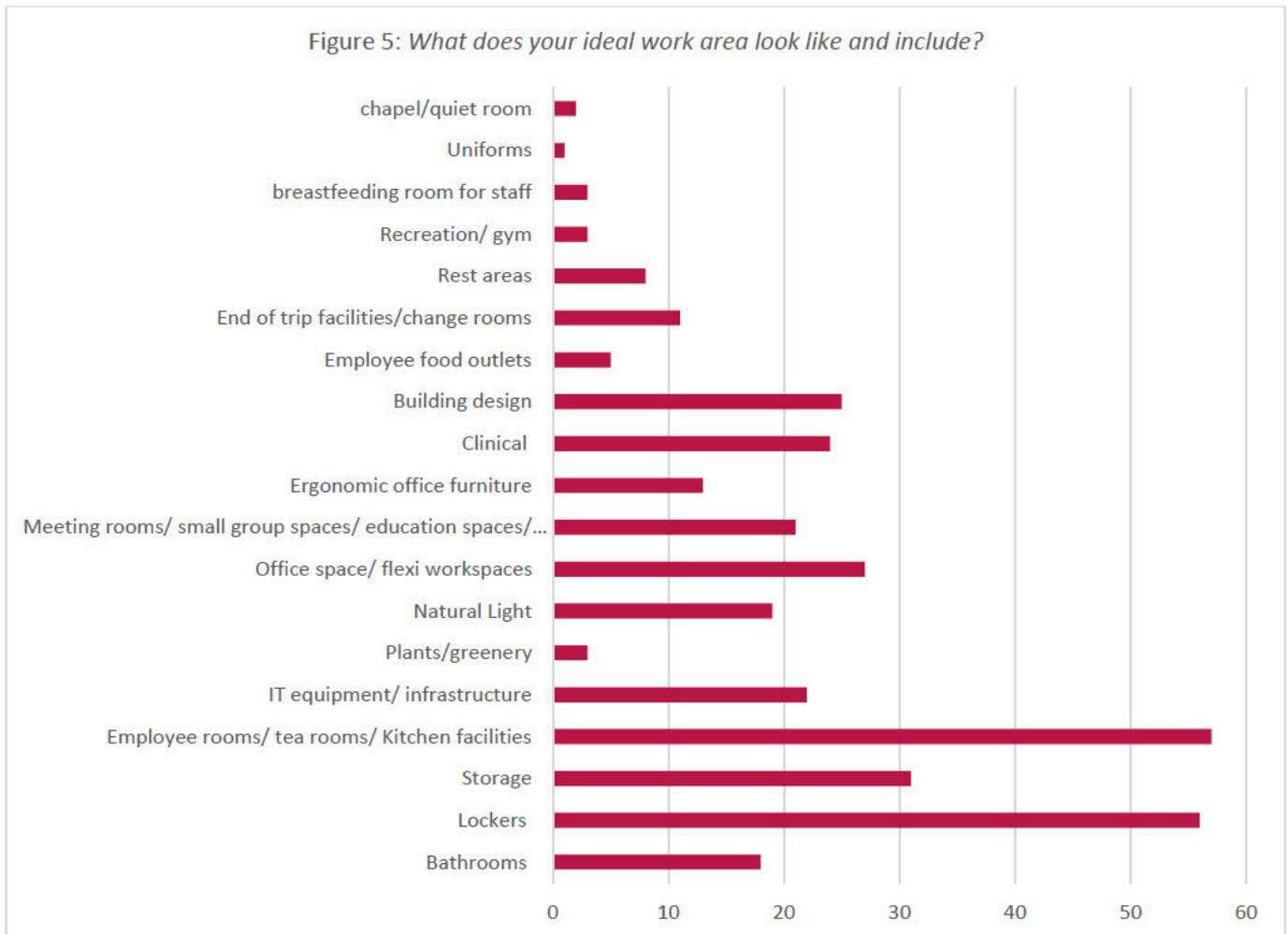
*"Affordable accommodation for interstate patients & visitors - including, but possibly separate - Safe secure space/option for interstate visitors with pets - every summer we have reports of people leaving dogs in their cars because they have come either for their own treatment or to visit a very ill relative & didn't know what else to do with their pet."*

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DRAFT

### Question 3 – What does your ideal work area look like and include?

A total of 139 responses were received for this question. All responses were analysed and categorised into themes listed in Figure 5 below.



We received the most comments around **employee facilities – tea rooms, staff rooms, kitchen facilities and employee lockers**. It was considered important that the hospital is built to be **agile and flexible** – able to continue to grow and adapt with future changes in health care delivery and increase capacity. Employees want to work in a **modern environment**, with plenty of access to **natural light**, adequate **office space**, **meeting rooms**, **education spaces** and **ergonomic office equipment**. Adequate **storage** is essential, and more work needs to be undertaken with specific teams on their requirements when we reach detailed design. Comments around storage referred to access, safety, location, and size.

*"Flexible and adjustable. Please provide us with the basic essentials. To the designers and project managers I would say build somewhere you'd want to work or your children in the future to work."*

*" Big windows with natural light. think about how much storage then double it..*

*"Smart use of space and storage, computers are adjustable to avoid long term neck and back injuries."*

*"LOTS of natural light and tall ceilings, connections between indoors and outdoors, minimal paper/stationary requirements, digital boards instead of whiteboards, staff showers, enough space for staff lockers at a good height for good manual handling, no carpet!"*

*"Clear wide corridors with plenty of storage space to store equipment. Staff room with kitchen amenities and lockers which allows for privacy when on your break."*

*"Outpatients needs to be set out so that there are enough storage areas, offices for staff, large enough waiting areas for patients. Plenty of bathrooms, including a change table for babies. Currently we can't provide certain services because we don't have the room to store some of the equipment."*

*"Staff uniforms that are comfortable! Please make sure to actually ask staff what type of uniform they would like to wear! The fabric of uniforms is often not adequate for our working requirements. Pants are too low rise, fabric is non stretch and fabric wrinkles easily."*

*"Effective smart storage for medical supplies so we don't always run out of stock and well organised easy to find things quickly. Lockers should be proportional enough lockers for the size of the medical/nursing team and AIN team to put their things. Staff room should have a private permanent quiet and safe area for rest, for mental and physical well-being or even just private conversation. The window area of the staff room should have space for indoor plants if we wish to put some plants for relaxation for both nurses and doctors. Also somewhere we can put up educational information and also a space for us to put up social picture of nursing team for team building. Basic things like storing microwave, kettle, staff room with sink, filtered hot and cold water, fridge, toaster, plenty of space to eat our meal. We are currently using common kitchen for sink/water sharing with patients and visitor."*

*"My ideal work area would look like 'The ICU of the Future' as released by the Critical care Research Group, north Brisbane, Australia.*

*<https://youtu.be/zlrcnua6RjY?si=jWHHLZCEtfpJ9WaN> and if it is seriously considered there would be an 'ICU playground' where developers would be invited to participate in developing presentable models for consideration. This would not only include critically trained health personnel, but engineers in science, medicine and architecture."*

*"Enough offices for staff specialist - ideally lockable spaces that are private to allow for patient care, one on one meetings with junior doctors to occur and for paperwork to be done and kept safe."*

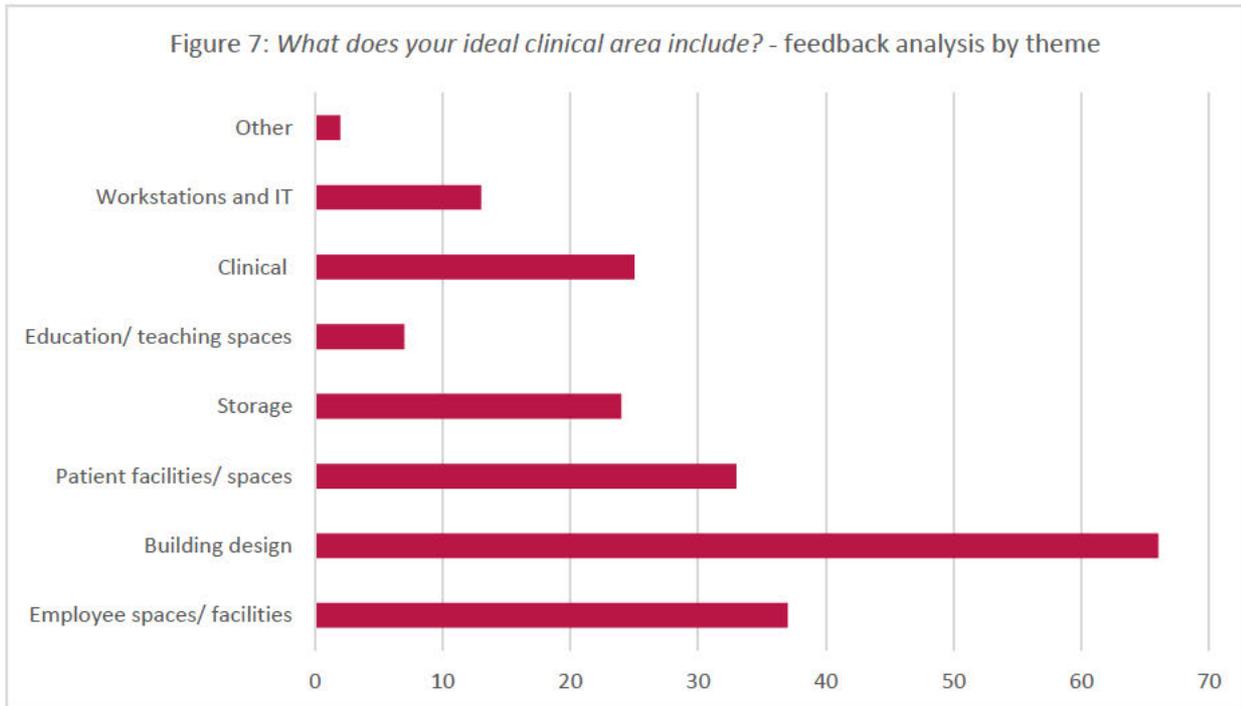
*“Wards require storage spaces for all clinical equipment, DHR/ICT equipment & also food service equipment - there currently is very few wards with specific food services space & food trolleys end up blocking corridors etc”*

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DRAFT

#### Question 4 – What does your ideal clinical area look like?

A total of 129 responses were received for this question. All responses were analysed and categorised into themes listed in Figure 7.



Many respondents provided specific and detailed feedback regarding their dedicated clinical area such as ED, ICU, outpatients, theatres, and maternity. Feedback received was around the **layout** of the area, the **equipment** required, opportunities for **automation** and the **provision of services**. This feedback will be provided to the team working on detailed design and explored in further detail in future clinician engagement.

**Building design considerations** were noted throughout most of the feedback, aligning to many of the similar themes heard in the previous questions. Comments around the broad design considerations included the use of **natural light, windows, integrated outdoor spaces**, incorporating **sound absorbing materials, wider hallways, wider doors**, larger service **lifts** separate to public lifts, improved recycling systems and the use of **colour** throughout. More detailed feedback was provided around **larger patient rooms**, more single ensuite **bathrooms** for patients, more **public toilets** ensuring the inclusion of **baby change facilities**.

Providing **dedicated employee spaces** throughout the hospital was heard again throughout the feedback including **employee lounges, resting spaces, kitchen facilities, change rooms, showers, and lockers**.

Feedback was also received around designing smaller nooks and spaces in hallways to store mobile equipment such as IT equipment on wheels to keep hallways clear. Small nook spaces were also suggested by a few nurses as a way of designing in quiet spaces for employees to complete documentation when moving around the wards.

---

*“Staff spaces that adequately fit staff, so we can move, store our things, heat our food and be comfortable while on break to support our mental health and help us feel more refreshed when returning to the floor. An outdoor space with greenery. It is well documented that providing these things benefits staff, increases retention rates and improves performance, this is not just a pipedream. We are so short staffed and stressed it’s about time we supported staff in simple ways that make a big difference in the long run.”*

*“Lounge areas for staff and visitors, nurses quarters, cubicles for cows machine outside every patients room, large medication room.”*

*“Nooks to store computer on wheels so that they are not in the main walkways.”*

*“Quiet 'nooks' where staff can complete documentation.”*

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Providing **safe, welcoming, quality, comfortable spaces for patients and families** was again a strong priority for employees. Providing more dedicated **family waiting rooms**, quiet **meeting spaces** for sensitive discussions, and **patient lounges** on the wards was considered important. **Discharge lounges** for patients was also noted in the comments. **Comfortable seating** was considered essential with many noting the need for reclining or lean back seating options for ill patients needing to wait. Dedicated **kitchen spaces** for patients and families, separated from employee tea rooms, is required. Spaces where patients and families can access basic facilities like tea, coffee and water.

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*“Waiting room with lean-back seats for patient comfort (people often in severe pain and waiting times in ED can be 8+ hours frequently overnight).”*

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Considerations around **storage** is essential with most responses wanting to see **increased storage**. Detailed feedback was received around larger storerooms, medical supply rooms, linen storage, mobile equipment and specific clinical area requirements. Several comments around storage requirements also touched on work health and safety issues around ease of access, trip hazards, manual handling, employee safety and maintaining clear hallways.

---

*“When planning you need to look at the mobile equipment that has to go in that space and ensure there is plenty of storage (not in the corridor) for this equipment.”*

*“A 'dirty' corridor that runs behind the operating theatres to remove rubbish and dirty equipment (so it doesn't have to be brought back past clean supplies)- new hospitals are saving on floor space by removing this feature, but it is better practice to have it.”*

*“More accessible pan rooms (2x per ward 1 on each side) to minimise the distance nurses carry clinical waste.”*

*“Automatic dispensing cabinets in larger well designed medications rooms with fit for purpose medication storage systems and adequate ICT infrastructure/workstations, appropriate fridges with Wi-Fi fridge monitoring as well. Need desk space for staff on wards if the number (and storage) of COWs is insufficient.”*

---

Employees commented on the need to access to **computers** where and when they need them and **dedicated office space** away from patients for both doctors, nurses and allied health professionals to complete patient file notes and documentation. WHS issues also came into consideration when discussing the layout of working spaces noting the need for **flexible ergonomic furniture** (chairs, sit/stand desks etc). Providing different desk/bench heights in nurses stations and areas on the ward was considered important – providing them the ability to maintain eye level with patients and families if seated and have visibility of the ward. Availability and access to **printers** via employee cards was also noted. Purpose built education and meeting spaces was also noted including the provision of Webex boards, teleconferencing equipment and simulation spaces.

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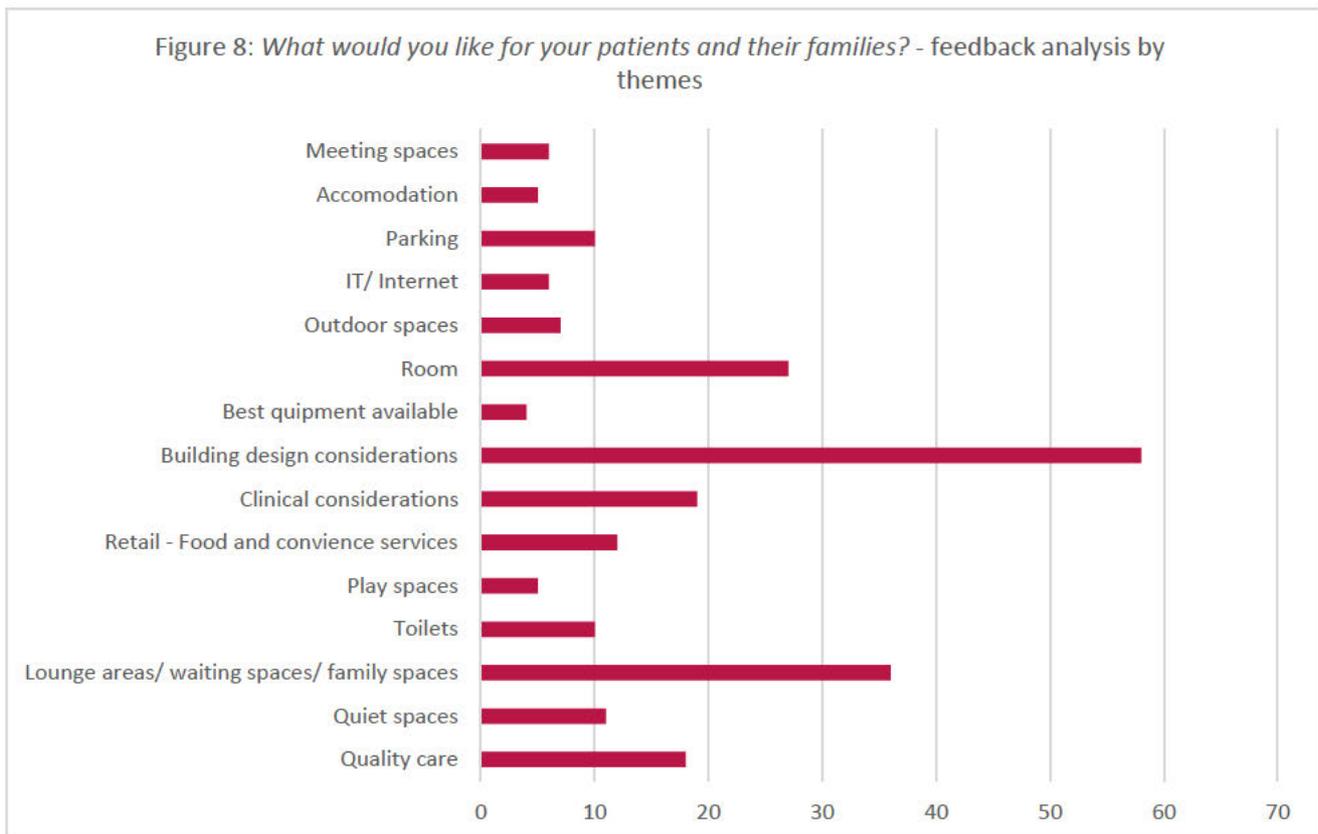
*“Nursing station has enough space for nurses and allied health professionals, has raised seating/ benches (eye to eye with those standing), patients/visitors can't easily walk through or view information, central and open (staff can have 360 view of ward). Nursing room for notes and discussions (not main station or break room) that have computers, monitors that have ward information (room number, patient, ISBAR, like at an airport/ train station), security cameras/ video displayed from the ward.”*

*“Doctors rooms on each ward with computers, phones, storage areas to allow for ease of jobs post ward round without fear of someone logging out of your computer if you step out momentarily. Doctors quarters with 2-4 beds for overnight doctors to rest in during overnight/on-call (similar to TCH).”*

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### Question 5 – *What would you like for your patients and their families?*

133 responses were provided to this question. All responses were analysed and categorised into themes listed in Figure 8. Whilst we received specific comments relating to the quality of care, it was evident throughout all responses that employees want to be able to provide quality care to their patients and their families - equipped with the right environment, equipment and team to support and enable this.



The most common feedback was around specific **building design considerations** – similar to responses above, these included themes around access to natural light, bright open spaces, safe and welcoming spaces, dedicated procedure rooms, waiting rooms, lounges, wayfinding, play spaces, gardens, public toilets and parking.

Providing **appropriate spaces for patient and families** was considered vital. These included lounge areas for patients to access with visitors, family meeting rooms and quiet rooms for difficult conversations to occur, comfortable seating in waiting areas, comfortable options for carers that need to sleep over and assist patients, kitchenette facilities and quiet spaces for reflection for all faiths and religions.

**Patient rooms** were given a lot of consideration in the feedback. Employees wanted to see comfortable well laid out rooms for patients – both single and shared rooms. Functional and ergonomic bathrooms should be attached to all rooms with many respondents wanting to see more single rooms with ensuites. Rooms need to have enough space to include beds, comfortable seating

for both patients (reclining options) and visitors and space for employees to move around. Rooms should be Wi-Fi enabled, offer TVs, have plenty of PowerPoints to support both medical equipment and personal phone and IT charging needs.

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*"To be given the care and kindness they deserve be seen, heard and attended to in a reasonable amount of time."*

*"To be able to provide them with the care and attention they need and not worrying about finding equipment that works. Or having to alter their care because we don't have the correct equipment. We need to be able to provide care in a first-class hospital with first class equipment available to us."*

*"I would like patients to feel safe, comfortable and confident accessing the hospital. I want families to feel welcome. I want patients to be in control of their hospital "journey".*

*"Family meeting rooms on each floor so that confidential conversations & decisions can be carried out with dignity and respect."*

*"Adequate lighting that can be adjusted to ensure adequate circadian rhythm cycles within each room. Possible use of dimmable lights, low volume alarms and use of red lights."*

*"Nicer bathrooms, still able to be hygienic, safe and spacious, but somehow less clinical in appearance and sinks that are not round on the base so that patients legs can slide under if in a wheelchair."*

*"Maternity- and gynaecology- ward: please please separate them (its awful lying in a room next to a newborn when you have had just lost a baby or any other complications in your pregnancy."*

*"Comfortable seating in waiting room, e.g., day surgery, surgical admissions. If the patients have to wait a long time at least they can be comfortable, especially if they are elderly or in pain."*

*"Therapeutic environment, private spaces, well designed rooms and bathroom"*

*"LOTS of natural light and tall ceilings, connections between indoors and outdoors, no carpet! the ability to open a window (so long stayers don't have the situation where they're not exposed to fresh air for months!)."*

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**Question 6 – What artefacts, sentiments or spaces would you like to preserve in the current building – are there any memorials or special places you want to have recreated or relocated?**

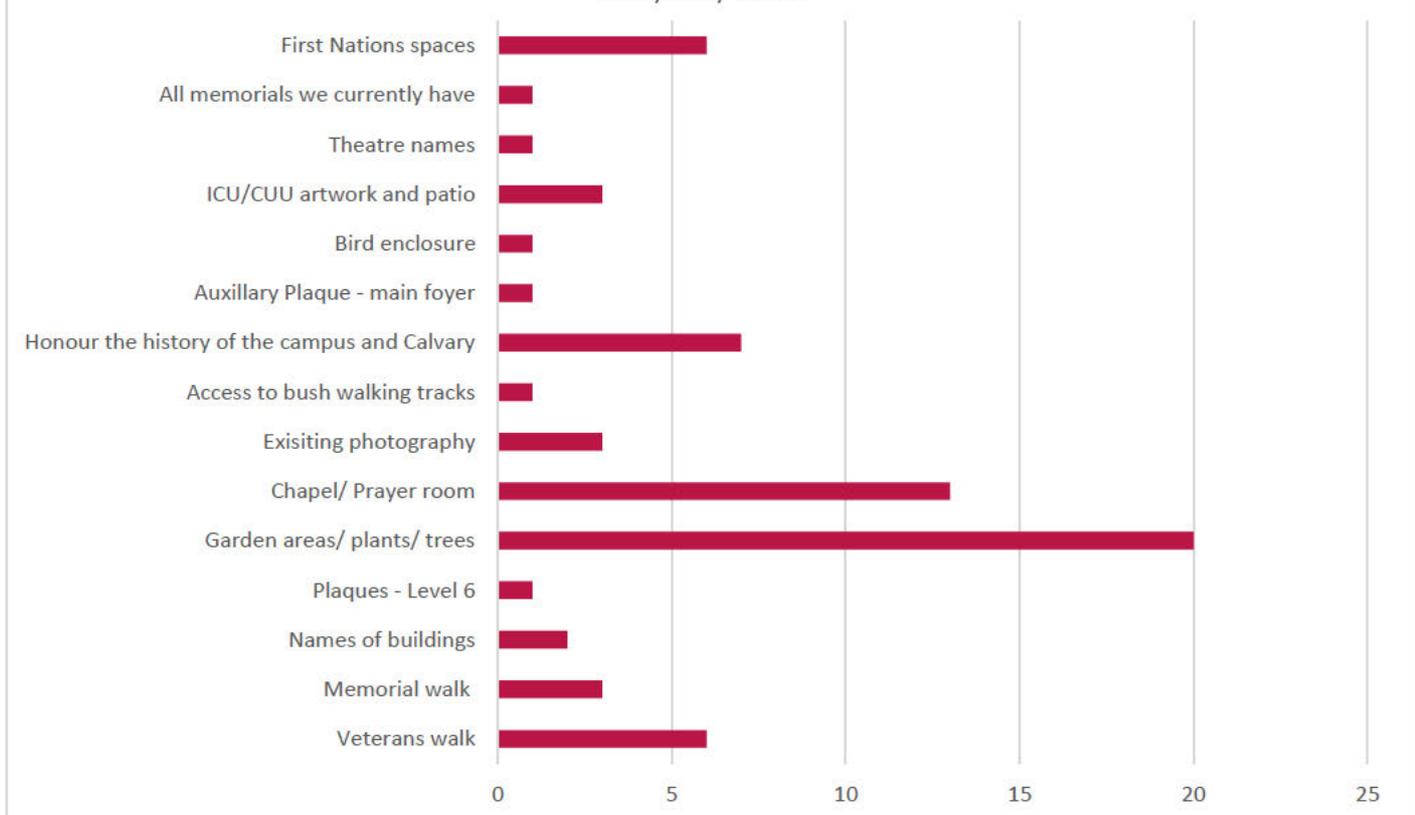
105 people responded to this question, of which 47 people (45%) responded no. The remaining 58 responses were analysed and grouped into common themes as shown in Figure 9 below.

Artefacts, sentiments and spaces that people wanted to see retained were the rose garden that was planted in memory of employees, the green space near Zouki, the veterans walk, the memorial walk, the names of the buildings, the Chapel, the ICU/CUU artwork and patio, existing memorial plaques and the existing historical photos.

Employees would like to see a space created in a new northside hospital that honours the history of the campus and Calvary.

The new build was also seen as an opportunity to celebrate our local First Nations community. This could be done through artwork, landscaping and providing dedicated spaces for First Nations patients and families to connect.

Figure 9: What artefacts, sentiments or spaces would you like to preserve in the current building – are there any memorials or special places you want to have recreated or relocated? - feedback analysis by theme



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*"The rose garden at the front of the hospital, the veterans walk (the pictures inspire me everyday when I walk into work)"*

*"There is a memorial at the entrance to the current hospital for a midwife that died within days of giving birth. Her name was Rebecca"*

*"Suggest a wall that depicts the history of north Canberra - photos from the beginning of Calvary."*

*"Could you reuse some of the bricks in a community space? Then you could inlay plaques of noteworthy contributors."*

*"The Memorial of Rebecca out the front of the main entrance, with her garden and tree. keep our nice big trees in the middle of the hospital outside zouki downstairs."*

*"Please preserve pictures of WW1 and WW2 nursing care pics alongside the corridor of level 2 Xavier building to Marian building (corridor between Theatres and Imaging)"*

*"I would like to see the history of it having been Calvary Public Hospital for so many years preserved and acknowledged".*

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**Question (general public respondents) – *What is important to you when you think of a new northside hospital?***

Thirteen percent of respondents completing the survey were not employed at North Canberra Hospital. To capture the thoughts and ideas of people not employed by the hospital they were directed to respond the following question - *What is important to you when you think of a new northside hospital?* A total of 19 responses were received. Figure 10 shows a word cloud highlighting common words provided in responses.

Figure 10: Word cloud of responses – *What is important to you when you think of a new northside hospital?*



Comments focused on the quality of care provided and patient and family facilities such as patient lounges, waiting areas, comfortable seating, and public toilets. Access to outdoor spaces and green spaces was considered important including culturally appropriate spaces and reflection spaces.

*“Fast service lift for staff /cleaners/tradies to use out of sight so patients in beds being moved wards, patients don’t feel so exposed to the public.”*

*“More comfy seating and table areas that families can sit at in the foyer areas.”*

*"Thoughtfully and logically designed suitable for maximum efficiency in clinical services and many lifts in different locations."*

*"A high-quality level of health care staff supported by current technology with good communication skills."*

*"I am a volunteer at the hospital. I think the admissions to the Emergency Department should be streamlined by use of a ticket machine when entering the hospital, so that patients do not have to stand in a long line to be Triageed."*

*"I want a place in each ward and the ED where families and patients can speak to staff confidentially - "Bad News room" or a private conversation space."*

*"Public toilets male, female, gender neutral including one with a baby change table each ward, instead of going to go to the ground floor in the main building to use 1 of 2 public toilets in the foyer."*

*"Pastoral care and ATSI space in a more inviting and welcoming area."*

*"A patient liaison person people can have easy access to for info in plain English and access to services."*

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## Pop-up Feedback

Throughout the engagement period, five (5) pop-up kiosks were held where employees and the public could talk directly to ACT Health about the northside hospital project. Visitors to the stall were invited to share feedback on a feedback board that posed the same questions that were included in the survey:

*If you were responsible for designing the new hospital, what would you include....*

- *What does your ideal campus look like?*
- *What does your ideal hospital look like?*
- *What does your ideal work area look like and include?*
- *What does your ideal clinical area look like and include?*
- *What would you like for your patients and their families?*



*Onsite pop-up at North Canberra Hospital*

106 comments were received at the pop-up kiosks. Commentary from the pop-up kiosks aligns with results from the survey. All comments were analysed and categorised into the following themes shown in Figure 11 below:

