

Northside Hospital Project Enabling Works

ACT Health Directorate
Silver Draft as at 20 March 2024

Background image from [ACT Northside hospital - silver draft for CBR \(act.gov.au\)](#)





Sign Offs

Print name

Signature



Business Case Authorisations

Lead Minister

Ministerial Endorsement	Signature and date or evidence of endorsement
Lead Minister: Stephen-Smith Portfolio: Health	 26/3/24

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1 Executive Summary

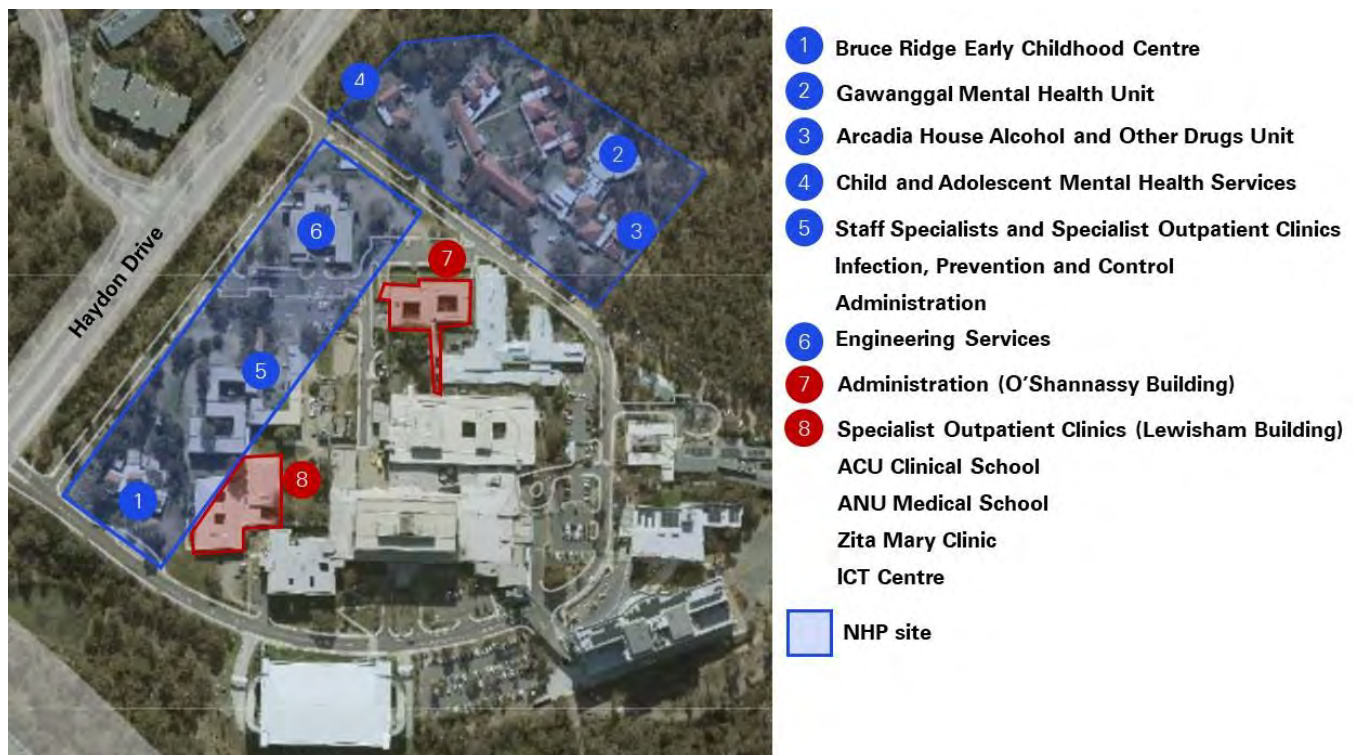
1.1 Introduction

In response to the growing health needs of the ACT community, the Parliamentary and Governing Agreement of the 10th Legislative Assembly for the Australian Capital Territory (**PAGA**) committed to plan and design a new northside hospital with the aim to start construction by mid-decade.¹ In 2023, the Cabinet:

- confirmed the current North Canberra Hospital site in Bruce as the location for the new Northside Hospital Project (**NHP**);
- endorsed a lower cost build option represented as Option 1D as the concept design; and
- provisioned more than \$1 billion to deliver the NHP.

Option 1D² will see the NHP constructed on the Western and Northern portions of the North Canberra Hospital campus as set out in Figure 1.

Figure 1: North Canberra Hospital Precinct and proposed NHP site



A program of Enabling Works is required to relocate services currently located within the preferred site for the NHP. The Enabling Works program will fund the relocation of four services:

- development of a new 100 place Early Childhood Centre to replace and expand the Bruce Ridge Early Childhood Centre and replace the CIT Early Childhood Centre (**Workstream 1**);
- development of a new 10 bed Secure Forensic Mental Health facility to replace the Gawanggal Mental Health Unit (**Workstream 2**);
- development of a new 12 place bed Alcohol & Other Drug residential treatment facility to replace Arcadia House (**Workstream 3**); and
- development of a new facility for the Child and Adolescent Mental Health Services (**Workstream 4**).

The program will:

¹ https://www.cmtedd.act.gov.au/__data/assets/pdf_file/0003/1654077/Parliamentary-Agreement-for-the-10th-Legislative-Assembly.pdf

² The Concept design will be further developed and tested through the next stage and design confirmed through the Main Works Business Case 2025-26
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- deliver an Accommodation Decant Strategy including a robust Communications, Engagement and Change Management Strategy to inform and support consumers, staff and community about necessary relocations;
- provide initial funding towards relocating clinical and administrative services;
- Deliver critical maintenance to the existing North Canberra Hospital to prevent failure or loss of performance while the new hospital is being built;
- ensure uninterrupted access to critical clinical community health services to meet local population needs;
- deliver holistic consumer-centred care to meet the growing and changing needs of the Canberra community now and into the future; and
- allow an opportunity for improved service outcomes through fit for purpose infrastructure for Canberran's.

This Business Case demonstrates the need for capital investment of \$103.56 million to deliver a program of enabling infrastructure works (the Enabling Works or the Project) required to facilitate the delivery of option 1D for the new Northside Hospital Project Main works (including using the Northern Block for a satellite mental health facility and a car park). In addition to the capital investment, \$2.25 million of expense funding is required over the forward estimate period (FY 2025 to FY 2029). To fund this investment this Business Case is seeking:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

This Business Case also seeks approval to the preferred sites for Workstream 2 and Workstream 4. Based on best practice due to benefits of co-location and the development of a rehabilitation precinct, it is recommended that Gawanggal is relocated to the current Dhulwa site at Section 49 Block 16 Symonston or a JACS owned site at Section 49 Block 15 Symonston. Site selection will be agreed between relevant ministers.

Based on site suitability assessment and clinical engagement it is recommended that the Child and Adolescent Mental Health Service the Cottage is relocated to Section 55 Block 1 in Lyons.

Funding for the NHP will be sought through a separate Business Case submitted as part of the 2025-26 Budget process. This subsequent Business Case will also request funding for the demolition of the vacated buildings that will result from the Enabling Works Program.

While these relocations will make way for the new northside hospital to progress critical acute health infrastructure and capacity, the program of works will also provide much needed investment in critical health services, especially across the three clinical streams. The location of the existing facilities reflect availability rather than suitability. They are not fit for purpose and in two out of three cases have had limited investment. These enabling works also support the Government commitment to provide care closer to home and to provide intervention, step down and step up care.

1.2 Needs Analysis

An Investment Logic Workshop (**ILW**) was held on 17 January 2024, with representatives from ACTHD, MPC and ACT Treasury Infrastructure Capital Advice (**ICA**) and facilitated by KPMG. During the workshop an Investment Logic Map (**ILM**) was developed which identified two problem areas, the strategic response to the problems, and the associated benefits that will be realised by addressing the problems.

³ This amount includes a provision of \$3.2 million for site acquisition costs associated with Workstream 3.

Two problems were identified during the ILW and were documented in the ILM, including:

- **Problem 1:** Site demolition will displace critical services required for business continuity, leading to delivery gaps which impact staff and health consumers; and
- **Problem 2:** Non-acute clinical services that do not require hospital adjacency place unnecessary constraint on site expansion and limit service delivery.

The response to address these problems is:

- develop new contemporary facilities located off the hospital campus for Gawanggal, Arcadia House and CAMHS Cottage;
- develop a new EEC facility at an alternative location on the hospital campus (if possible) or within close proximity to the hospital;
- investigate options to relocate clinical, administration and education services provided in the Lewisham Building and administration services provided in the O'Shannassy Building to other locations at the North Canberra Hospital where possible; and
- develop the main works reference design to consider opportunities to minimise disruption of services through design development initiatives.

During the ILW participants noted that the buildings are approaching end of life with a range of condition issues and do not meet the needs of contemporary models of care. As such, in the absence of needing to relocate these services to facilitate the delivery of the NHP new or upgraded accommodation would be required to support the continuation of these services.

While not related to the displacement of services by the NHP, there is a series of critical maintenance works required to the other North Canberra Hospital buildings to ensure the ongoing delivery of hospital care during the development of the new northside hospital. These works are included within the scope of this Business Case and are described further in Section 6. This represents the next tranche of critical maintenance following the agreement by the ACT Government in 2020 to progress critical infrastructure projects⁴.

1.3 Strategic and Policy Alignment

The Project is aligned to, and will contribute to the delivery of a range of ACTHD and ACT Government policies and strategies, including:

- **Health ACT 1993:** The Project will ensure the ACT Government continues the sufficient provision of hospital capacity and services to the Territory;
- **ACT Health Services Plan 2022-2030:** In response to population growth and ageing demographics, the Project will support the ACT Government's ongoing commitment to deliver accessible, high-quality healthcare closer to home.
- **Parliamentary and Governing Agreement for the 10th Assembly:** The Government committed to the delivery of a new northside hospital with construction commencing mid-decade.
- **ACT Infrastructure Plan Update (Health):** The Project will fulfil the Infrastructure Plan to invest in a new northside hospital and replace ageing infrastructure at the current site in Bruce; and
- **Strategic Asset Management Plan for (then) Calvary Public Hospital Bruce:** In 2020 the ACT Government developed and funded the first four years of a strategic asset management plan to prioritise critical works at the (then) Calvary Hospital.
- **ACT Government commitments:** The Government has a range of initiatives in place to support early childhood education, improve sustainability, address Aboriginal and Torres Strait Islander access to health services and uplift patient-centric approaches to health care. The NHP is expected to support these commitments during construction (e.g. sustainability initiatives) and service delivery (e.g. high quality, safe and effective health infrastructure that achieves best outcomes for patients).

1.3.1 Wellbeing Impact Assessment

The ACT Government's Wellbeing Framework (**the Wellbeing Framework**) has been developed to capture aspects of wellbeing and quality of life that are important to Canberrans. The Project will contribute to the following wellbeing indicators:

- **Access to health services:** The NHP will deliver a more efficient and effective health system for Canberrans. It will be a modern, state-of-the-art hospital for patients, visitors and its workforce. It will provide more beds and increased services than are currently offered.

⁴ Budget Committee of Cabinet agreed to progress a range of projects as outlined in the Calvary Critical Infrastructure Submission HEA CW03 – CAB20/437
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- **Access to services:** The NHP will contribute to the ACT Government's vision for a person-centred health system that is accessible, accountable and sustainable. Transitioning operations of the hospital to Canberra Health Services has created an opportunity to plan and deliver a health system networked under one provider – with the ability to make the largest ACT Government health infrastructure investment, strengthen workforce opportunities and co-ordinate services.

1.4 Options Analysis

A business case was considered by ERC in April 2023 which considered a range of options for the NHP. Cabinet agreed to detailed design of a new northside hospital including a lower cost build option, and provisioned \$1.1 billion over six years. The lower cost build option was represented in the business case as option 1D concept design (the concept design is included in [Appendix A](#)) which includes the development of new hospital buildings on the Western and Northern portions of the North Canberra Hospital campus. Option 1D requires several buildings within and around the NHP footprint to be demolished, across Section 1 block 2 and 4, Bruce.

Option 1D was preferred given the delivery of a separate mental health precinct based on clinical and consumer feedback on the importance of outdoor space in acute mental health facilities and the preference for a human scale environment to support therapeutic outcomes.

Noting that:

- this Project is required to support the delivery of the NHP, which was subject to detailed options analysis as part of the previous business case, there is therefore no “do-nothing” option;
- no changes to service arrangements are being considered; and
- further site and design options are being undertaken as part of the next phase of the Project;

No options analysis has been undertaken as part of the development of this Business Case.

Site options analysis has been undertaken as part of the preparation for the Business Case. Engagement has occurred across the Territory and with service providers to identify suitable sites to relocate services. Based on feedback and technical assessment, preferred sites have been identified as part of the Business Case for Workstreams 2 and 4. Appropriate sites for Workstream 1 and 3 are still being identified.

1.5 Project Scope

Section 6 sets out the scope of the Project and explains how it will address the problems (or realise the opportunities identified in Section 3). The Project involves a series of relocation, design and construction projects that are required to ensure continuity of service delivery throughout construction of the NHP and beyond. The scope of works has been developed by ACTHD, its technical advisors (Arup, Johnstaff and BVN) based on the relevant contemporary models of care, Australasian Health Facility Guidelines and consultation with clinical staff (where relevant). With the exception of expanding the size of the Bruce Ridge Early Childhood Centre (**BRECC**) from 72 places to 100 places, Workstreams 1 to 4 are a continuation of existing service provision and do not involve expanding the service offering. Bruce Ridge has been expanded to be able to consolidate both Bruce Ridge and the CIT Early Childhood Centres. The current Business Case does not include the demolition of the existing buildings on site, this will be the subject of the Main Works Business Case through the 2025-26 Budget.

The scope of works is summarised in Table 1 below⁵ and further information is included in the Functional Design Briefs in Appendix C, schedule of accommodation in Appendix D and feasibility studies in Appendix E. ACTHD and MPC are undertaking further site analysis for the remaining workstreams. As such there may be some necessary refinements to the schedules of accommodation once a preferred site has been selected.

Table 1: Scope of works summary

Workstream	Scope
Workstream 1: Development of a new 100 place	Design and construction of a new 100 place Early Childhood Centre (ECC) to replace the Bruce Ridge Early Childhood Centre and consolidate with the CIT Early Childhood Centre at a site which is yet to be determined. The Feasibility Study (included in Appendix E undertaken by BVN architecture considered two potential sites on the

⁵ Note that the information in Table 1 is derived from the provided Functional Design Briefs, Schedule of Accommodation and Cost Plans as available for each project (refer to appendices).

Workstream	Scope
Early Childhood Centre to replace the Bruce Ridge Early Childhood Centre	CIT Bruce Campus. However, the site at CIT has been identified for other Government priorities. Relocating the centre on the campus of the new hospital will play an important function for hospital staff working shifts and keeping it on campus will reduce the impact to hospital staff. ACTHD and MPC are currently undertaking further analysis to identify a potential location on campus. As such the cost estimates for this workstream have been prepared on a site agnostic basis and as such may be subject to change once a site has been identified. A feasibility study was developed by BVN for a new centre and which includes: • 6 classrooms which can accommodate up to 17 children each; • 2 cot/sleep rooms; • Administration and staff areas; • Outdoor play area; • End of trip facilities; and • Carparking for staff and visitors. A schedule of accommodation was developed by Arup and Johnstaff for the facility, which outlined that a site area of 2368m² is required for the facility, which would include 1072m² of internal space and 732m² of external space, and 630m² of car parking. The cost plans included for this workstream have been developed on this schedule of accommodation and include an allowance for decanting the existing facility to the new facility.
Workstream 2: Development of a new 10 bed mental health facility to replace the Gawanggal Mental Health Unit	Design, construction and relocation of the 10 bed Gawanggal Mental Health unit, proposed to be co-located adjacent to the site of the Dhulwa Secure Mental Health Unit in Section 49 Block 16 Symonston (subject to further site investigations and approvals). A schedule of accommodation was developed by Arup and Johnstaff for the new unit which includes: • 2 pods each containing 2 beds, and a single 6-bed pod to accommodate up to 10 patients across the unit; • Shared therapeutic support areas and courtyard space for all pods; • Entry and reception spaces; and • Back of house kitchen space, and general staff spaces and amenities. The schedule of accommodation also outlined that a site area of 2307m² is required for the facility, which would include 1587m² of internal space, 120m² of external space, and 600m² of car parking. The cost plans included for this workstream have been developed based on this schedule of accommodation and include an allowance for decanting the existing facility to the new facility. Expansion of this facility has not been considered as there is no excess demand for forensic beds of this type.
Workstream 3: Development of a new 12 place AOD treatment facility to replace Arcadia House	Design, construction, and relocation of Arcadia House to a new site (site to be determined). A schedule of accommodation was developed by Arup and Johnstaff for the new facility which includes: • Entry, reception and waiting areas; • Patient therapy, treatment and activity areas; • Residential accommodation for patients, including a mix of single and double rooms; • Communal residential facilities, including lounge, kitchen, bathrooms and laundry; • Outdoor dining and recreation area, courtyards and garden spaces; and • Other supporting areas, including staff zones and back of house areas. The schedule of accommodation also outlined that a site area of 2,156m² is required for the facility, which would include 1,346m² of internal space, 90m² of external space, and 720m² of car parking. The cost plans included for this workstream have been developed based on this schedule of accommodation and include an allowance for decanting the existing facility to the new facility. It is noted that ACT Health is in the process of identifying a preferred site.

Workstream	Scope
	While the current cost planning has been calculated based on the current SoA, the selection of a site could consider future expansion. This expansion would be the subject of future business cases following full analysis of service demand.
Workstream 4: Development of a new CAMHS facility to replace CAMHS Cottage	Design, construction and relocation of the CAMHS Cottage facility, proposed to be located at a site in Lyons (subject to further site investigations and approvals). A feasibility study was developed by BVN for the new facility which includes: • A classroom catering for 20 students and school sensory modulation room to support the provision of the Cottage Day Program; • Multipurpose activity rooms and interview rooms; • Other clinical support areas, including staff offices, meeting rooms and storage; • Outdoor spaces, including a courtyard for students and staff, and outdoor spaces accessible from the classroom and multipurpose activity rooms. • The draft schedule of accommodation indicates 1,023m² of internal area with outdoor provision in addition. This will be further examined in detailed design. A schedule of accommodation was developed by Arup and Johnstaff for the facility, which outlined that a site area of 1,205m² is required for the facility, which would include 975m² of internal space, 80m² of external space, and 150m² of car parking. The cost plans included for this workstream have been developed based on this schedule of accommodation and include an allowance for decanting the existing facility to the new facility. ACTHD has identified a site at Block 1 Section 55 in Lyons (12 Ulverstone Street) as a potential site for the relocation of CAMHS Cottage (Figure 13). This 1,695 m² site was formerly a preschool and is currently unused, with a public oval and open space on two sides and townhouses to the southwest. The section is zoned as CF Community Facilities and preliminary planning advice has indicated that the development of a Child and Adolescent Mental Health facility is a use that is permissible in the zone (health facility / educational establishment and ancillary). It is likely expansion of this service will be required and will be the subject of future business cases. While the selected site would not allow for expansion there are nearby blocks that ACTHD could transfer ownership of. It may also be possible to use adjoining land (subject to a change of use). This site would need to be transferred from the Education Directorate to ACTHD and these discussions have commenced.
Workstream 5: Decanting and relocation of services located in buildings that will be demolished as part of the main hospital and enabling works	A long-term solution is required for the services provided in the following buildings which need to be demolished as part of the NHP works: • Staff Specialists and Specialist Outpatient Clinics, Infection, Prevention and Control and Administration services (building 5 in Figure 1); • Administration services located in the O'Shannassy Building (building 7 in Figure 1); • Specialist Outpatient Clinics, ACU Clinical School, ANU Medical School, ICT Centre located in the Lewisham Building (building 8 in Figure 1); and • The engineering services building (building 6 in Figure 1). ACT Health is currently undertaking an accommodation study to assess potential options to relocate these services, including where possible within the North Canberra Hospital. No capital funding is being sought for any capital works that may be required as part of this decanting. Funding for this will be sought through a separate business case as part of the 2025-26 Budget process. However, funding is being requested to support the necessary communication and change management to prepare for movement of these services.
Workstream 6: Critical capital works that are required to maintain the operations of the	A series of capital works which are critical to supporting the ongoing operations at the North Canberra Hospital campus, including: • upgrades to external lighting, emergency lighting and necessary substation and switching upgrades; • Upgrades in relation to water storage, including hot water and chilled water system; • Upgrades to fire systems;

Workstream	Scope
North Canberra Hospital	- Completion of a detailed Asset Management Plan based on a revised hospital campus masterplan; - upgrade to support installation of electric vehicle chargers in line with Act Government Fleet Policy; and - Installation of Solar PV system on the current multi-storey car park to support EV charging.
<i>Source: Appendix C, Appendix D, Appendix E.</i>	

1.5.1 Scope of Services

The scope of services provided by the various health services affected by the Enabling Works are proposed to continue in accordance with existing service arrangements and no changes are anticipated (including the ongoing funding of two of the AOD beds by sources other than the ACT Government). The functional design briefs included in Appendix C outline the service delivery arrangements for these services.

ACTHD is considering the future operating arrangements for the BRECC.

1.5.2 Project Interdependencies

The Enabling Works are required to support the delivery of the NHP, therefore there is an interdependency between the NHP and the Enabling Works. Any delay to the delivery of the Enabling Works will have flow on implication to the overall NHP delivery timeframes.

1.6 Risk Analysis

A risk analysis process was undertaken in accordance with the ACT Government's Capital Framework to identify, analyse and quantify risks related to the Project. An initial risk workshop was undertaken with key Project stakeholders on 23 January 2024 to identify and consider Project risks for workstreams 1 to 4. The risks relating to workstreams 5 and 6 (decanting and relocation, and Minor Capital Works projects) were not considered during the Risk Workshop. In accordance with the ACT Government's Capital Framework, a more detailed risk analysis will be conducted as further investigations are conducted on individual sites and project workstreams.

A comprehensive risk workshop will be held as part of each respective workstream project commencement and reviewed during the initial design process. The workshop(s) shall identify key project risks as relevant to each workstream as this stage of the project progresses. This reflects the established risk management processes adopted for infrastructure projects and forms the basis of the project risk management plan used to monitor risk mitigations allocated to associated risk owners.

MPC will be responsible for monitoring project risks throughout planning and implementation phases within existing project governance committee structures as outlined in Section 11.

Table 2 describes some of the key Project risks that were identified across the Enabling Works projects. A complete list of the identified risks is provided in Appendix F.

Table 2: Summary of Key Project Risks

Risk	Description
Delays to funding approval	Delay to the beginning of Enabling Works due to funding delays will create an overall setback to the completion of the entire NHP.
Project is required to be delivered in accelerated timeframes to achieve Government objectives	Government priorities require a compressed delivery program to bring construction commencement and completion forward.
Delays to identify, secure or purchase alternative sites	Completion of Projects may be delayed due to delay in handover of land from a private entity, impacting the capital costs and Main Works schedule.
Stakeholder risk	Issues with stakeholder engagement can impact the schedule of Main Works and increase capital costs as a result. For example, an inability to reach consensus within stakeholder groups and stakeholder engagement stalls or is not progressed.

Risk	Description
	Negative feedback from the community or potential issues that cause a change to scope, delay or result in site being unsuitable and further site selection activities to be undertaken.
Site Selection and Site Conditions	Risk that due to the unknown site selection, there is the potential for unforeseen site conditions, including adverse geological ground conditions. (i.e., localised rock, soft spots or ground water issues), unforeseen ground contamination or utility network has insufficient capacity. Therefore, increased capital costs and an impact to the schedule of the Main Works.
Delay during Design Development Process	Completion of Enabling Works Projects delayed due to management of the design development process. This would impact the Main Works schedule, increase capital costs, and require a temporary solution.
Delay During Construction Delivery	A delay to the completion of Enabling Works Projects due to the management of the construction process failing to achieve agreed programming commitments. Leading to Main Works delays and additional capital costs.
Development Approvals - Delay Risk	Delays in obtaining development and services approvals due to design implications (as well as scope changes).
Capital Cost Estimates - Rate Risk	Capital costs are higher than anticipated, arising from such issues as incorrect construction cost estimates, incorrect completion cost estimates, uncertainty of rates, scope uncertainty and limited market resources.
Source: Appendix F	

1.7 Delivery Model Analysis

Section 8 examines the approach to deliver Workstreams 1 to 4 and considers packaging of the capital works the integration and bundling of ongoing services (if applicable), and the most appropriate procurement (contract) model for the different packages of works. It is noted that the merits of different delivery approaches for Workstreams 5 and 6 will be considered further by ACTHD and MPC as part of further planning work.

The methodology for the delivery model analysis completed for Workstreams 1 to 4 is broadly consistent with the five-step process under the ACT Government's Capital Framework and the approach outlined in the Infrastructure Australia Procurement Guidelines.

1.7.1 Delivery Model Workshop

A Delivery Model Workshop was undertaken with ACTHD and MPC to discuss the most appropriate delivery model for Workstreams 1 to 4. It was discussed and confirmed that:

- No changes to the delivery of services relating to Workstreams 1 to 4 are being proposed and therefore the procurement of any ongoing services or maintenance was not considered further. As such, no delivery models that integrate the ongoing service delivery and maintenance with the capital works were considered; and
- Packaging of capital works is not expected to offer design/construction efficiencies or assist in managing interface risks, and therefore there does not appear to be a compelling rationale to package any of the workstreams together as a combined package. As such, each workstream will be delivered as a standalone package of works.

1.8 Financial Analysis

- **Project Cost Estimates:** the estimated Project costs including:
 - capital cost estimates;
 - ACT Government implementation and management costs; and
 - non-capital Project costs.
- **Whole-of-Life Cost Estimates:** the whole-of-life cost estimates for the Project including the estimated maintenance funding and depreciation costs and the estimated non-capital costs; and
- **Budget Implications:** the estimated budget impact of the Project.

1.8.1 Cost Estimates

- **Project Capital Cost:** the estimated capital costs for Workstreams 1- 6;

1. *Journal of the American Medical Association*, 2000; 283: 2639-2645.

Non-Capital Cost Estimates

Table 6 summarised the estimated Project non-capital costs for Workstream 6: the estimated cost to prepare a detailed Asset Management Plan in line with the revised hospital masterplan.⁶

by ACT Heath and included in Appendix K	

1.8.2 Whole-of-Life Costs

Whole-of-Life Cost Estimates

Genus Advisory developed whole-of-life cost estimates for Workstreams 1-4 which include the estimates of ongoing maintenance and lifecycle replacement costs. These cost estimates have not been included in the Budget Funding Summary in Section 9.4 as the maintenance funding estimates summarised in Section 9.3.2 have been included.

Table 7 summarises the whole-of-life cost estimates for the period FY2025 through to FY2029. Appendix H includes the full cost estimates developed by Genus Advisory which include cost estimates to 2055.



Maintenance Funding Estimate

Notwithstanding the whole-of-life cost estimates summarised in Section 9.3, the additional maintenance funding that Directorates are allocated for the repairs and maintenance of capital projects is typically determined as a percentage allocation of the capital costs being:

- Year 1: 0%;
- Year 2: 1%; and
- Year 3+: 2%.

Table 8 provides a summary of the maintenance funding estimates over the forward estimate period based on the capital cost estimates.

⁶ Appendix K
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Depreciation Estimate

Table 9: Depreciation Forward Estimates (\$'M)

1.8.3 Budget Implications

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Item	FY2025	FY2026	FY2027	FY2028	FY2029	Total
<i>Note 1: Capital injections are indicative only and are based on the capital program outlined in the assumptions.</i> <i>Note 2: Totals may differ due to rounding.</i> <i>Note 3: The ACT Government management costs included in Table 3 and Table 5 have been allocated across FY2025 to FY2028 in line with the assumptions outlined in Table 25.</i> <i>Note 4: Capital Costs for WS 1-4: ACT Government Costs have been removed from costs and listed as a separate line item.</i>						

Breakdown of ACTHD Staffing Profile

Table 11 summarises the ACTHD staffing requested to manage the delivery of the Project. Cost plans at Appendix G and H reflect an ACTHD management fee of 4 per cent. However, ACTHD subsequently reviewed staffing requirements across the program and increased the requirement by 1.89 per cent.

Table 11: Breakdown of additional ACTHD Staffing (\$'000)

Breakdown of staffing levels	FY2025	FY2026	FY2027	FY2028	FY2029	Total
<i>FTE of SOG B level positions</i>	2.0	2.0	2.0	-	-	n/a
Cost of SOG B level positions	399	412	419	-	-	1,231
<i>FTE of SOG C level positions</i>	2.0	2.0	2.0	-	-	n/a
Cost of SOG C level positions	341	353	359	-	-	1,054
<i>FTE of ASO 6 level positions</i>	2.0	2.0	2.0	-	-	n/a
Cost of ASO 6 level positions	288	299	304	-	-	891
<i>FTE of IO5 level positions</i>	-	1.0	1.0	-	-	n/a
Cost of IO5 level positions	-	230	233	-	-	463
<i>Total additional FTEs (no.)</i>	6.0	7.0	7.0	-	-	n/a
██████	████	████	████	I	I	████

In addition to the above, MPC and CHS have allowances for staffing for project management and delivery, clinical liaison, accommodation study and decant and service commissioning. This staffing profile does not reflect MPC or CHS requirements.

1.9 Economic Appraisal

The economic appraisal set out in Section 10

This economic appraisal considers the Enabling Works and the future NHP as one project for the following reasons:

- the Enabling Works are required to prepare the site selected for the NHP works.
- the Enabling Works largely consists of providing new accommodation for services already provided at the hospital, the benefits will be limited and difficult to measure.
- elements of the Enabling Works in isolation (but will support the NHP) include the alleviation of maintenance issues, spaces to be fit for purpose, resolution of compliance issues, improvements in staff satisfaction, increased availability of land for acute hospital services, and critical works to extend asset life.

Benefits of the NHP and Enabling works will be realised for the ACT community, health service providers and the broader local economy, including:

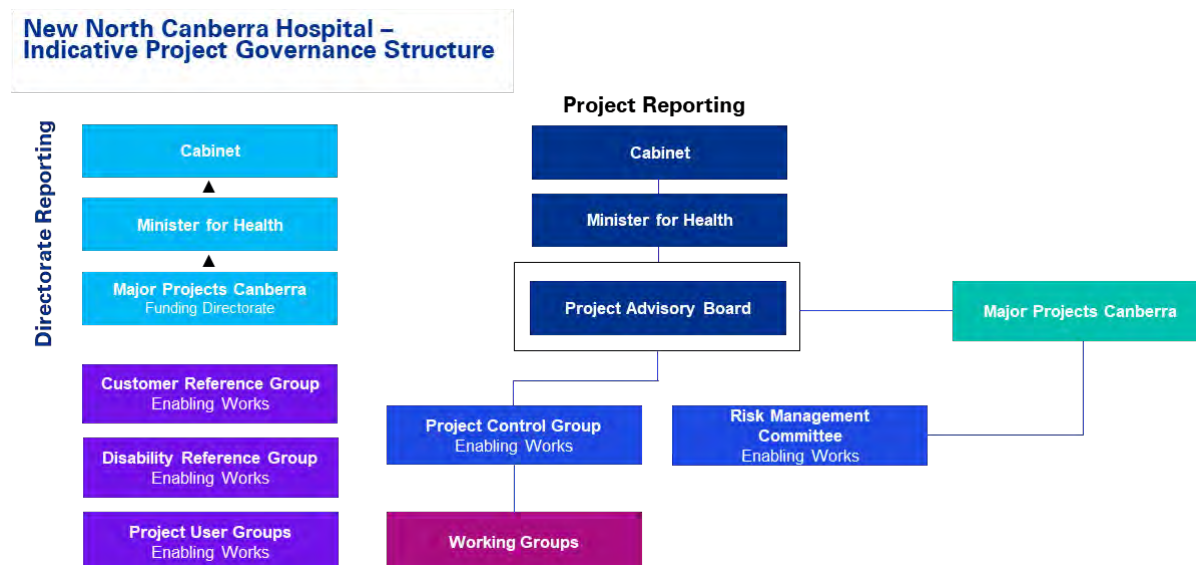
- Increased capacity for the ACT public health system to meet capacity requirements for a growing and ageing population;
- Improved access to healthcare services for marginalised population groups;
- Improved mental health and well-being;
- Improved working conditions to support staff well-being;
- Improved efficiency of service delivery, including better use of space and improvement to workflow;
- Creation of local jobs, ranging from construction workers (building phase) to healthcare professional and administrative staff (operational phase);
- Healthcare research and innovation contributing to both patients of the northside hospital and the wider healthcare industry; and
- Reduced healthcare costs through the provision of advanced and preventative care to assist with the early detection and treatment of diseases.

It is noted that additional benefits are likely to be identified following additional community engagement to refine the detailed design of the Enabling Works and the NHP. In addition to the socio-economic benefits discussed in Section 10, the Business Case also discusses the Project's alignment with the ACT Wellbeing Framework in Section 4.5.

1.10 Project Governance

The NHP is a designated project and will be delivered by Major Projects Canberra in collaboration with the Directorate. A cross-agency governance framework established to coordinate delivery of the program. The governance structure is presented in Figure 2.

Figure 2: Proposed Northside Hospital Project Governance Structure



1.10.1 Key Directorates

The key directorates that will be involved in the program are:

- **Project Owner – Major Projects Canberra:** Major Projects Canberra will be the agency responsible for overseeing the procurement and delivery of the Project through to construction completion and the commencement of operations (post-commissioning). This is on behalf of the ACTHD; and
- **ACT Health Directorate:** The ACT Health Directorate is responsible for health policy, plans the delivery of health services, ensures that health services meet community needs and manages a portfolio of infrastructure programs.
- **Canberra Health Services:** delivers healthcare services across a range of locations, including North Canberra Hospital (as operator of the NCH, Gawanggal and CAHMS), University of Canberra Hospital (rehabilitation and outpatient services) and Community based health services (e.g. early childhood services and women's health).

Other key directorates include:

- **Environment, Planning and Sustainable Development Directorate:** The agency that is responsible for planning and development matters (including the assessment of Development Applications and preparation of any necessary Territory Plan Variations); and
- **Chief Minister, Treasury and Economic Development Directorate:** The agency responsible for government-wide budget management and economic development.
- **Transport Canberra and City Services:** Transport Canberra and City Services is a diverse directorate delivering essential services Canberrans rely on each day.

1.11 Stakeholder Engagement Plan

Section 12 sets out the processes and tools for engaging with the broader community and key stakeholders in relation to the Project, including an outline for the plan for ongoing stakeholder engagement after the Enabling Works are approved.

A preliminary stakeholder analysis has been undertaken to identify key internal and external stakeholders, examine their interests, and define the required level of engagement during the Project. The ACT Government Guidance Document 'Engaging Canberrans: A Guide to Community Engagement' describes various levels of engagement and provides a basis to define the involvement of key internal and external stakeholders in the Project as set out in Figure 3.⁷

Figure 3: Different levels of community engagement

	Inform	Consult	Involve	Collaborate
Goal	Provide balanced and objective information and assist understanding.	Obtain stakeholder feedback on analysis, alternatives, and/or decisions.	Work directly throughout the process to ensure concerns and aspirations are understood considered.	Partner each aspect of the decision including alternatives and solutions.

Project stakeholders can be grouped into two broad categories:

- **Internal stakeholders** – Comprised of individuals or groups in the Government, including stakeholders that are directly involved or have a direct interest in the project (e.g. for design, procurement, construction and operations), or those that may be impacted, or indirectly involved in the Project; and
- **External stakeholders** – Comprised of individuals, groups or organisations that may be indirectly involved in the Project, or that may influence or be impacted by the broader Project.

1.11.1 Internal Stakeholders (Enabling Works Program level)

The Project has a variety of internal stakeholders. Table 12 lists the relevant internal stakeholders and the intended level of engagement (noting that the level of engagement may change over time). The Project team will need to consider the level collaboration and input required from each directorate and business unit and how best to facilitate this going forward.

⁷ Source: Engaging Canberrans: A guide to community engagement (https://hdp-au-prod-app-act-yoursay-files.s3.ap-southeast-2.amazonaws.com/2614/6724/4263/communityengagement_FINAL.pdf)

Table 12: Internal stakeholders, interests, and engagement levels

Internal stakeholders	Level of engagement
ACT Health Directorate (Lead Directorate)	Collaborate
Canberra Health Services	Collaborate
Major Projects Canberra	Collaborate
Chief Minister, Treasury and Economic Development Directorate	Collaborate
Environment, Planning and Sustainable Development Directorate (EPSDD)	Collaborate
Transport Canberra and City Services (TCCS)	Involve/ Consult
Justice and Community Safety Directorate (JACS)	Collaborate/ Involve
Office of the Coordinator General for Climate Action (OCA)	Involve/ Consult
Community Services Directorate (CSD)	Involve / Consult
Education Directorate	Involve/ Consult
Source: ACT Government Directorates - ACT Government	

1.11.2 External Stakeholders

The Project has a variety of external stakeholders. Table 13 provides a summary of the external stakeholders, their key interests, influences and issues, and the intended level of engagement (noting that engagement level may change over time).

Table 13: External stakeholders, interests, and engagement

External stakeholders	Level of engagement
Facility Users	Consult/ Involve
Community	Inform/ Consult
ACT Businesses, employees, and industry stakeholders	Consult/ Inform
Relevant Unions	Consult
Worksafe ACT	Consult / Involve
Source: ACT Government Directorates - ACT Government	

1.11.3 Outcome of Stakeholder Engagement to Date

Preliminary consultation has occurred as part of the NHP Master Program, and also with the Design Reference Groups (**DRG**) applicable to each Workstream. Each DRG has a determined Terms of Reference or functional brief in relation to the development of each project, including the appropriate representation of their respective Workstream.

Stakeholder engagement in relation to the progression of each project, including at the community level will be further considered and managed by ACTHD in line with the Communication Strategy (outlined below).

1.11.4 Communication Strategy

At a Directorate level, a Communication and Strategy Overview⁸ has been developed to ensure all stakeholders, both internal and external, can contribute to collaborate and implement the Enabling Works and NHP over the planning horizon.

Community engagement is important as it ensures that public input and feedback informs the development of the Project, including core benefits of maintaining safety and health of those directly and indirectly impacted. It should also ensure that the Project, once completed, will meet the expectations and needs of the community.

At a workstream level, community engagement is likely to be directed through individual project engagement activities. Regular updates will be provided to the local community and other stakeholders on the progress of each project as it pertains to the Enabling Works program. This is the preferred approach given geographical spread and the differing needs, and demographic targeted for each project as well as being able to engage effectively.

For each workstream, a range of opportunities will be provided to members of the local community and other stakeholders, dependent on their level of interest and the quantum of the individual project. These activities may include information sessions, focus groups, workshops, briefings, and surveys.

1.12 Advisor Engagement Plan

Section 13 sets out the advisors that may be required for the Project. It is anticipated that the responsibility of Project Management for the Enabling project workstreams will sit with ACTHD with support from MPC where required.

The Project will also involve the engagement of a range of specialist advisors throughout planning and delivery of the Enabling project and the broader NHP, including:

- **Accommodation Study:** ACT Health is currently running a procurement to appoint a suitably qualified and experienced consultant to undertake a detailed accommodation study of the existing North Canberra Hospital campus. This will inform the scope of Workstream 5;
- **Quantity Surveyor:** ACT Health is currently running a procurement to appoint a suitably qualified and experienced quantity surveyor to provide independent cost planning services to both the Enabling works and NHP.
- **Legal:** The Project is anticipated to engage an external legal advisor to support the Project by Quarter 2, 2024. If required, external legal advisors would be engaged in consultation with the ACT Government Solicitor's office.
- **Financial, Commercial and Procurement:** A Commercial Advisor may be required for the Project particularly noting the compressed timeframes and need to run multiple procurement processes in parallel. The Commercial Advisor can assist with providing commercial and procurement advice to support development of the Delivery Strategy, support to develop tender documentation and support during tender evaluations and negotiations.
- **Technical Design and Engineering:** [REDACTED], the Project will require design consultant team to develop the design for the building to Construction Ready status and submit a Development Application for the Project prior to procuring a construction contractor. This team will likely include various specialist technical, design and engineering experts to inform the design development process and to conduct asset and site due diligence, as required.
- **Communication and Change Management:** A well experienced communication and change management consultant will be required to provide support in managing communications with staff, stakeholders and consumers in relation to relocations and necessary decanting prior to demolition.
- **Probity:** Probity will be managed in accordance with the relevant ACT Government policies and frameworks. A probity advisor may be required to monitor and advise on the Project's procurement to ensure transparency and fairness throughout the process and any future need for an external probity advisor will be assessed in consultation with the ACT Government Solicitors Office.

1.13 Timeline

The timeline for the Enabling Works has been developed in consultation with MPC and aligned as closely as possible to the provision. The timeline has been designed to enable early works on the NHP site to commence in Q1 2027. To meet the timetable, the new facilities for workstreams 1-4 need to be commissioned and ready for operations by Q4 2026. This program will require discipline with the Project Team managing several interrelated activities in parallel and any delays in any of the

activities may create flow on delays to the overall NHP program or require temporary solutions to be identified. Figure 4 provides a summary of MPC's master NHP program. The full program is included in Appendix J.

Figure 4: Project Timeline

Source: Based on required programme dates for the Project provided by MPC

1.13.1 Project timeline risks, dependencies and constraints

As noted above, the overall delivery timeline for the Project is compressed and relies on the management of several parallel activities. Some of the key risks to the timeline include:

- **Site selection, approvals and due diligence** – a preferred site is yet to be identified for the new Early Childhood Centre (Workstream 1) and the new AOD unit (Workstream 3). Additionally, the preferred site for the CAMHS centre is subject to transfer from the Education Directorate pending Government approval. Noting that further design work for the Enabling Works is scheduled to commence (based on the current program) in April 2024, site selection and any relevant approvals will be required prior to this date to ensure that the designs are site specific and other necessary site due diligence can be undertaken.
- [REDACTED]

1.13.2 Additional work required post Business Case

The completion of the concept design process is required to further refine the scope and the project timeline. This will require specific sites to be selected, asset and site due diligence and investigations as listed in Section 13 and site acquisition processes



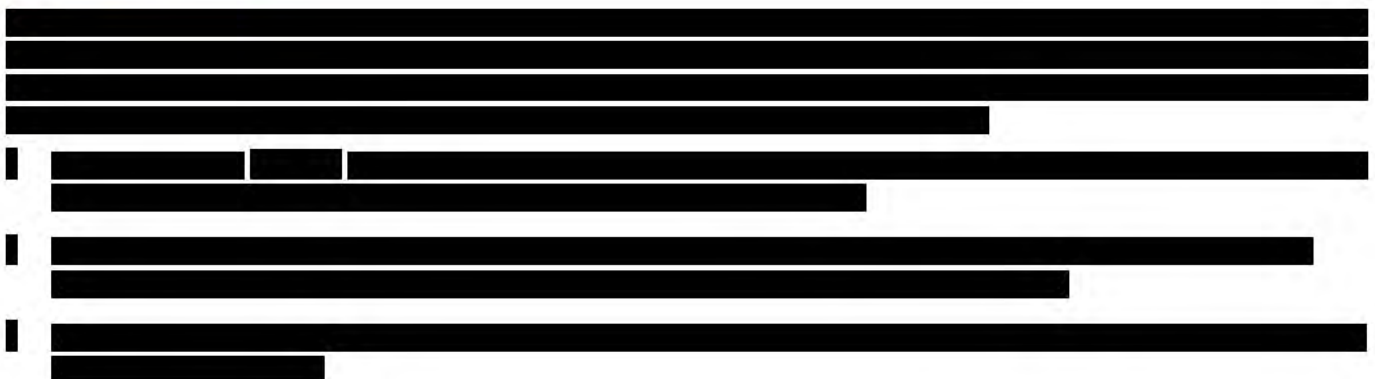
to commence. Further, the accommodation study needs to be undertaken to determine suitable locations for some of the hospital services that will be temporarily disrupted as a result of the construction of the NHP.

2 Introduction

Key messages:

- The Parliamentary and Governing Agreement of the 10th Legislative Assembly for the Australian Capital Territory (**PAGA**) committed to plan and design a new northside hospital with the aim to start construction by mid-decade.⁹
- In April 2023, the Expenditure Review Committee:
 - confirmed the current North Canberra Hospital site in Bruce as the location for the new NHP;
 - endorsed a lower cost build option, represented as Option 1D concept design; and
 - provisioned more than \$1 billion to deliver the new northside hospital.
- To progress delivery of the hospital, the Government invested \$64 million over two years for the detailed design of a new northside hospital to deliver the required capacity to meet future demand and improve the overall resilience of our Territory-wide health system (**Northside Hospital Project** or **NHP**).
- A program of Enabling Works is required to relocate services currently located within the preferred site for the NHP. The Enabling Works program will fund the relocation of four services:
 - development of a new 100 place Early Childhood Centre to replace and expand the Bruce Ridge Early Childhood Centre;
 - development of a new 10 bed Secure Forensic Mental Health facility to replace the Gawanggal Mental Health Unit;
 - development of a new 12 place bed Alcohol & Other Drug residential treatment facility to replace Arcadia House; and
 - development of a new facility for the Child and Adolescent Mental Health Services.
- The program will:
 - deliver an Accommodation Decant Strategy including a robust Communications, Engagement and Change Management Strategy to inform and support consumers, staff and community;
 - Deliver critical maintenance to the existing North Canberra Hospital to prevent failure or loss of performance while the new hospital is being built;
 - ensure uninterrupted access to critical clinical community health services to meet local population needs;
 - deliver holistic consumer-centred care to meet the growing and changing needs of the Canberra community now and into the future; and
 - allow an opportunity for improved service outcomes through fit for purpose infrastructure for Canberran's.
 - allow the progression of the new northside hospital including the commencement of early works, including demolition onsite.

2.1 Overview



⁹ https://www.cmtedd.act.gov.au/__data/assets/pdf_file/0003/1654077/Parliamentary-Agreement-for-the-10th-Legislative-Assembly.pdf

¹⁰ This amount includes a provision of \$3.2 million for site acquisition costs associated with Workstream 3

• [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Funding for the NHP will be sought through a separate Business Case submitted as part of the 2025-26 Budget process.

This business case is also seeking agreement to relocating:

- CAMHS, the Cottage to block 1 Section 55 in Lyons and
- Gawanggal to either Section 49 Block 15 or 16 in Symonston.

The Parliamentary and Governing Agreement for the 10th Legislative Assembly (**PAGA**)¹¹ committed to plan and design a new northside hospital with the aim to start construction by mid-decade.¹² The NHP will enable improved delivery of high-quality, consumer-centred, safe and effective health services to meet the growing needs of the ACT community and surrounding regions. The NHP will be delivered on the existing hospital campus in Bruce (**North Canberra Hospital Campus**)¹³.

In 2023-24 the Government announced its decision to fund a new northside hospital at Bruce, on the campus of the North Canberra Hospital. This site is a brown field development, and the existing hospital will continue to operate core services while the new hospital is delivered.

To facilitate the delivery of the new hospital and to ensure continuity of the provision of existing health services throughout the construction, a program of Enabling Works is required to relocate services currently located within the preferred site for the NHP and to undertake other works critical to support the ongoing operations of the hospital. The Enabling Works are comprised of:

- **Relocation of services:** The relocation of three clinical community health services and one non-clinical service located within the footprint of the new northside hospital to new locations. The clinical community health services do not need to be co-located with the hospital and relocation frees up valuable space on the North Canberra Hospital campus. It is intended these clinical community health services be relocated to 'in community' locations. In addition, the Bruce Ridge Early Childhood Centre (**BRECC**) is intended to be relocated to an alternate on campus location or in close proximity to the campus to ensure the workforce can access this essential service. The services include:
 - the Bruce Ridge Early Childhood Centre (**BRECC**) which is operated by Capital Region Community Services and is used by hospital staff¹⁴;
 - the Gawanggal Specialist Forensic Inpatient Mental Health Unit;
 - the Alcohol and Other Drugs (**AOD**) Residential Unit (**Arcadia House**); and
 - the Child and Adolescent Mental Health Services (**CAMHS**).

It is intended that the above services are relocated to permanent locations. Therefore, diligent planning will be necessary to ensure accommodations are fit for purpose to meet stakeholder expectations and avoid additional relocations in future.

It is important to note that the buildings that these services currently operate from are at the end of their useful life. New accommodation would be required for these critical services whether or not they needed to be relocated to support the delivery of the NHP. The services provide valuable support to Canberrans and align with the Government's commitment to provide intervention, step up and step down health services in the community.

Resourcing will ensure that ACTHD, MPC and CHS are appropriately resourced to deliver the enabling works program, including project management, communications, engagement, clinical liaison, decanting and commissioning of the services.

- **Decanting of services:** Decanting of the services provided in other hospital buildings (such as the Lewisham Building, O'Shannassy Building, Specialist Outpatient Buildings and Engineering Building) that will also be demolished as part of the NHP works. It is intended that these services are decanted to existing North Canberra Hospital campus buildings if possible (subject to the outcomes of an Accommodation Decant Strategy being undertaken to assess these issues); and

¹¹ Parliamentary-Agreement-for-the-10th-Legislative-Assembly.pdf (act.gov.au).

¹² https://www.cmtedd.act.gov.au/__data/assets/pdf_file/0003/1654077/Parliamentary-Agreement-for-the-10th-Legislative-Assembly.pdf

¹³ Formerly Calvary Public Hospital Bruce

¹⁴ While it may be possible to relocate the childcare centre offsite, ACTHD's preference is to keep it onsite which is discussed in Section 6



- **Maintenance upgrades:** a series of maintenance upgrades which are critical to prevent failure or loss of performance to support the ongoing operations at the North Canberra Hospital campus. The Government committed to funding the implementation of the Strategic Asset Management Plan in 2020 and this represents the second tranche of funding and includes:
 - critical upgrades to external lighting, emergency lighting and necessary substation and switching upgrades;
 - critical works in relation to water storage, including hot water and chilled water system upgrades;
 - upgrades to fire systems;
 - completion of a detailed Asset Management Plan based on a revised hospital campus masterplan;
 - installation of electric vehicle chargers in line with ACT Government Fleet Policy to support existing and new essential EV fleet; and
 - installation of Solar PV system on the current multi-storey car park to support EV charging stations and achieve a reduction in recurrent utility expense.

2.2 Project Background

2.2.1 Health demand in the ACT

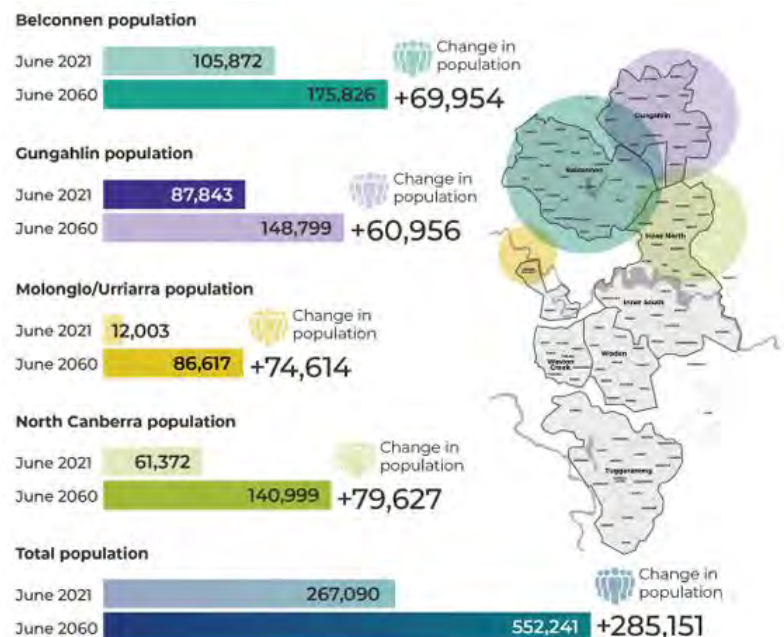
The northside of Canberra (encompassing the catchments of Belconnen, Gungahlin, Molonglo and North Canberra (as per Figure 5) now has the largest population in the Territory, and this is forecasted to grow over the coming decades. By 2060, the population of these catchments is projected to grow by 285,151 to 552,241.¹⁵ The expected population growth, in conjunction with an ageing population and a rise in the prevalence of chronic conditions, is increasing the demand for healthcare and healthcare facilities, demonstrating the critical need for the NHP.

In 2023, ACT Health developed the ACT Health Services Plan 2022-2030 (**Plan**) which sets out a roadmap to redesign, invest in and redevelop public health services across the Territory to respond to the changing needs of Canberrans. One of the recommendations to respond to the growing need for health services is the development of new hospital capacity to service the Northside located at the existing North Canberra Hospital Campus.

2.2.2 The Northside Hospital Project

A business case was considered by the ACT Government in the 2023/24 ACT Budget process. The current North Canberra Hospital site in Bruce was confirmed as the location for the new NHP, and a lower cost build option represented as Option 1D was endorsed as the concept design (the concept design is included in Appendix A). The NHP will be constructed on the Western and Northern portions of the North Canberra Hospital campus as set out in Figure 6.

Figure 5: Population Growth in Canberra's North



¹⁵ ACT Government, CMTEDD, ACT Population Projections 2022 to 2060.

Figure 6: North Canberra Hospital Precinct and proposed NHP site



Table 14 describes the services provided in these buildings by reference to the numbers in Figure 6.

Table 14: Buildings and works to relocate existing services

Figure Ref.	Building and Services
1	Bruce Ridge Early Childhood Centre is a 72-place centre providing early education and childcare services. This is a vital service to the community and for hospital staff to provide support to working parents. Capital Region Community Services (CRCS) were operating the Centre as a sublessee of Calvary Health Care ACT which has since been transferred to ACT Health.
2	The Gawanggal Mental Health Unit is a 10-bed community rehabilitation and reintegration unit operated by Canberra Health Services. The facility operates 24 hours a day, 7 days a week. Treatment provides for medium term, forensic, residential style care for consumers with complex and enduring mental health issues and who require assistance to transition into the community setting. The facility has recently had investment, however its location does not reflect best practice.
3	The Alcohol and Other Drug (AOD) Residential Unit provides comprehensive drug and alcohol withdrawal and rehabilitation programs operated by Directions Health Services. Arcadia House operates 24 hours a day, 7 days a week. Arcadia House is a 12-bed unit that provides withdrawal, residential and day treatments for adults with severe alcohol and other drug problems. The facility is a residential style location which includes entry/reception/waiting, residential areas, therapy/treatment/activity areas, outdoor spaces, staff zones, clinical support areas, and back of house functions. The facility is at end of life and requires significant investment. Two of the 12 beds are funded by the NSW Government.
4	CAMHS provide assessment and treatment for children and young people up to 18 years of age, who are experiencing moderate to severe mental health difficulties. CAMHS takes a broad view of early intervention with the aim of supporting ACT primary school children and their families who are at risk of poor outcomes. Canberra Health Services delivers, operates, maintains and manages the CAHMS unit. CAMHS services operate Monday to Friday, from 0830 until 1700. CAMHS day program aims to offer an intensive, short-term, wrap around service to adolescents and their families during a period of high mental health acuity marked by high risk, high vulnerability, and high stress.

Figure Ref.	Building and Services
	The Childhood Early Intervention Program provides emotional wellbeing educational support programs in school. The facility is nearing the end of its useful life. The CAMHS school supports young people to reengage with education. CAMHS therapists support young people in a classroom setting.
5	The Staff Specialists and Specialists Outpatients Buildings (Buildings 16 and 17) are located within the NHP footprint. Within these buildings are a number of services including outpatient clinics, inpatient clinical support services and office and administration functions.
6	The engineering building houses the North Canberra Hospital facilities maintenance team and the central back-up generator plant for the site. Note: relocation of the central back-up generator plant does not form part of this business case however will form part of business case for the main NHP works.
7	The O'Shannassy Building is an office building housing hospital administration (for example, Allied Health Administration).
8	The Lewisham building (Building 13) contains several clinical functions including: • Specialist Outpatient clinics which provide medical and surgical services that do not require hospital admission, • Occupational Therapy and Speech Pathology, and • Pre-Admission Clinic. Also housed within the Lewisham Building is the ACU Clinical School and ANU Medical School (including education facilities and staff from these institutions).

2.2.3 Project Objectives

The intended site for the new build component of the NHP will require the demolition of several buildings and the relocation of the services provided within those buildings. Figure 6 shows the buildings and services that are within the footprint of the NHP and the others that are required to be demolished as part of the NHP works.

Before these buildings can be decommissioned, alternative facilities are required for these services to ensure that there is no interruption to critical community health services. Funding is sought through this Business Case for the Enabling Works which are comprised of:

- **Workstream 1** – 100 place Early Childhood Centre (EEC) to replace the Bruce Ridge Early Childhood Centre (BRECC) and the CIT Early Childhood Centre (to allow the consolidation of two early childhood centres). (Number 1 in Figure 6).
- **Workstream 2** – development of a new 10 bed Specialist Forensic Mental Health facility to replace the Gawanggal Mental Health Unit (number 2 in Figure 6) and improve workforce efficiencies with other health services (e.g., Dhulwa);
- **Workstream 3** – development of a new 12 bed Alcohol & Other Drug (AOD) residential treatment facility to replace Arcadia House (number 3 in Figure 6);
- **Workstream 4** – development of a new facility for the Child and Adolescent Mental Health Services (CAMHS) to ensure the continued provision of services (number 4 in Figure 6);
- **Workstream 5** – commence planning, communications, decanting and temporary relocation of the services provided in buildings 5, 6, 7 and 8 (and Workstreams 1 – 4) in Figure 6. Note that ACT Health is currently undertaking an accommodation study to assess potential options to relocate these services within the retained buildings on the North Canberra Hospital site. No capital funding is being sought for the outcomes of the decant strategy through this business case. Works required to decant buildings and relocate services within the footprint of the NHP will be sought through main works business case as part of the 2025-26 Budget process; and
- **Workstream 6** – a series of critical capital works to support the continuity of operations at the North Canberra Hospital campus.

Across all these workstreams, ACTHD, MPC and CHS will have resources to manage delivery, project management, communication and engagement, clinical liaison, decanting and commissioning.

Funding is not being sought for the demolition of buildings as part of this Business Case. Funding to clear vacated facilities will be sought as part of a subsequent business case for the main NHP works in the 2025-26 Budget process.

2.2.4 Project Background

This Business Case builds on a considerable amount of planning, options analysis and studies previously undertaken for the NHP. Table 15 summarises the previous work undertaken prior to this Business Case.

Table 15: Prior Work Undertaken

Activity	Description
Condition Assessment & Options Analysis of Calvary Public Hospital 2020	The options analysis recommended that a new northside hospital building be constructed, rather than a remediation and expansion of the existing hospital buildings. Subsequently, the ACT Government committed in the 10th Parliamentary and Governing Agreement to plan and design the NHP.
Business Case FY 2021/22 ACT Budget	Progressing with the results of the scoping study and options analysis, as part of the 2021-22 ACT Budget, ACT Health sought funding to undertake continued planning for a new Northside Hospital, including development of the project to a concept level design ahead of a detailed Business Case for submission in the 2023-24 ACT Budget.
Business Case 2023-24 ACT Budget	A dedicated project team was appointed by ACT Health, alongside Major Projects Canberra (MPC) and specialist consultants. The team developed a Tier 1 Business Case which presented several infrastructure delivery options for the 2023-24 ACT Budget process. This business case considered: - the proposed site for the new NHP; - a zonal masterplan for the North Canberra Hospital and ancillary services; - a preliminary scope of clinical services to be provided at the new NHP; and - a number of 'proof of concept' design options for the NHP, including preliminary capital and whole-of-life cost plans and a delivery timetable.
Business Case Submitted April 2023	The business case was considered by the ACT Government as part of the FY 2023/24 ACT Budget process, with the current site in Bruce as the confirmed location for the new NHP, and a lower cost build option represented as Option 1D endorsed as the concept design. Option 1D will deliver a new hospital, built to opening day demand with a satellite mental health facility and a staged approach to expansion from 2031 onwards.
Provisional Funding Allocated 2023	
The Health Infrastructure Enabling Act 2023 Passed June 2023	The <i>Health Infrastructure Enabling Act 2023</i> passed in the Legislative Assembly which allowed the Calvary Public Hospital Bruce to transition across to Canberra Health Services on 3 July 2023. The ACT Government's acquisition of Calvary Public Hospital allowed for the consolidation of the territory's public hospitals into a single network run by Canberra Health Services.

3 Needs Analysis

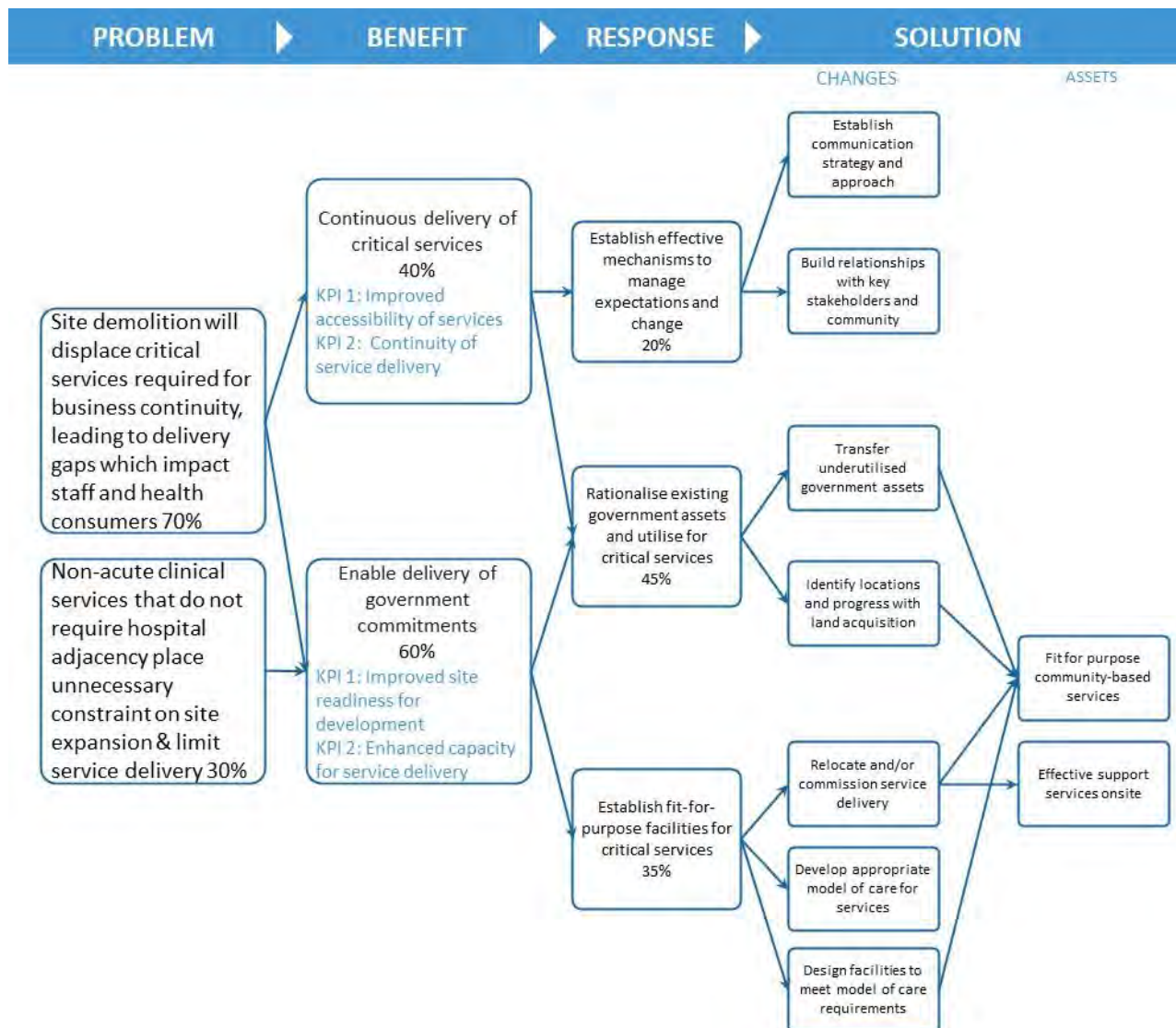
Key messages:

- An Investment Logic Workshop (**ILW**) was held on the 17th of January 2024, with representatives from ACTHD, MPC and ACT Treasury Infrastructure Capital Advice (**ICA**) and facilitated by KPMG. During the workshop an Investment Logic Map (**ILM**) was developed which identified two problem areas, the strategic response to the problems, and the associated benefits that will be realised by addressing the problems.
- Two problems were identified during the ILW and documented in the ILM:
 - **Problem 1:** Site demolition will displace critical services required for business continuity, leading to delivery gaps which impact staff and health consumers; and
 - **Problem 2:** Non-acute clinical services that do not require hospital adjacency place unnecessary constraint on site expansion and limit service delivery, and the sites are inefficient with Section 1 Block 2 housing several low density buildings that are not suitable for use.
- The response to address these problems is:
 - develop new contemporary facilities located off the hospital campus for Gawanggal, Arcadia House and CAMHS Cottage;
 - develop a new facility for EEC at an alternative location on the hospital campus (if possible) or within close proximity to the hospital; and
 - investigate options to relocate clinical, administration and education services provided in the Lewisham Building and administration services provided in the O'Shannassy Building to other locations at the North Canberra Hospital where possible.
- While not documented in the ILM, the ILW participants noted that the buildings are approaching end of life with a range of condition issues and do not meet the needs of contemporary models of care. As such, in the absence of needing to relocate these services to facilitate the delivery of the NHP new or upgraded accommodation would be required to support the continuation of these services.
- While not related to the displacement of services by the NHP, there is a series of critical maintenance works required to the other North Canberra Hospital Buildings. These works are included within the scope of this Business Case and are described further in Section 6.

3.1 Problems and Strategic Responses

The ILM is included in Figure 7 and the two problems are discussed in further detail below.

Figure 7: Investment Logic Map



3.1.1 Problems

Problem 1: Site demolition will displace critical services required for business continuity, leading to delivery gaps which impact staff and health consumers

During the development of the NHP, maintaining continuous operational functioning of North Canberra Hospital will be imperative, given that it serves as a primary centre for emergency care, routine medical treatments, critical surgeries, and mental health services. Site preparation for the NHP will require demolition of some buildings that accommodate critical services. This will require several critical services to be relocated to ensure that there is no disruption to health services and childcare services provided at the hospital. This includes:

- the relocation of the BRECC which is a critical service for hospital workers (Workstream 1);
- the relocation of three clinical community health services located within the footprint of the NHP:
 - the Gawanggal Specialist Forensic Inpatient Mental Health Unit;
 - the AOD Residential Unit (Arcadia House); and
 - the CAMHS Cottage.

(Workstreams 2 – 4)

- The relocation of clinical, administration and education services provided in the Lewisham Building, administration services provided in the O'Shannassy Building and the North Canberra Hospital facilities maintenance team and the central back-up generator plant for the site housed in the engineering building (Workstream 5).

The NHP site and buildings that will be affected by the NHP works are shown in Figure 8.

Figure 8: North Canberra Hospital Precinct and proposed Northside Hospital Project site



Problem 2: Non-acute clinical services that do not require hospital adjacency place unnecessary constraint on site expansion and limit service delivery.

Several of the services which need to be relocated are non-acute clinical services or childcare/early childhood education. These services are not required to be located within the North Canberra Hospital. The NHP represents a significant expansion to the services that are provided at the North Canberra Hospital which necessitates careful master planning to ensure the expanded hospital operates efficiently and does not constrain service delivery. The affected services are explored further in 16.

Table 16: Early Childhood Education and Non-Acute Clinical Services

Service	Description
Bruce Ridge Early Education Centre (Workstream 1)	BRECC is a 72-place centre providing early education and childcare services. This is a vital service to the community and for hospital staff to provide support to working parents. BRECC operates independently from the rest of the North Canberra Hospital. A site for the new BRECC is yet to be identified. ACTHD is currently investigating options to relocate BRECC either on campus (if possible) or in close proximity to the campus. to ensure the workforce can access this essential service. Relocation to an alternate site on the North Canberra Hospital is preferred as it will ensure the North Canberra Hospital workforce have easy access to BRECC which is vitally important given most of these employees are on shift work. The preferred site on CIT that allowed for straight forward consolidation with the CIT Early Childhood Centre has been identified for another government priority.

Service	Description
Specialist Forensic Mental Health Services (Gawanggal) (Workstream 2)	The CHS Forensic Mental Health Inpatient Services MoC comprises two secure inpatient services: • Dhulwa, a medium security facility which specialist purposes of assessment, stabilisation and rehabilitation; and • Gawanggal, a low security forensic mental health facility that is focused on community reintegration through therapeutic interventions and support that promotes recovery and wellbeing through building independence and making connections to transition back to the community. The therapeutic support provided at Gawanggal is provided by a multi-disciplinary care team, driven by an individualised and consumer led care plan, akin to community-based treatment options. The “step-down” to Gawanggal from Dhulwa reflects the transitional movement from a highly structured environment to a more community-like environment which creates self-agency, and aims to bring together skills, learning and wellbeing improvements, build independence and connections to ensure reintegration outcomes are more likely to be successful. The CHS Forensic Mental Health Inpatient Services MoC does not require the services provided by Gawanggal to be delivered in or near a hospital environment. ACTHD and CHS’ preferred location for a new facility is to co-locate on the Dhulwa site in Symonston. Placement of Gawanggal in close proximity to Dhulwa reflects enhanced continuity and quality of care, and operational efficiencies which may be gained through co-location of the services.
Alcohol and Other Drugs Residential Unit (Arcadia House) (Workstream 3)	Arcadia House is a 12-bed unit that provides withdrawal, residential and day treatments for adults with severe AOD problems, with treatments including: • a 1–2-week withdrawal program; • a 1–2 week day program; • a 12-week residential program with additional ‘step-down’ four weekday program. The facility is also used by people living in NSW who can complete the four week ‘step-down’ stage of the program online; and • continuum of Care support is provided to clients prior to admission and on discharge. Arcadia House is a residential style setting which does not require any clinical support services. As such the facility can be relocated away from the hospital into an area in keeping with the residential nature of the facility. ACTHD is currently investigating site locations off the North Canberra Hospital campus to determine a preferred site for a new AOD unit. While the current cost planning has been calculated based on the current SoA, the selection of a site could consider future expansion. This expansion would be the subject of future business cases following full analysis of service demand.

Service	Description
Child Adolescent Mental Health Service (CAMHS Cottage) Workstream 4	CAMHS Cottage is a day program for young people who have moderate to severe mental health issues. CAMHS Cottage runs three services that are comprised of clinically separate teams that are operationally linked, and that share a Team Manager and Administrative Support:¹⁶ • The School Adolescent Day Program – a multidisciplinary team providing specialist mental health support to adolescents with moderate to severe complex mental health issues impacting on their capacity to attend school. Young people engaged with the program have been disengaged from school, experience significant school avoidance and anxiety and require support transitioning back to an education setting. • CAMHS Dialectical Behavioural Therapy (DBT) – an intensive early intervention therapeutic program for young people aged 14 – 18 years who are experiencing moderate to severe mental illness and meet at least three of the nine criteria for Borderline Personality Disorder. The DBT program is designed to reduce life threatening behaviour and to promote young people engaging effectively in a life worth living through skill development, individual sessions, phone coaching support and parent/family sessions. DBT is an intensive group and individual therapeutic program involving weekly individual and skills group sessions, phone coaching support and parent/family sessions. • The Childhood Early Intervention Program (CEIP) – a targeted early intervention wellbeing service that supports primary school children, and their families, who are at risk of poor mental health outcomes. Care is provided through individual and group programs, primarily in the community in primary school settings, and onsite at CAMHS Cottage. CAMHS Cottage operates independently from the rest of the North Canberra Hospital and as such the facility can be relocated away from the North Canberra Hospital without impacting the critical services provided. ACTHD has identified a site in Lyons (subject to further site investigations and approvals) to develop a new facility for CAMHS.

A long-term solution is required for the services provided in buildings 5, 6, 7 and 8 in Figure 8 in preparation of this solution, communication and change management must be undertaken (**Workstream 5**). ACT Health is currently undertaking an accommodation study to assess potential options to relocate these services within the retained buildings on the North Canberra Hospital site.

3.1.2 Strategic Response

The Enabling Works addresses both Problem 1 and Problem 2 by:

- developing new contemporary facilities located off the hospital campus for Gawanggal, Arcadia House and CAMHS Cottage;
- developing a new facility for EEC at an alternative location on the hospital campus (if possible) or within close proximity to the hospital;
- investigating options to relocate clinical, administration and education services provided in the Lewisham Building and administration services provided in the O'Shannassy Building to other locations at the North Canberra Hospital where possible and undertaking significant communication and engagement activities to manage relocations; and
- develop the main works reference design to consider opportunities to minimise disruption of services through design development initiatives.

3.2 Benefits

The benefits identified in the ILM associated with addressing the two problems are summarised in Table 17.

¹⁶ Northside Hospital Enabling Works. Functional Design Brief – CAMHS
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Table 17: Project Specific Benefits, KPI's & Measurements

Benefits	KPIs	Measurements
Continuous delivery of critical services (40%)	KPI 1: Improved accessibility of services KPI 2: Continuity of service delivery	• Time to access services. • Continuity of care. • Number of consumers attending/participating in service.
Enable delivery of Government commitments (60%)	KPI 1: Improved site readiness for development KPI 2: Enhanced capacity for service delivery	• NHP Master Schedule variance. • Enabling Projects deliver to at least same demand as current. • NHP delivers to opening day demand.

4 Strategic and Policy Alignment

Key messages:

The Project will contribute to the delivery of a range of ACTHD and ACT Government policies and strategies, including:

- **ACT Health Services Plan 2022-2030:** In response to population growth and ageing demographics, the Project will support the ACT Government's ongoing commitment to deliver accessible, high-quality healthcare;
- **ACT Infrastructure Plan Update (Health):** the Project will fulfil the Infrastructure Plan to invest in a new northside hospital and replace ageing infrastructure at the current site in Bruce;
- **ACT Government Commitments:** the Government has a range of initiatives in place to support early childhood education, improve sustainability, address Aboriginal and Torres Strait Islander access to health services and uplift patient-centric approaches to health care. The Project is expected to support these commitments during construction (e.g. sustainability initiatives) and service delivery (e.g. high quality, safe and effective health infrastructure that achieves best outcomes for patients); and
- **Health ACT 1993:** the Project will ensure the ACT Government continues the sufficient provision of hospital capacity and services to the Territory.

4.1 Legislation

The Health Act 1993¹⁷ sets out several guidelines in relation to the delivery of public hospital services in the ACT. This includes that eligible persons must be given the choice to receive public hospital services and the Territory will ensure the provision of public hospital services equitably to all eligible persons, regardless of their geographical location.¹⁸

As outlined in Section 3, the NHP is needed to ensure the ACT Government continues to provide sufficient hospital capacity and services in the North Canberra region, provides access to high-quality hospital services in the local area, and enables the ACT Government to continue to comply with the guidelines set out in the Health Act.

4.2 ACT Government commitments

The PAGA¹⁹ outlines that the ACT Government has committed to plan and design a new northside hospital, with the aim to start construction by mid-decade.

In order to respond to Canberra's growing and ageing population, and the increasing demand for health care services, the ACT Government is building a new northside hospital in Bruce. The Project will contribute to delivering the commitment set out in the PAGA by delivering the enabling works required for the NHP.

¹⁷ Health Act 1993 | Acts

¹⁸ The Health Act 1993, section 12.

¹⁹ Parliamentary-Agreement-for-the-10th-Legislative-Assembly.pdf (act.gov.au)

4.3 ACT Health Strategy & Policy Framework

4.3.1 A Framework for the ACT Public Health System

Accessible, Accountable, Sustainable: A Framework for the ACT Public Health System 2020-2030 (The Framework) is the overarching Health services policy.²⁰ The Framework articulates the Government's vision and provides the foundation for a person-centred, innovative, high performing public health system for the Territory – a health system that is accessible, accountable and sustainable.

The Framework identifies the strategic goals and key strategies to guide the development of new services and redesign of existing services. This includes Strategic Goal 1: Access:

Access: Providing the right service, at the right time, in the right place by the right team – every time.

Strategic Goal 1: Access is supported by key strategies including the ACT Health Services Plan and Infrastructure Planning.

4.3.2 ACT Health Services Plan

The *ACT Health Services Plan 2022-2030*²¹ sets out a roadmap for 2022-2030 to redesign, invest in and redevelop health services funded by the ACT Government, by continuing to build on what is working well in the public health system as well as taking opportunities to grow and develop new services. The Plan will identify service and infrastructure requirements to meet the needs of the population.

The Plan notes that prior to COVID-19, the ACT experienced strong and sustained population growth including in the North of Canberra. As the population in North Canberra grows, it is increasingly important to focus on expanding services for residents. A growing and ageing population comes with an increasing demand for health services and infrastructure.

The new NHP aligns with the ACT Government's ongoing commitment to delivering accessible, high-quality healthcare and responds to the strong growth in demand in the North of Canberra. This includes the ACT Government's commitment to delivering a more efficient and effective health system in response to Canberra's growing and ageing population and the increasing demand for healthcare services.

4.3.3 Infrastructure Planning

The *ACT Infrastructure Plan Update: Health*²² sets out the ACT Territory's plan to invest in a new northside hospital. The new hospital that will deliver the required capacity to meet the demands of the growing and ageing northside population for the next 50 years. The hospital will replace ageing infrastructure at the existing public hospital site in Bruce, which is nearing its end of useful life, and improve the overall efficiency and effectiveness of the Territory wide health system.

4.4 Alignment with Government policies

Table 18 outlines how the Project is aligned to a range of Government commitments.

Figure 9: ACT Public Health Framework



Figure 10: ACT Health Services Plan



²⁰ Strategic Framework 2020_FINAL MIN ENDORSED.pdf (act.gov.au)

²¹ health.act.gov.au/sites/default/files/2024-02/ACT Health Services Plan 2022-2030.pdf

²² https://www.builtforbr.act.gov.au/__data/assets/pdf_file/0006/2248755/ACT-Infrastructure-Plan-Health.pdf

Table 18: Strategic Policy Alignment

Policy/Strategy Document	Description
Canberra Health Services Strategic Plan 2020-2023 	The Canberra Health Services (CHS) Strategic Plan sets a clear path forward for the organisation to deliver against the vision of creating exceptional health care together for consumers, their families, and carers. In developing the strategic plan, CHS considered the emerging trends influencing the future of health care. This allowed CHS to identify important opportunities relating to their team, infrastructure assets, data, integration of care, research and technology. The strategic plan outlined a particular focus on investing in infrastructure and health assets to allow for modernisation across CHS sites and the ability to use current spaces in innovative ways. In line with the focus in the strategic plan, the new Northside hospital will address challenges currently facing CHS in providing the requisite services to the northside region with ageing infrastructure and assets. Investment in the Project will provide the ability for CHS to meet contemporary and future requirements.
ACT Health Directorate Strategic Plan 2020-2025 	The ACT Health Directorate is the primary source of advice to Government on health policy and administers the Government's legislative program on health matters. The Directorate advises on how best to maintain, protect and improve the health of Canberrans and ensure our system is integrated, collaborative and sustainable. The NHP will contribute to a number of the Directorate's strategic objectives, including a healthy community and a safe, responsive, sustainable public health system. The project will assist the Directorate to provide high quality services for the Canberra community and improve health service delivery through infrastructure that supports effective resource allocation, innovation and safe, high-quality care.
Set up for Success: An Early Childhood Strategy for the ACT 2020-2030 	Set up for Success is the ACT Government's 10-year nation leading plan for early childhood education in the Territory. Underpinning this strategy is the Government's commitment to giving every child a fair start to life by improving access to high quality early childhood education that is affordable. Such access is intended to be in partnership with community and health services, to meet the unique needs of each child. Early Education and Care Centres play a key role in the provision of important wraparound services for families and contributes to meeting learning and wellbeing outcomes for children and young people. Including the Early Education and Care Centre as part of the new Northside hospital will support the Government's public commitment to equitable and affordable access to quality early childhood education for all children and, achievement of its Set up for Success Strategy.

Policy/Strategy Document	Description
ACT Health Clinical Governance Framework 2018-2023 	The ACT Health Clinical Governance Framework outlines the principles that ACT Health employs in order to ensure high quality, person-centred, safe and effective health service delivery, underpinned by a strong system of clinical governance. The Framework is premised on the following principles: • Person-centred – improving the experience of care; • Patient Safety – proactively seeking a reduction in patient harm; and • Effective care – best evidence of every person, every time. The development of the NHP will assist ACT Health to comply with this Framework through the delivery of high quality, safe and effective health infrastructure that will enable teams to achieve best outcomes for patients.
ACT Climate Change Strategy 2019-25 	The ACT Climate Change Strategy 2019-25 outlines actions to meet the 2025 emission reduction target of 50-60% and establishes a pathway for net zero emissions by 2045. Over the next 30 years there will be major changes and technological improvements to support a shift to net zero emissions. However significant change is still a way off (e.g., zero emissions vehicles are not projected to increase sharply until post-2025), therefore in the short-term stronger emphasis needs to be placed on our choices (e.g., on active travel and/or public transport). In line with the ACT Climate Change Strategy 2019-15, the Project will need to be delivered in accordance with an independent sustainability rating (each package is estimated to cost more than \$10 million). This Project will reflect these guidelines by using sustainable design and construction principles as well as striving for better energy performance and climate resilient infrastructure in the ACT.
ACT Aboriginal and Torres Strait Islander Agreement 2019-2028 	This agreement recognises that first peoples have the right to self-determination, which is an ongoing process of choice, to ensure that Aboriginal and Torres Strait Islander communities can meet their social, cultural and economic needs. A significant area of focus is health and wellbeing; that is, Aboriginal and Torres Strait Islander peoples have equity in health and wellbeing outcomes as any other members of the community. The project will aim to improve access to health services for Aboriginal and Torres Strait Islander people in the region by ensuring that appropriate, high-quality and timely health care is accessible, and a culturally safe environment is provided.

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Policy/Strategy Document	Description
Belconnen District Strategy 2023 	District strategies are a new level of strategic planning that the Territory is introducing to the planning system. District strategies capture and protect the valued character and attributes of each of Canberra's nine districts. The district strategies deliver the ACT Planning Strategy by providing more specific and targeted directions for each district. The Belconnen District Strategy captures the special character of Belconnen and reflects the community's views on future planning priorities. It will help the Territory manage growth and change in Belconnen while protecting the things the community values most. Five key directions for Belconnen include the Blue-green network (protect and enhance environmental and cultural values), economic access and opportunity across the city, strategic movement to support city growth, sustainable neighbourhoods, and inclusive centres and communities. The project is expected to support economic access and opportunity, and inclusive communities. Economic opportunities will be available through job creation during the construction and operational phases, while marginalised community groups are expected to gain enhanced access to healthcare services.
Source: ACT Government and Commonwealth policy and strategy documents as available	

4.5 Wellbeing Impact Assessment

The ACT Government's Wellbeing Framework (the **Wellbeing Framework**) has been developed to capture aspects of wellbeing and quality of life that are important to Canberrans. The Wellbeing Framework has twelve domains of wellbeing which reflect key factors that impact quality of life and a range of measures for each domain. Figure 11 shows the twelve domains of the Wellbeing Framework.

The Wellbeing Framework guides the development of budget and policy proposals and ensures the ACT Government considers wellbeing attributes of budget proposals put forward for decision – including business cases for major infrastructure projects.

A Wellbeing Impact Assessment setting out how the Project and the NHP contribute to the wellbeing of Canberrans affected by the Project is detailed in Appendix I.

Table 19 summarises the relevant indicators for the Project and the NHP and describes how the Project will contribute to these indicators.

Table 19: How the Project will Contribute to ACT Wellbeing Framework Indicators

Domain	Indicator and Description	How will the Project Contribute?
Health 	Access to health services; having access to health services where and when people need them has an important bearing on their sense of wellbeing. This indicator will measure how difficult (or easy) it is for Canberrans to access a range of health services, from GPs through to public and private health services.	The Project will deliver a more efficient and effective health system for Canberrans. It will be a modern, state-of-the-art hospital for patients, visitors and its workforce. It will provide more beds and increased services than are currently offered.

Figure 11: ACT Wellbeing Framework



Domain	Indicator and Description	How will the Project Contribute?
Access and connectivity 	Access to services: When a patient requires a service, it should be easy to find and use. This indicator will measure the ease of which a patient can find it to access government services.	The Project will contribute to the ACT Government's vision for a person-centred health system that is accessible, accountable, and sustainable. Transitioning operations of the hospital to Canberra Health Services creates an opportunity to plan and deliver a health system networked under one provider – with the ability to make the largest ACT Government health infrastructure investment, strengthen workforce opportunities, and co-ordinate services.
Source: ACT Government – ACT Wellbeing Framework (2020)		

5 Options Analysis

Key messages:

- A business case was considered by the ERC in April 2023 which considered a range of options for the NHP. A lower cost build option was endorsed, represented as option 1D concept design (the concept design is included in Appendix A) which includes the development of new hospital buildings on the Western and Northern portions of the North Canberra Hospital campus as set out in Figure 8.
 - The endorsed option requires several buildings within and around the NHP footprint to be demolished.
 - No changes to the current service arrangements are being proposed as a consequence of the NHP with existing service provision arrangements to continue (with the exception of increasing the capacity of the EEC to 100 places).
 - The functional design briefs and schedule of areas for Workstreams 1-4 have been developed based on a continuation of services but incorporating contemporary models of care, appropriate standards and consultation with relevant user groups.
 - Site options are currently being investigated by ACTHD and design options will be developed further as part of the next phase of the Project.
 - Noting that:
 - this Project is required to support the delivery of the NHP, which was subject to detailed options analysis as part of the previous business case, there is therefore no “do-nothing” option;
 - no changes to service arrangements are being considered; and
 - further site and design options are being undertaken as part of the next phase of the Project.
- No options analysis has been undertaken as part of the development of this Business Case.

6 Project Scope

Key messages:

- The Project's scope of works covers a range of relocation, design and construction projects to maintain continuity of service delivery, while setting up the NHP for future success.
- The six proposed workstreams include:
 - **Workstream 1:** development of a new 100 place Early Childhood Centre to replace and expand the Bruce Ridge Early Childhood Centre;
 - **Workstream 2:** development of a new 10 bed Mental Health facility to replace the Gawanggal Mental Health Unit;
 - **Workstream 3:** development of a new 12 place Alcohol & Other Drug (AOD) residential treatment facility to replace Arcadia House;
 - **Workstream 4:** development of a new Child and Adolescent Mental Health Services (CAMHS) facility to replace CAMHS Cottage;
 - **Workstream 5:** communication and change management to prepare for the decanting and temporary relocation of other services located in buildings that will be demolished as part of the main hospital and enabling works (e.g. Staff Specialists and Specialist Outpatient Clinics, administration services and engineering services); and
 - **Workstream 6:** critical capital works that are required to maintain the operations of the North Canberra Hospital (e.g. upgrades to external lighting, water storage, fire systems and installation of electric vehicle chargers).
- Development and planning for the above workstreams are at different stages of maturity, including the identification of a preferred site, schedules of accommodation and cost estimates.

This section sets out the scope of the Project and explains how it will address the problems (or realise the opportunities) identified in Section 3.

6.1 Scope of works

The Project involves a series of relocation, design and construction projects that are required to ensure continuity of service delivery throughout construction of the NHP and beyond. The scope of works has been developed by ACTHD, its technical advisors (Arup, Johnstaff and BVN) based on the relevant contemporary models of care, Australasian Health Facility Guidelines and consultation with clinical staff (where relevant). With the exception of expanding the size of the Bruce Ridge Early Childhood Centre (**BRECC**) from 72 places to 100 places, Workstreams 1 to 4 are a continuation of existing service provision and do not involve expanding the service offering.

The scope of works is summarised in Table 20 below²³ and further information is included in the Functional Design Briefs in Appendix C, schedule of accommodation in Appendix D and feasibility studies in Appendix E. ACTHD and MPC are undertaking further site analysis for the remaining workstreams. As such there may be some necessary refinements to the schedules of accommodation once a preferred site has been selected.

Table 20: Scope of works

Workstream	Scope
Workstream 1: Development of a new 100 place Early Childhood Centre to replace the Bruce Ridge	Design and construction of a new 100 place Early Childhood Centre (EEC) to replace the Bruce Ridge Early Childhood Centre at a site which is yet to be determined. The Feasibility Study (included in Appendix E undertaken by BVN architecture considered two potential sites on the CIT Bruce Campus. However, ACTHD's preference is for the centre to remain on the hospital campus as it plays an important function for hospital staff working shifts and keeping it on campus will reduce the impact to hospital staff. ACTHD and MPC are currently undertaking further analysis to identify a potential location on campus. As such the cost estimates for this workstream have been prepared on a site agnostic basis and as such may be subject to change once a site has been identified.

²³ Note that the information in Table 21 is derived from the provided Functional Design Briefs, Schedule of Accommodation and Cost Plans as available for each project (refer to appendices).

Workstream	Scope
Early Childhood Centre	A feasibility study was developed by BVN for a new centre and which includes: • 6 classrooms which can accommodate up to 17 children each; • 2 cot/sleep rooms; • Administration and staff areas; • Outdoor play area; • End of trip facilities; and • Carparking for staff and visitors. A schedule of accommodation was developed by Arup and Johnstaff for the facility, which outlined that a site area of 2,368m² is required for the facility, which would include 1,072m² of internal space, 732m² of external space, and 630m² of car parking. The cost plans included for this workstream have been developed based on this schedule of accommodation and include an allowance for decanting the existing facility to the new facility.
Workstream 2: Development of a new 10 bed Mental Health facility to replace the Gawanggal Mental Health Unit	Design, construction and relocation of the 10 bed Gawanggal Mental Health unit, proposed to be co-located adjacent to the site of the Dhulwa Secure Mental Health Unit in Symonston (subject to further site investigations and approvals). A schedule of accommodation was developed by Arup and Johnstaff for the new unit which included: • 2 pods each containing 2 beds, and a single 6-bed pod to accommodate up to 10 patients across the unit; • Shared therapeutic support areas and courtyards space for all pods; • Entry and reception spaces; and • Back of house kitchen space, and general staff spaces and amenities. The schedule of accommodation also outlined that a site area of 2,307m² is required for the facility, which would include 1,587m² of internal space, 120m² of external space, and 600m² of car parking. The cost plans included for this workstream have been developed based on this schedule of accommodation and include an allowance for decanting the existing facility to the new facility. <i>Figure 12: Proposed Site for the new Gawanggal Unit on the Dhulwa Site in Symonston</i>  
Workstream 3: Development of a new 12 place AOD treatment	Design, construction, and relocation of Arcadia House to a new site (yet to be determined). A schedule of accommodation was developed by Arup and Johnstaff for the new facility which included:

Workstream	Scope
facility to replace the Arcadia House	• Entry, reception and waiting areas; • Patient therapy, treatment and activity areas; • Residential accommodation for patients, including a mix of single and double rooms; • Communal residential facilities, including lounge, kitchen, bathrooms and laundry; • Outdoor dining and recreation area, courtyards and garden spaces; and • Other supporting areas, including staff zones and back of house areas. The schedule of accommodation also outlined that a site area of 2,156m² is required for the facility, which would include 1,346m² of internal space, 90m² of external space, and 720m² of car parking. The cost plans included for this workstream have been developed based on this schedule of accommodation and include an allowance for decanting the existing facility to the new facility. It is noted that ACT Health is in the process of identifying a preferred site.
Workstream 4: Development of a new CAMHS facility to replace CAMHS Cottage	Design, construction, and relocation of the CAMHS Cottage facility, proposed to be located on at a site in Lyons (subject to further site investigations and approvals). A feasibility study was developed by BVN for a new centre and which included: • A classroom catering for 20 students and school sensory modulation room to support the provision of the Cottage Day Program; • Multipurpose activity rooms and interview rooms; • Other clinical support areas, including staff offices, meeting rooms and storage; • Outdoor spaces, including a courtyard for students and staff, and outdoor spaces accessible from the classroom and multipurpose activity rooms. A schedule of accommodation was developed by Arup and Johnstaff for the facility, which outlined that a site area of 1,205m² is required for the facility, which would include 975m² of internal space, 80m² of external space, and 150m² of car parking. The cost plans included for this workstream have been developed based on this schedule of accommodation and include an allowance for decanting the existing facility to the new facility. ACTHD has identified a site at Block 1 Section 55 in Lyons (12 Ulverstone Street) as a potential site for the relocation of CAMHS Cottage (Figure 13). This 1,695 m² site was formerly a preschool and is currently unused, with a public oval and open space on two sides and townhouses to the southwest. The section is zoned as CF Community Facilities and preliminary planning advice has indicated that the development of a Child and Adolescent Mental Health facility is a use that is permissible in the zone (health facility / educational establishment and ancillary). This site would need to be transferred from the Education Directorate to ACTHD and these discussions have commenced. It is likely expansion of this service will be required and will be the subject of future business cases. While the preferred site would not allow for expansion there are nearby blocks that ACTHD could transfer ownership of. It may also be possible to use adjoining land (subject to a change of use).

Workstream	Scope
	<i>Figure 13: Proposed Site in Lyons for the new CAMHS Cottage</i> 
Workstream 5: Decanting services located in buildings that will be demolished as part of the main hospital and enabling works	A long-term solution is required for the services provided in the following buildings which need to be demolished as part of the NHP works: • Staff Specialists and Specialist Outpatient Clinics, Infection, Prevention and Control, Administration services located in building 5; • Administration services located in the O'Shannassy Building (building 7 in Figure 8); • Specialist Outpatient Clinics, ACU Clinical School, ANU Medical School, ICT Centre located in the Lewisham Building (building 8 in Figure 8); and • The engineering services building (building 6 in Figure 8). ACT Health is currently undertaking an accommodation study to assess potential options to relocate these services, including where possible within the North Canberra Hospital. No capital funding is being sought for any capital works that may be required as part of this decanting. Funding for this will be sought through a separate business case as part of the 2025-26 Budget process. However, funding is being requested to support the early movement of these services as part of this business case.
Workstream 6: Critical capital works that are required to maintain the operations of the North Canberra Hospital	A series of capital works which are critical to supporting the ongoing operations at the North Canberra Hospital campus, including: • upgrades to external lighting, emergency lighting and necessary substation and switching upgrades; • Upgrades in relation to water storage, including hot water and chilled water system; • Upgrades to fire systems; • Completion of a detailed Asset Management Plan based on a revised hospital campus masterplan; • upgrade to support installation of electric vehicle chargers in line with Act Government Fleet Policy; and • Installation of Solar PV system on the current multi-storey car park to support EV charging.
<i>Source: Appendix C, Appendix D, Appendix E.</i>	

6.2 Scope of Services

The scope of services provided by the various health services affected by the Enabling Works are proposed to continue in accordance with existing service arrangements and no changes are anticipated (including the ongoing funding of two of the AOD beds by sources other than the ACT Government). The functional design briefs included in Appendix C outline the service delivery arrangements for these services.

ACTHD is considering the future operating arrangements for the BRECC which may be a continuation of Capital Region Community Services or an alternative provider.



6.3 Project Interdependencies

The Enabling Works are required to support the delivery of the NHP, therefore there is an interdependency between the NHP and the Enabling Works. Any delay to the delivery of the Enabling Works will have a flow on implication to the overall NHP delivery timeframes.

7 Risk Analysis

Key messages:

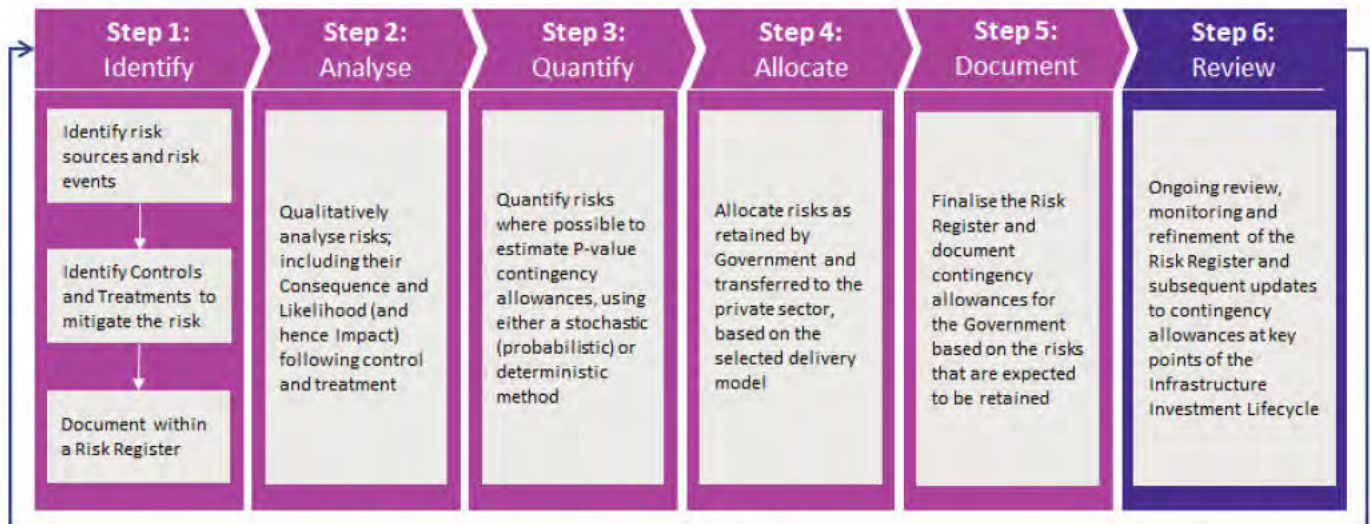
- Workshops were held with key stakeholders on 23 January 2024 to identify project risks for Workstreams 1 – 4. Risks related to Workstreams 5 and 6 were not considered. A complete list of the identified risks is provided in Appendix F.
- The risk analysis approach adheres to the ACT Government's Capital Framework Risk Analysis Process including undertaking the first three steps: the identification, analysis (consequence, likelihood and impact), and quantification of key project risks. The remaining risk analysis steps will be undertaken as part of next stages for the Project.
- The overall timeline for delivery is compressed and requires significant discipline from all project teams.
- Key project risks include, but are not limited to:
 - stakeholder risk (e.g. inability to reach consensus among stakeholders and negative feedback from community groups);
 - site selection and conditions (e.g. unforeseen geological ground conditions and a utility network with insufficient capacity);
 - changes to specifications and scope creep (e.g. additional construction costs and work delays); and
 - capital cost estimates (e.g. incorrect construction cost estimates and limited market resources).
- Risk mitigation strategies are available including:
 - A detailed stakeholder communication plan to ensure ongoing and early engagement;
 - Detailed site investigations, due diligence and appropriate risk allocation between the Territory and contractors;
 - A detailed schedule analysis with appropriate timeframes and rigorous procurement processes; and
 - Robust designs, benchmarks against similar projects and a competitive tendering methodology
- A comprehensive risk workshop will be held as part of each respective workstream at project commencement and reviewed during the initial design process.

This section identifies and assesses the risks and uncertainties that are associated with the Project. The risk analysis can be used to understand how they may affect sought outcomes. The section also describes risk management strategies to reduce or manage their impact.

7.1 Risk analysis process

The ACT Government's Capital Framework outlines a six-step risk analysis process as outlined in Figure 14. The risk analysis process undertaken as part of this Business Case involved undertaking steps 1 to 3, with the remaining steps to be undertaken as part of the next stages for the Project.

Figure 14: ACT Capital Framework Risk Analysis Process



An initial risk workshop was held with key project stakeholders on 23 January 2024 to identify and consider Project risks for Workstreams 1 to 4. The risk registers are included in Appendix F. The risks relating to Workstreams 5 and 6 (decanting and relocation, and Minor Capital Works projects) were not considered during the Risk Workshop. In accordance with the ACT Government's Capital Framework, a more detailed risk analysis will be conducted as further investigations are conducted on individual sites and project workstreams.

A comprehensive risk workshop will be held as part of each respective workstream project commencement and reviewed during the initial design process. The workshop(s) shall identify key project risks as relevant to each workstream as this stage of the project progresses. This reflects the established risk management processes adopted for infrastructure projects and forms the basis of the project risk management plan used to monitor risk mitigations allocated to associated risk owners.

MPC will be responsible for monitoring project risks throughout planning and implementation phases within existing project governance committee structures as outlined in Section 11.

7.2 Key project risks

Several key project risks have been identified across the Enabling Works projects and the mitigations for these risks have been detailed in Table 21. A complete list of the identified risks is provided in Appendix F.

Table 21: Key Project Risks

Risk	Description	Planned mitigation
Delays to funding approval	Delay to the beginning of Enabling Works due to funding delays will create an overall setback to the completion of the entire NHP	- Using a rigorous scheduling & programming analysis that ensures appropriate timeframes are factored into planning to anticipate funding needs. - Ensuring early communication with government authorities responsible for funding approval.
Project is required to be delivered in accelerated timeframes to achieve Government objectives	Government priorities require the Project to compress delivery program to bring construction commencement and completion forward.	- Establish appropriate project governance structures and ensure ongoing engagement with Treasury, MPC and other stakeholders. - Develop a justified master delivery program that includes time allowances for selected delivery model. - Establish clear decision pathway for Government approval process. - Ensure appropriate government resources are available and/or engage appropriate consultants.

Risk	Description	Planned mitigation
		- Effective communications plan/strategy, and early stakeholder identification and engagement. - Previous provision of funding and Government commitment to project. - Deliver a detailed and justified business case that satisfies Capital Framework requirements. - Involve key decision-makers early.
Delays to identify, secure or purchase alternative sites	Completion of Projects may be delayed due to delay in handover of land from a private entity, impacting the capital costs and Main Works schedule.	- Establishing early engagement via a working group, which includes consulting with ACTPG and working with Treasury & GSO to consider purchasing private land. - Build in appropriate allowances to the delivery timeframes. - Clear communication of site investigation/due diligence requirements. - Ensure appropriate project governance structures are in place. - Continual engagement with the required landholders, particularly around key milestones.
Stakeholder risk	Issues with stakeholder engagement can impact the schedule of Main Works and increase capital costs as a result. For example: - an inability to reach consensus within stakeholder groups. - stakeholder engagement stalls or is not progressed. - negative feedback from the community or potential issues that cause a change to scope, delay or result in site being unsuitable and further site selection activities to be undertaken.	- Involving key stakeholder groups in the design phase (e.g., the surrounding community). - Ensuring there is ongoing and early engagement with external stakeholders. - Developing a detailed stakeholder communication plan. - Establishing conflict resolution processes and considering involvement of a professional mediator to facilitate discussions. - Developing detailed and proactive public relations strategies including identification of potential conflicts, solutions, rebuttals, and positive benefits of the project. - Utilising various communication mediums to ensure all stakeholders are reached.
Site Selection and Site Conditions	Risk that due to the unknown site selection, there is the potential for the following site conditions to be encountered: - unforeseen adverse geological ground conditions. (i.e., localised rock, soft spots or ground water issues). - unforeseen ground contamination. - utility network has insufficient capacity. - Therefore, increased capital costs and an impact to the schedule of the Main Works.	- Ensuring detailed site investigations and due diligence. - Appropriately considering timeframes factored into the project program. - Appropriately contracting risk allocation between Territory and contractor. - Using appropriate construction methodologies. - Conducting early engagement with utilities services providers.
Changes to specification, scope creep	The risk that the specifications change due to identified issues or government instigated changes. Causing additional construction costs, delays in construction and impacting the Main Works schedule.	Ensuring early and ongoing consultation with relevant stakeholders, early involvement of decision makers, and efficient decision making.

Risk	Description	Planned mitigation
		Maintaining clear communication of project requirements to the architects/contractor.
Delay during Design Development Process	Completion of Enabling Works Projects delayed due to management of the design development process. This would impact the Main Works schedule, increase capital costs, and require a temporary solution.	- Ensuring a detailed schedule analysis with appropriate timeframes are factored into the design and construction programme. - Running a rigorous procurement process to select the appropriate contractor. - Ensuring appropriate project governance structures are in place.
Delay During Construction Delivery	A delay to the completion of Enabling Works Projects due to the management of the construction process failing to achieve agreed programming commitments. Leading to Main Works delays and additional capital costs.	- Using detailed scheduling and programming analysis. - Ensuring appropriate timeframes are factored into the design and construction programme. - Selecting the appropriate delivery model & contractor. - Adjusting the contract for flexibility. - Using appropriate project governance structures. - A robust evaluation process of contractors' proposed timelines.
Development Approvals - Delay Risk	Delays in obtaining development and services approvals due to design implications (as well as scope changes).	- Conducting early consultation with relevant authorities. - Building in appropriate allowances to the delivery timeframes. - Clearly communicating the project requirements to the architects. - Ensuring appropriate project governance structures are in place. - Potentially declare the project as a priority and therefore averting the need for DA.
Capital Cost Estimates - Rate Risk	Capital costs are higher than anticipated, arising from such issues as: - Incorrect construction cost estimates. - Incorrect completion cost estimates. - Uncertainty of rates. - Scope uncertainty. - Limited market resources.	- Undertake robust designs to enable robust cost estimates. - Benchmark against similar projects. - Clear Project Scope. - Robust Cost Planning Process. - Competitive tendering and appropriate procurement methodology. - Appropriate risk transfer within the construction project. - Selecting the appropriate delivery model and work packaging.
Source: Appendix F		

The risk contingencies for the Project were developed by the Territory's cost planner and are detailed in Section 9.2.

8 Delivery Model Analysis

Key messages:

- A workshop was undertaken with ACTHD and MPC to discuss the most appropriate delivery model for Workstreams 1 – 4. Workstreams 5 and 6 were not considered.
- In accordance with the Capital Framework, the workshop considered packaging of capital works, integration (bundling) of ongoing services and the most appropriate procurement (contract model).
- Packaging of capital works is not expected to offer design/construction efficiencies or assist in managing interface risks. It was agreed at the Delivery Model Workshop that each workstream will be delivered as a standalone package of works.
- Integration (bundling) of services is not proposed. It was concluded at the Delivery Model Workshop that no changes to services within each workstream will be undertaken. Therefore, no delivery models to integrate ongoing service delivery and maintenance were considered.
- The **preferred delivery model for Workstreams 1 – 4 is Document & Construct**. At the conclusion of the Delivery Model Workshop, MPC and ACHD representatives agreed on the preferred model based on an extensive design consultation to be undertaken, de-risking the approvals process prior to engaging a contractor, a reduced delivery timeframe, and design and constructability risk retained by the contractor.
- For Workstreams 5 and 6: given the outcomes of the accommodation study are pending, ACTHD and MPC will consider the merits of different delivery approaches for these works as part of future planning.

8.1 Overview of delivery model assessment process

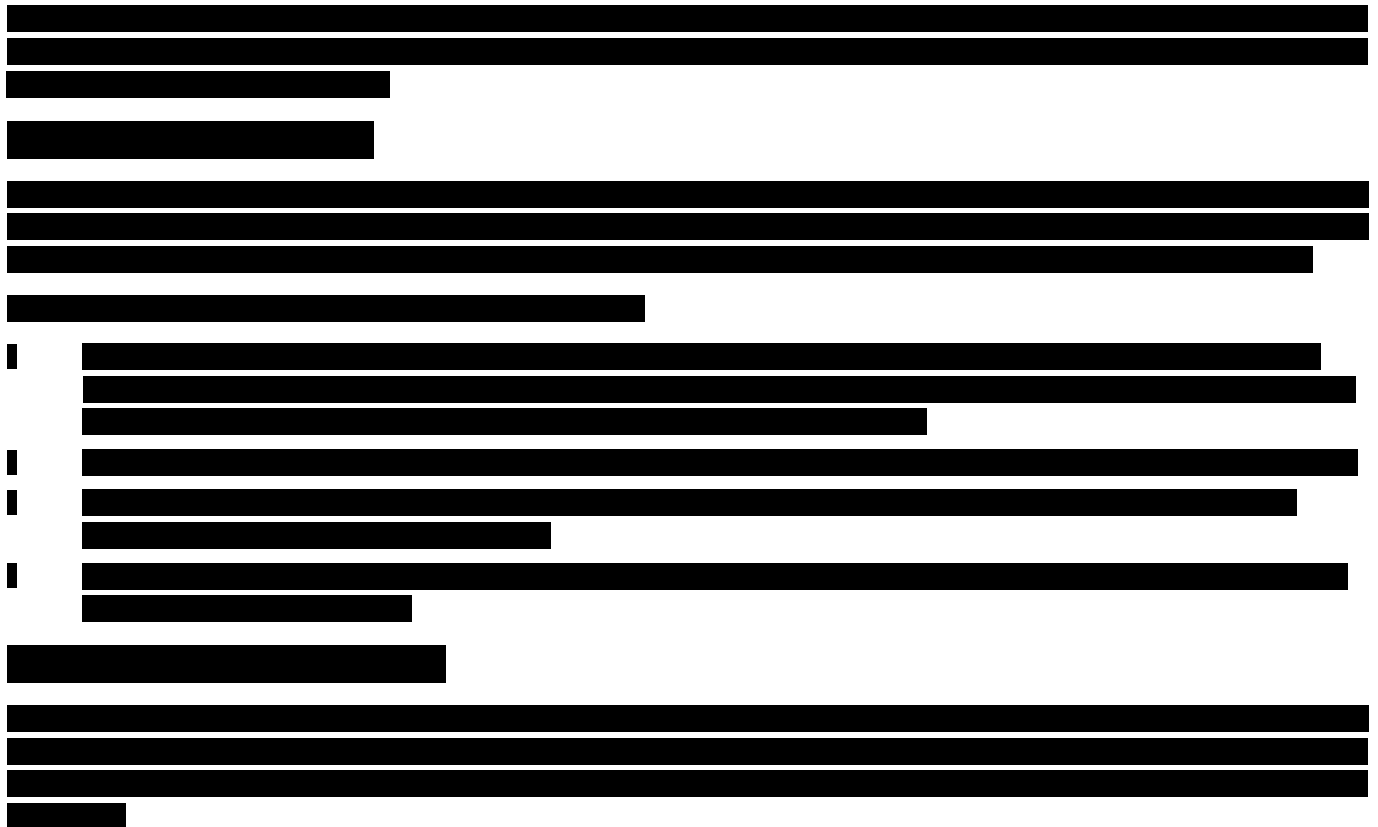
The delivery model refers to the overall approach to delivering the Project and considers:

- **Packaging of the capital works** – whether the capital works should be delivered through a single or multiple packages of work;
- **Integration (bundling) of ongoing services** – whether the procurement of the capital works should include consideration of any procurement models to integrate the ongoing services; and
- **Procurement models** – consideration of the most appropriate procurement (contract) model for the different works packages.

The following sections detail the methodology that was adopted for considering delivery models for the Project and to ensure that the Project specific risks and circumstances were appropriately considered. The process adopted for the Project is broadly consistent with the ACT Government's Capital Framework shown in Figure 15.

Figure 15: ACT Government Capital Framework process

8.2 Delivery model assessment (Workstreams 1 to 4)



[illegible]

[REDACTED] [REDACTED] [REDACTED]

[REDACTED]

[REDACTED]

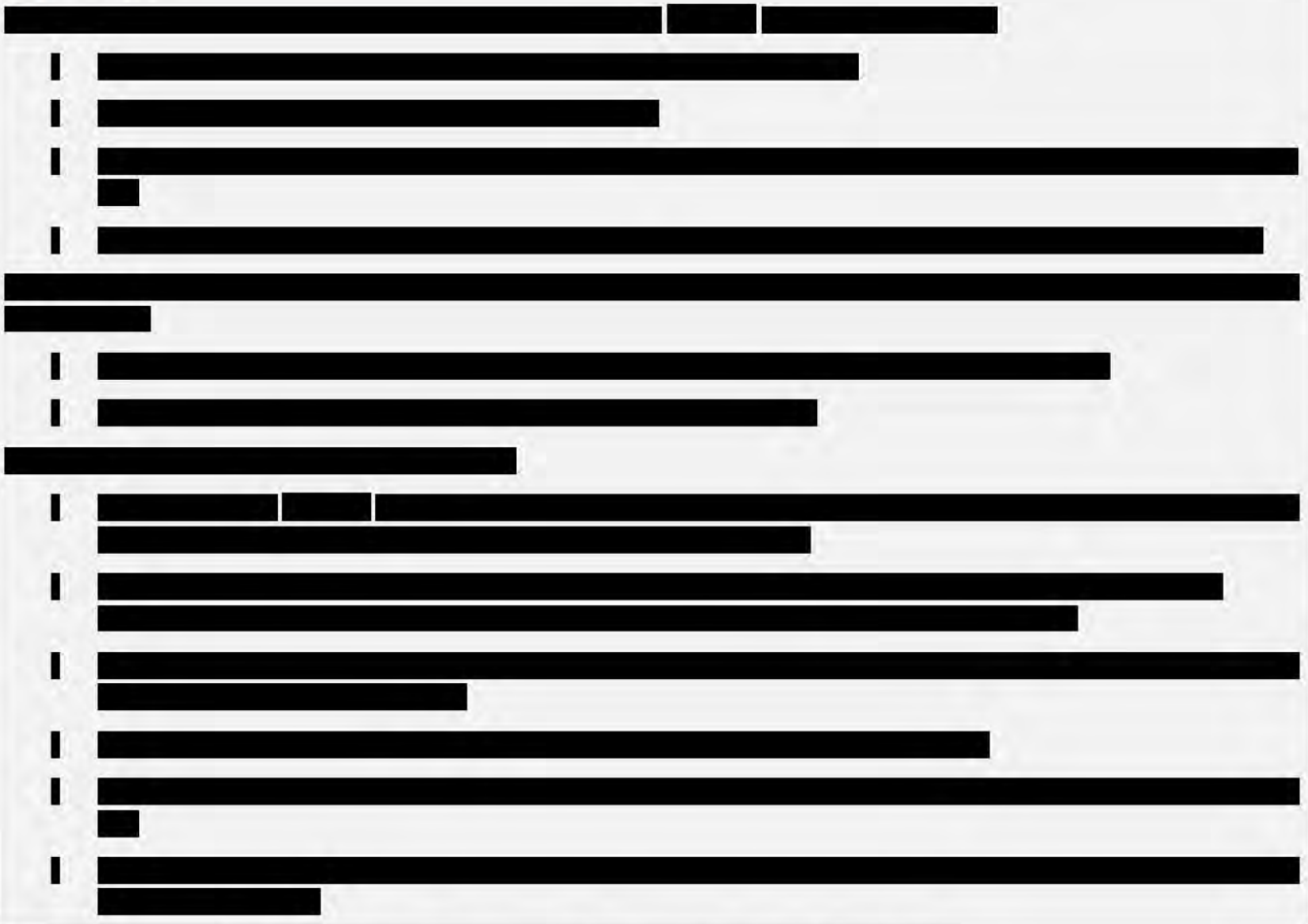
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9 Financial Analysis

Key messages:



This section presents the financial analysis and requests funding for the Project including:

- **Project Cost Estimates:** the estimated Project costs including:
 - capital cost estimates;
 - ACT Government implementation and management costs; and
 - non-capital Project costs.
- **Whole-of-Life Cost Estimates:** the whole-of-life cost estimates for the Project including the estimated maintenance funding and depreciation costs and the estimated non-capital costs; and
- **Budget Implications:** the estimated budget impact of the Project.

9.1 Cost Estimate Assumptions

The cost estimates in this Business Case have been developed based on the scope identified in Section 6. Table 25 summarises the sources of the different cost components and the assumptions underpinning the cost estimates.

²⁴ Note totals may differ due to rounding.



Component	Description
Whole of Life Cost Estimates	- Genus Advisory have developed whole of life cost estimates for Workstreams 1-4 for a 30-year period to FY2055. - The whole of life estimates include the following cost categories: - Major replacement costs; - Refurbishment and redecoration costs; - Minor repairs and maintenance costs; - Grounds maintenance costs; - Cleaning costs; - Administration costs; - Insurance costs; - Rates and charges; and - Furniture, Fixtures and Equipment replacement costs. - These estimates have been included in the Business Case as an estimate of the whole of life costs for the Project excluding clinical costs. Funding for these costs is not being sought as part of this Business Case as no changes to funding arrangements is being sought beyond the maintenance funding for the new assets as summarised below.
Maintenance Funding	- Maintenance funding is calculated as a percentage of the total project cost including escalation (excl. ACT Health Management Costs). Workstreams 1,2,3,4: - Maintenance costs have been applied from the assumed operations commencement (1 October 2026). - Escalation has been applied at CPI rate (2.5%) from 1 October 2026. Workstreams 5: - No maintenance costs have been included as these are temporary works. Workstream 6: - Maintenance costs have been applied from the assumed operations commencement (1 July 2028). - Escalation has been applied at CPI rate (2.5%) from 1 July 2028.
Depreciation	- Depreciation is calculated based on the straight-line depreciation methodology over an assumed useful life of 30-years. Workstreams 1,2,3,4: - Deprecation has been applied from the assumed operations commencement (Q4-26). Workstreams 5: - No depreciation estimate has been included for these works. Workstream 6: - Deprecation has been applied from Q3-28.
Operating Costs	- This Business Case is not seeking any additional operating costs associated with the health services (i.e., additional clinical costs) as the services are a continuation of the existing services. - The costs of operating an expanded Early Education Childhood Centre will be borne by the operator and recovered through fees paid by users. The lease/licence arrangements are still subject to further consideration by ACTHD, and no additional revenue has been included in the Business Case.

Component	Description
General	- Unless stated otherwise, costs in this section are exclusive of GST. - All figures have been rounded to two decimal points.
Site Acquisition Costs	- Site acquisition costs for Workstream 1 have not been included in capital costings and do not form part of this Business Case. Site acquisition costs for this workstream will require funding through a future budget process.

9.2 Cost Estimates

This section outlines the cost estimates for the Project Workstreams identified in Section 2.2.3.

9.2.1 Capital Cost Estimates

This section outlines the estimated capital costs for the Project Workstreams, including:

- Project Capital Cost:** the estimated capital costs for Workstreams 1-6;
- ACT Government Management Costs:** the estimate for Government costs of managing the Project (Major Projects Canberra, ACT Health and Canberra Health Services Fees);
- Risk-Adjustments:** the estimated risk contingencies that apply to the total capital cost, calculated in accordance with the process set out in the Capital Framework; and
- Facilities Maintenance Costs:** the estimated maintenance costs for the facilities (based on the FABG policy for funding maintenance).

Estimated Project Capital Cost

This sub-section summarises the estimated capital costs for the Project Workstreams, including:

- Workstream (WS) 1: Bruce Ridge Early Childhood Centre;
- Workstream (WS) 2: Secure Residential Mental Health Services;
- Workstream (WS) 3: Alcohol and Other Drugs Services;
- Workstream (WS) 4: Child and Adolescent Mental Health Services;
- Workstream (WS) 5: Temporary Relocation and Decanting Works; and
- Workstream (WS) 6: SAMP Projects.



	2018	2019	2020	2021	2022

	2022

	2022

9.2.2 Non-Capital Cost Estimates

This section outlines the estimated Project non-capital costs, including:

- Workstream 6: the estimated cost to prepare a detailed Asset Management Plan in line with the revised hospital masterplan.²⁶

Table 31 summarises the non-capital estimated costs.

²⁶ Appendix K
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Table 31: Non-Capital Estimated Costs

Description of Cost Item	Cost (\$'M)
Asset Management Plan	0.50
Total	0.50
<i>Source: Developed by ACT Health and included in Appendix K</i>	

9.3 Whole-of-Life Costs

9.3.1 Whole-of-Life Cost Estimates

Genus Advisory developed whole-of-life cost estimates for Workstreams 1-4 which include the estimates of ongoing maintenance and lifecycle replacement costs. These cost estimates have not been included in the Budget Funding Summary in Section 9.4 as the maintenance funding estimates summarised in Section 9.3.2 have been included.

Table 32 summarises the whole-of-life cost estimates for the period FY2025 through to FY2029. Appendix H includes the full cost estimates developed by Genus Advisory to FY2055.

9.3.2 Maintenance Funding Estimate

Notwithstanding the whole-of-life cost estimates summarised in Section 9.3, the additional maintenance funding that Directorates are allocated for the repairs and maintenance of capital projects is typically determined as a percentage allocation of the capital costs being:

- Year 1: 0%;
- Year 2: 1%; and
- Year 3+: 2%.

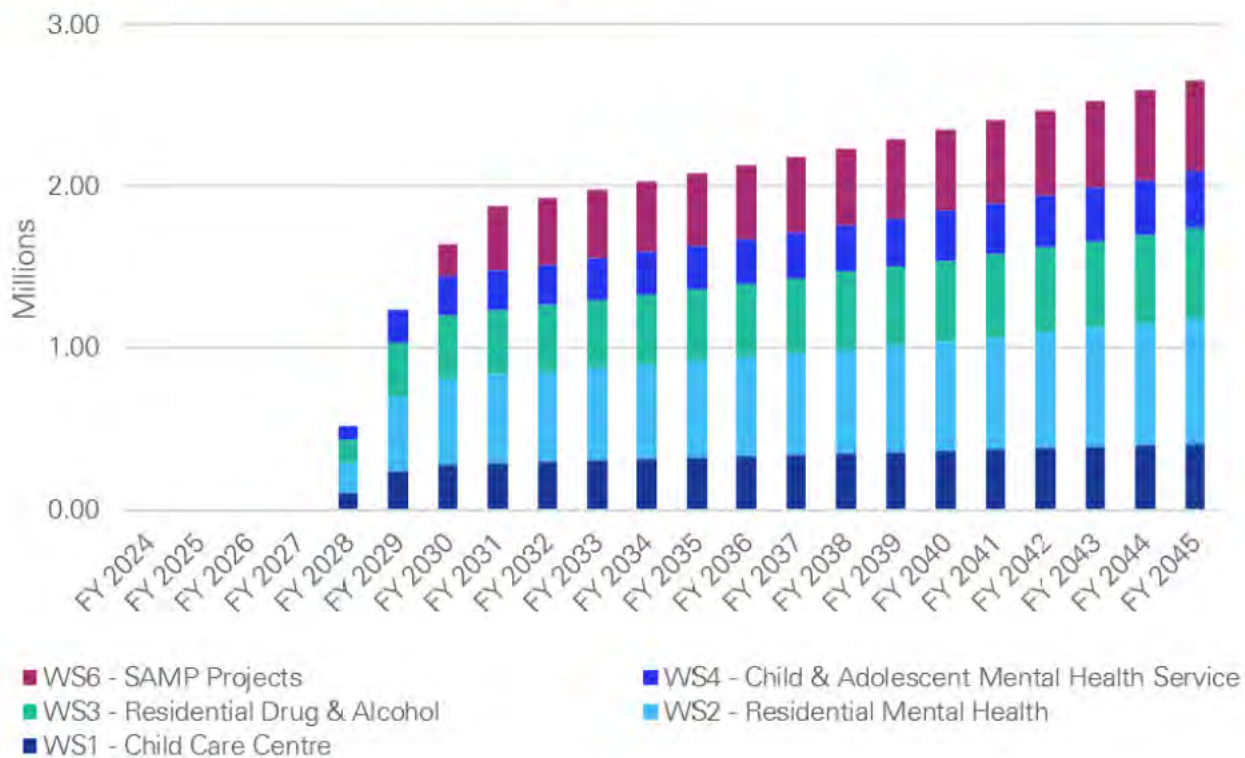
Table 33 provides a summary of the maintenance funding estimates over the forward estimate period based on the capital cost estimates and assumptions outlined in Table 25 and have been included in the Budget Funding Summary in Section 9.4. These costs will continue to be incurred beyond this forward estimate period.

Table 33: Maintenance Funding Forward Estimates (\$'M, nominal)

Workstream	FY2025	FY2026	FY2027	FY2028	FY2029	Total
Workstream 1	-	-	-	0.10	0.24	0.34
Workstream 2	-	-	-	0.19	0.45	0.64
Workstream 3	-	-	-	0.14	0.33	0.47
Workstream 4	-	-	-	0.09	0.20	0.29
Workstream 6	-	-	-	-	-	-
Total	-	-	-	0.52	1.24	1.75

Figure 16 shows the maintenance funding estimates over a 20-year period.

Figure 16: Maintenance Funding Estimates 20-year Period (\$'M, nominal)



9.3.3 Depreciation Estimate

Table 34 provides a summary of the depreciation estimates over the forward estimate period calculated using the assumptions outlined in Table 25. It is noted that these costs will continue to be incurred beyond the forward estimate period.

Table 34: Depreciation Forward Estimates (\$'M)

Workstream	FY2025	FY2026	FY2027	FY2028	FY2029	Total
Workstream 1	-	-	0.33	0.44	0.44	1.20
Workstream 2	-	-	0.61	0.81	0.81	2.24
Workstream 3	-	-	0.45	0.60	0.60	1.65

9.4 Budget Implications

Table 35 shows the estimated budget impact over the forward estimates, for the period FY 2025 through to FY 2029.

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Note 1: Capital injections are indicative only and are based on the capital program outlined in the assumptions.

Note 2: Totals may differ due to rounding.

Note 3: The ACT Government management costs included in Table 26 and Table 28 have been allocated evenly across FY2025 to FY2028 in line with the assumptions outlined in Table 25.

Note 4: Capital Costs for WS 1-4: ACT Government Costs have been removed from costs and listed as a separate line item.

Breakdown of ACTHD Staffing Profile

Table 36 summarises the additional ACTHD staffing requested to manage the delivery of the Project. The cost plans initially estimated 4 per cent. However, ACTHD subsequently reviewed staffing requirements across the program and reduced the requirement by 0.24 per cent. Fees have been calculated based on the actual estimate of resourcing required to manage the Project which is summarised in Table 36. This cost equates to 3.76 per cent of the risk-adjusted capital cost.

Table 36: Breakdown of additional ACTHD Staffing (\$'000)

Breakdown of staffing levels	FY2025	FY2026	FY2027	FY2028	FY2029	Total
FTE of SOG B level positions	2.0	2.0	2.0	-	-	n/a
Cost of SOG B level positions	399	412	419	-	-	1,231
FTE of SOG C level positions	2.0	2.0	2.0	-	-	n/a
Cost of SOG C level positions	341	353	359	-	-	1,054



Breakdown of staffing levels	FY2025	FY2026	FY2027	FY2028	FY2029	Total
<i>FTE of ASO 6 level positions</i>	2.0	2.0	2.0	-	-	n/a
Cost of ASO 6 level positions	288	299	304	-	-	891
<i>FTE of IO5 level positions</i>	-	1.0	1.0	-	-	n/a
Cost of IO5 level positions	-	230	233	-	-	463
<i>Total additional FTEs (no.)</i>	6.0	7.0	7.0	-	-	n/a
██████	████	████	████	I	I	████

10 Economic Appraisal

Key messages:

- A qualitative approach was undertaken to identify socio-economic benefits related to the Enabling Works and future NHP together as these works are interrelated.
- Benefits of the NHP and Enabling works will be realised for the ACT community, service providers and the economy. Key examples include, but are not limited to:
 - Increased capacity for the ACT public health system to meet capacity requirements for a growing and ageing population;
 - Improved access to healthcare services for marginalised population groups;
 - Improved working conditions to support staff well-being; and
 - Creation of jobs, ranging from construction workers (building phase) to healthcare professional and administrative staff (operational phase).
- Further benefits are expected to be identified following additional community engagement.

10.1 Objective and Approach

This economic appraisal considers both the Enabling Works and the future NHP collectively. This is because the Enabling Works Project serves as the foundation for the forthcoming NHP, with both elements synergistically contributing to the benefits realisation of the community and service providers. As the Enabling Works largely consists of providing new accommodation for services already provided, the benefits will be limited and difficult to measure. Therefore, this economic analysis treats the two components as interconnected, aiming to provide a holistic view of the anticipated benefits that these projects will bring in the future.

The economic appraisal takes the form of a qualitative analysis of the economic and wider socio-economic benefits of the Enabling Works and the NHP. This has been determined as the most appropriate methodology on the basis that the key driver for the projects are wider wellbeing and social benefits, rather than economic benefits. Further, whilst economic benefits are not the primary driver for the projects, the projects are likely to provide economic, social and health benefits for residents and service providers in the northside of Canberra and surrounding regions.

This economic appraisal considers the Enabling Works and the future NHP as one project for the following reasons:

- the Enabling Works are required to prepare the site selected for the NHP works.
- the Enabling Works largely consists of providing new accommodation for services already provided at the hospital, the benefits will be limited and difficult to measure.
- elements of the Enabling Works in isolation (but will support the NHP) include the alleviation of maintenance issues, spaces to be fit for purpose, resolution of compliance issues, improvements in staff satisfaction, and critical works to extend asset life.

In addition to the socio-economic benefits discussed in the next section, the Project's alignment with the ACT Wellbeing Framework is discussed in Section 4.5.

10.2 Qualitative Analysis

Table 37 provides a summary of the potential socio-economic benefits of the NHP and the Enabling Works. Additional benefits are likely to be identified following additional community engagement to refine the detailed design of the Enabling Works and the NHP.

Table 37: Socio-economic benefits

Socio-Economic Benefit	Description
Community	

Socio-Economic Benefit	Description
Increased capacity for growing and ageing population in the ACT and surrounding regions	The ACT's population is growing and ageing, and Canberra's hospitals are seeing higher admissions due to the increasing prevalence of chronic conditions. Looking forward, in the absence of any Government intervention, demand for hospital services in the ACT is forecast to increase steadily.²⁷ The Enabling Works and the NHP will ensure the ACT public health system has the capacity to continue to meet demand for these services, particularly in the North Canberra region. The NHP provides the opportunity to increase the volume, range and quality of services offered by enabling additional capacity.
Improved health service access for marginalised population groups	While many people across society will experience varying levels of access and quality of care, there are many population groups, including (but not limited to) individuals with lower socio-economic status, drug use, or homelessness, who historically do not voice their complex healthcare needs because of the lack of access – this is a driver of 'unmet demand'.²⁸ These population groups generally experience additional barriers in accessing services, which will be addressed by initiatives to improve access and equity of care. The Enabling Works and the NHP will support the needs of the community by being flexible and responsive to ensure that care is accessible, respectful, culturally safe and appropriate according to patient needs.
Better quality of life and extended life expectancy	The Enabling Works and the NHP will help improve the quality of life of communities and potentially extend communities' life expectancy through: • Enable early detection and intervention: of community's health issues through advanced diagnostic tools to facilitate the early detection of diseases such as heart disease, and diabetes. Early intervention can lead to more effective treatment outcomes, reducing mortality rates and extending life expectancy. The value of extended life expectancy could potentially be quantified following the Multi-Purpose Service facility methodology that quantifies an additional number of life years per person over their lifetime and applying the Value of a Statistical Life. • Enable advanced treatment options: with the inclusion of cutting-edge medical technologies and treatments, patients have access to the most effective care options available. This includes access to innovative surgeries, targeted therapies for advanced management of chronic conditions, all of which can significantly improve survival rates and quality of life. • Enable comprehensive care for chronic conditions: Northside Hospital will be better equipped to manage chronic diseases through integrated care models that coordinate treatment across different specialties. Effective management of chronic conditions can prevent complications, reduce the risk of secondary diseases, and extend patients' lives. • Enable improved emergency care: expanded emergency department facilities ensure that critical cases receive immediate attention, which is crucial for survival in acute medical emergencies like heart attacks and strokes. Timely and efficient emergency care can save lives and prevent long-term disabilities. This benefit could potentially be quantified through estimating the number of lives that would be saved as a result of additional emergency care capacity and applying the Value of a Statistical Life. • Enable reduced disability burden: this benefit could potentially be quantified through the estimation of average time for which disability burden of a patient is reduced as result of treatment at a hospital. The reduction in pain and suffering can be estimated through multiplying the number of such patients by the average reduction in disability for each patient, their years of remaining life and the Value of a Statistical Life.
Improved mental health and well-being	Better access to quality healthcare services, including mental health services can significantly improve the psychological well-being of patients. Timely and effective treatment of mental health conditions contributes to a healthier, more resilient community.

²⁷ ACT Health Services Plan 2022-2030

²⁸ Taking action on the social determinants of health in clinical practice: a framework for health professionals 2016 (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5135524/>)

Socio-Economic Benefit	Description
Service providers	
Improved working conditions	- The northside hospital will be designed with the well-being of staff in mind, featuring better working spaces, more comfortable staff areas, and enhanced safety protocols. Improved working conditions can lead to reduced stress among healthcare workers. - The northside hospital will also incorporate advanced infection control technologies and designs, creating a safer environment for both patients and staff. This is particularly important in preventing the spread of infections within healthcare facilities.
Improved efficiency of service delivery	- The new northside hospital will take into consideration the efficient use of spaces, which can improve workflow and reduce unnecessary movement and delays. This efficiency can decrease the time healthcare workers spend on non-patient-care activities, allowing them to focus more on direct patient care. - Dedicated research and development spaces in the northside hospital will provide healthcare workers with opportunities for professional development and training. This enables them to remain at the forefront of medical advances and provide more efficient services.
Local economic development	
Supporting local jobs	Constructing a new hospital and its subsequent operation will create a substantial number of jobs, ranging from construction workers during the building phase to healthcare professionals and administrative staff once the northside hospital is operational. This boosts local employment and contributes to the overall economic health of the region.
Healthcare research and innovation	The northside hospital with dedicated research and development spaces contribute to medical advances by participating in clinical trials and research studies. Patients at the northside hospital may have access to new therapies and treatments before they are widely available, offering hope for extended life, particularly for those with previously untreatable conditions. This will also contribute to the wider healthcare industry's research and development.
Reduced healthcare costs	The northside hospital that provides advanced and preventive care can help in the early detection and treatment of diseases, which could potentially reduce the long-term costs associated with managing chronic conditions and treating advanced stages of diseases. This leads to savings for healthcare systems.
Economic benefits	
Avoided travel time and costs	Patients from the surrounding regions who would otherwise need to travel further to other hospitals, can save travel time and costs by travelling to the northside hospital.
Residual value of assets	The healthcare equipment and buildings in the northside hospital will have varying periods of life (depending on the asset), and they may have residual value at the end of the economic assessment period.

11 Project Governance

Key messages:

- The NHP is a designated project and will be delivered by Major Projects Canberra in collaboration with ACTHD.
- A cross-agency governance framework established to coordinate delivery of the NHP and the Enabling Works.

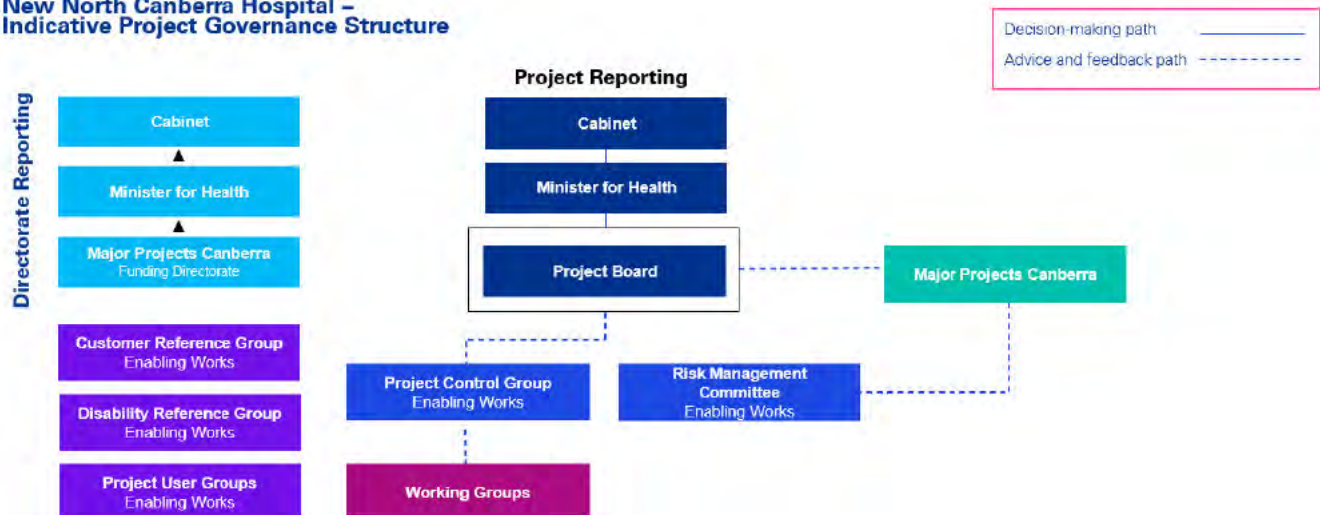
This section of the Business Case outlines the proposed project governance structure and arrangements for the delivery of the NHP (following project approval by Government).

11.1 Recommended Governance Structure

The NHP was designated as a project to be delivered directly by MPC in December 2023. A cross-agency governance framework applicable to projects designated as a Major Project will be established to co-ordinate delivery of the project, including enabling works. The governance structure is presented in Figure 17.

Figure 17: Proposed Northside Hospital Project Governance Structure

New North Canberra Hospital – Indicative Project Governance Structure



Note Workstream 6 will be delivered through existing ACTHD governance arrangements as it is not part of the NHP works.

11.2 Key Directorates

The key directorates that will be involved in the program are:

- **Project Owner – Major Projects Canberra:** Major Projects Canberra will be the agency responsible for overseeing the procurement and delivery of the Project through to construction completion and the commencement of operations (post-commissioning);
- **ACT Health Directorate:** The ACT Health Directorate is responsible for health policy, plans the delivery of health services, ensures that health services meet community needs and manages a portfolio of infrastructure programs; and
- **Canberra Health Services:** delivers healthcare services across a range of locations, including North Canberra Hospital (as operator of the NCH, Gawanggal and CAHMS), University of Canberra Hospital (rehabilitation and outpatient services) and Community based health services (e.g. early childhood services and women's health).

Other key directorates include:

- **Environment, Planning and Sustainable Development Directorate:** The agency that is responsible for planning and development matters (including the assessment of Development Applications and preparation of any necessary Territory Plan Variations); and
- **Chief Minister, Treasury and Economic Development Directorate:** The agency responsible for government-wide budget management and economic development.

11.3 Governance roles and responsibilities

11.3.1 Project Board

The Project Board is the highest level of governance, below the Minister for Health and Cabinet. The Project Board membership will include an independent chair and independent member as well as Director-Generals from relevant Directorates. The Project Board will be responsible for providing strategic oversight, guidance and advice in respect of the project. Specific functions of the Board will include:

- Strategic oversight of the project to ensure progress and that the project is meeting organisational strategic objectives;
- Outlining the decision-making framework, business priorities and strategies;
- Linking the Senior Executive Body and the Project;
- Overseeing stakeholder communication and engagement activities;
- Endorsing project deliverables, and variations to scope, schedule and budget;
- Monitoring risks and opportunities; and
- Provide regular briefing updates to the Minister and Government as required.

11.3.2 Project Control Group

The Project Control Group will manage the design and construction of the program, including the activities of the project team, and consultants. The Project Control Group membership will include representatives from relevant directorates including MPC (chair), ACTHD, CHS, CMTEDD, TCCS and JACS. The Project Control Group is responsible for the ongoing monitoring of progress, management of issues and control of the direction of the program, escalating endorsed matters to the Project Board for approval where necessary.

11.3.3 Risk Management Committee

The purpose of the Risk Management Committee is to ensure a common understanding of the project's risks is maintained by project personnel and relevant stakeholders. The Risk Management Committee will assess and provide advice to the Project Board and the Project Control Group on risks related to the project.

11.3.4 Working Groups

The Project Working Groups are expected to include the Customer Reference Group, Disability Reference Group, and the Project User Groups.

Reference groups provide an advisory role to the Project Control Group to ensure the needs of stakeholder groups are actively considered throughout the project.

User groups will consist of stakeholders with unique knowledge of the way in which the clinical environment will be operated and have the requisite skills to assist in the development of functional briefs and facility design. User groups will review facility designs and provide assurance that the project will meet its operational and clinical objectives.

11.3.5 Major Projects Canberra

MPC is the directorate responsible for overseeing the development, procurement and delivery of the project through to construction completion and the commencement of operations.

Chief Projects Officer (CPO)

The CPO leads MPC and would be ultimately accountable for the procurement and delivery of the Project. The CPO will be a key interface between decision makers and stakeholders in the Governance structure (e.g. Project Board and Minister).

Project Team



A dedicated project team would reside within MPC. A Project Director would lead the Project Team and report to the CPO. The Project Director would also represent the Project Team and support the CPO in interfacing with other directorates and key strategic stakeholders.

The Project Team, under the direction of the Project Director, will provide day-to-day management of the project, supporting the governance arrangements, overseeing the delivery of the consultant outputs and undertaking a range of stakeholder consultation.

12 Stakeholder Engagement Plan

Key messages:

- The Project will involve engagement with a range of diverse internal and external stakeholders who will have an interest or be impacted by the Project.
- Through the site selection activities, investigations, and planning processes to date the Project Team has engaged with facility users who have provided input into the Functional Design Briefs.
- A Communication and Strategy Overview has been developed to ensure all stakeholders, both internal and external, can contribute to collaborate and implement the Enabling Works and NHP over the planning horizon.
- As of 12 December 2023, MPC is responsible for the planning, procurement, and delivery of the NCH Project, to include stakeholder engagement in collaboration with ACTHD, CHS and other partner directorates.

The purpose of this section is to ensure that there are established processes and tools for engaging with the community and key stakeholders. Further, it will outline the plan for ongoing stakeholder engagement after the Enabling Works are approved, noting that each project within the broader Project will require stakeholder engagement.

Stakeholder and Community Engagement will be undertaken in line with the Health Infrastructure Community and Engagement Strategy at Appendix M.

12.1 Stakeholder identification

A preliminary stakeholder analysis has been undertaken to identify key internal and external stakeholders, examine their interests, and define the required level of engagement during the Project. The ACT Government Guidance Document 'Engaging Canberrans: A Guide to Community Engagement' describes various levels of engagement and provides a basis to define the involvement of key internal and external stakeholders in the Project as set out in Figure 18.²⁹

Figure 18: Different levels of community engagement

	Inform	Consult	Involve	Collaborate
Goal	Provide balanced and objective information and assist understanding.	Obtain stakeholder feedback on analysis, alternatives, and/or decisions.	Work directly throughout the process to ensure concerns and aspirations are understood considered.	Partner each aspect of the decision including alternatives and solutions.

Project stakeholders can be grouped into two broad categories:

- **Internal stakeholders** – Comprised of individuals or groups in the Government, including stakeholders that are directly involved or have a direct interest in the project (e.g. for design, procurement, construction and operations), or those that may be impacted, or indirectly involved in the Project; and
- **External stakeholders** – Comprised of individuals, groups or organisations that may be indirectly involved in the Project, or that may influence or be impacted by the broader Project.

12.2 Internal stakeholders (Enabling Works)

The Project has a variety of internal stakeholders. Table 38 provides a summary of the internal stakeholders, their interests, influences and issues and the intended level of engagement (noting that the level of engagement may change over time). The Project team will need to consider the level collaboration and input required from each directorate and business unit and how best to facilitate this going forward.

²⁹ Source: Engaging Canberrans: A guide to community engagement (https://hdp-au-prod-app-act-yoursay-files.s3.ap-southeast-2.amazonaws.com/2614/6724/4263/communityengagement_FINAL.pdf)

Table 38: Internal stakeholders, interests, and engagement levels

Internal stakeholders	Considerations and interests	Level of engagement
ACT Health Directorate	ACT Health has a direct interest in the Project and manages the delivery of health services in the ACT. The directorate sets health policy, plans the delivery of health services and ensures that health services meet community needs and manages a portfolio of infrastructure programs. ACT Health directly manages the services contract for the residential drug and alcohol service.	Collaborate
Major Projects Canberra	Major Projects Canberra leads the delivery of the ACT Government's infrastructure program. Major Projects Canberra will be responsible for managing the planning, procurement and delivery of construction for the Enabling Works and the Main Works.	Collaborate
Canberra Health Services	Canberra Health Services provides the clinical services at NCH and continue to provide services at the new northside hospital. They also operate both CAMHS and Gawanggal.	Collaborate.
Chief Minister, Treasury and Economic Development Directorate	The Chief Minister, Treasury and Economic Development Directorate is the central agency overseeing the ACT Government. Treasury has a direct interest in how the Enabling Works (and greater NHP) will progress, and in particular the funding for, and successful completion of the NHP within budget.	Collaborate
Environment, Planning and Sustainable Development Directorate (EPSDD)	The Environment, Planning and Sustainable Development Directorate promotes sustainable living and resource use, strengthens the Territory's response to climate change, and provides a planning and land use system that contributes to the sustainable development of the ACT. EPSDD has a direct interest in the Project, particularly where land may be acquired, and Master Planning considerations.	Collaborate
Transport Canberra and City Services (TCCS)	Transport Canberra and City Services is a diverse directorate delivering essential services Canberrans rely on each day. City Services delivers a range of services including public libraries, the collection of recycling and waste, graffiti removal, shop and playground upgrades and grass mowing. It is responsible for the management of urban trees, public open spaces and city places including maintenance of shops, domestic animal services, animal welfare and other licensing and compliance services including ranger services and permits for public land use. City Services also manages roads, footpaths, streetlights, and cycle paths. Transport Canberra manages Canberra's public transport system. It ensures that buses and light rail are integrated with each other, and with other forms of transport including taxis and active travel elements such as cycling and walking, all of which makes public transport accessible for all Canberrans. The Project team will involve and consult with TCCS as it pertains to the planning and delivery of the Project and any traffic/road impacts.	Involve/ Consult
Justice and Community Safety Directorate (JACS)	The Justice and Community Safety Directorate comprises several business units and is responsible for a wide range of activities and services in the areas of justice; the law; emergencies; commercial practices and government elections including managing its facilities and capital works and infrastructure programs. Emergency Services Agency (ESA) has a direct interest in the Project as it will contribute to the achievement of the Master Implementation Plan and JACS Strategy for emergency services planning across the Territory.	Collaborate/ Involve
Office of the Coordinator General for Climate Action (OCA)	The Office of the Coordinator General for Climate Action has been established to coordinate and support the ACT Government's agenda for Climate Action including establishing policy, legislative, procurement and planning reforms associated with climate adaptation and resilience. The project team will involve and consult with OCA to draw on the OCA's expertise during planning and delivery of the Project.	Involve/ Consult

Internal stakeholders	Considerations and interests	Level of engagement
Community Services Directorate (CSD)	Community Services Directorate has responsibility for a range of human services functions in the ACT including multicultural and community affairs; public and community housing services and policy; children; youth and family support services and policy; disability policy and services; therapy services; Child and Family Centres; the ACT Government Concessions Program; homelessness and community services. The project team will link to the CSD as it pertains to each required facility and the promotion of wellbeing.	Involve / Consult
Education Directorate	ACTHD has identified a site at Block 1 Section 55 in Lyons (12 Ulverstone Street) as a potential site for the relocation of CAMHS Cottage (Figure 13). This 1,695 m² site was formerly a preschool and is currently unused, with a public oval and open space on two sides and townhouses to the southwest. The section is zoned as CF Community Facilities and preliminary planning advice has indicated that the development of a Child and Adolescent Mental Health facility is a use that is permissible in the zone (health facility / educational establishment and ancillary). This site would need to be transferred from the Education Directorate to ACTHD and these discussions have commenced.	Involve/ Consult
Source: ACT Government Directorates - ACT Government		

12.3 External stakeholders

The Project has a variety of external stakeholders. Table 39 provides a summary of the external stakeholders, their key interests, influences and issues, and the intended level of engagement (noting that engagement level may change over time).

Table 39: External stakeholders, interests, and engagement

External stakeholders	Considerations and interests	Level of engagement
Facility Users	Facility users are the end users of sites identified as part of the Project. This stakeholder group will be diverse and will depend on the kind of facility for example: Workstream 1: Staff, consumers, and parents/guardians; Workstream 2: Staff, consumers and visitors; Workstream 3: Staff, consumers and visitors; Workstream 4: Staff, consumers and visitors; Workstream 5: Staff, and visitors; Workstream 6: Staff, consumers and visitors. Facility staff will continue to be consulted and involved in developing user requirements for the relevant facility and feed into the Project schedule (i.e. downtime and disruption for their facility). As part of the engagement with facility users, a Design Reference Group has been created, and will adhere to a TOR, which has an overarching goal and functional brief.	Consult/ Involve
Community	The Enabling Works Projects may be geographically dispersed across the Territory and will impact the Canberra community. Geographical proximity to individual projects is likely to have correlating impact on residents. Each Workstream project team will need to develop a communication strategy to inform the local community of how each Project may impact the use of certain facilities and educate the community as to the benefits and need for the facilities.	Inform/ Consult

External stakeholders	Considerations and interests	Level of engagement
ACT Businesses, employees, and industry stakeholders	ACT Businesses are likely to have varying interest in the Project. The array of interest is likely to be linked to the business location, and services and goods provided. Work with construction contractors, utility providers, suppliers, and consultants to support the planning and delivery of the capital works will be necessary to understand costs and lead times.	Consult/ Inform
Relevant Unions	Interest in ensuring that the infrastructure development upholds health and safety standards. Interest in the level of local industry participation in the benefits of the Project. The Enabling Works projects will create additional jobs.	Consult
Worksafe ACT	Worksafe ACT is the Regulator appointed under the Work Health and Safety Act 2011 and is responsible for monitoring and enforcing compliance with the Act, providing advice and information to duty-holders. Risk identification indicates that work health and safety issues will be a risk for the EW Projects and identified that proactive consultation and involvement of the Regulator in the roll out of the projects would be beneficial.	Consult / Involve
<i>Source: ACT Government</i>		

12.4 Outcome of stakeholder engagement to date

Preliminary consultation has occurred as part of the NCH Master Program, and also with the Design Reference Groups (DRG) applicable to each Workstream as follows:

- Mental Health DRG - this group provides advice relevant to the relocation of CAMHS and Gawanggal. It is also intended to be reformed in the planning stages of the future NHP to ensure the mental health precinct has continuity in planning.
- Alcohol and Other Drug DRG - this group will provide relevant advice as to the relocation of Arcadia House.
- Bruce Ridge Early Childhood Centre (BRECC) - this group will provide advice in relation to the relocation of the BRECC.
- Accommodation Audit and Decant DRG - this group will provide advise relation to the decantation scope.

Each DRG has a determined Terms of Reference or functional brief in relation to the development of each project, including the appropriate representation of their respective Workstream.

Stakeholder engagement in relation to the progression of each project, including at the community level will be further considered and managed by ACTHD in line with the Communication Strategy (outlined below).

12.5 Communication Strategy

At a Directorate level, a Communication and Strategy Overview³⁰ has been developed to ensure all stakeholders, both internal and external, can contribute and collaborate accordingly.

Community engagement is important as it ensures that public input and feedback informs the development of the Project, including core benefits of maintaining safety and health of those directly and indirectly impacted. It should also ensure that the Project, once completed, will meet the expectations and needs of the community.

At a workstream level, community engagement is likely to be directed through individual project engagement activities. Regular updates will be provided to the local community and other stakeholders on the progress of each workstream as it pertains to the Enabling Works program.

Community engagement will be enabled through the stakeholder engagement plan. This includes the identification of key stakeholders, mapping based on Project interest, a plan of communication (e.g., in tandem with construction contractors), and

³⁰ Source: ACTHD Communications and Strategy Overview.



the use of feedback (e.g., complaints register) to revise communications. This is the preferred approach given geographical spread and the differing needs, and demographic targeted for each project as well as being able to engage effectively.

For each workstream, a range of opportunities will be provided to members of the local community and other stakeholders, dependent on their level of interest and the quantum of individual project. These activities may include information sessions, focus groups, workshops, briefings and surveys.

13 Advisor Engagement Plan

Key messages:

- The Project will involve the engagement of a range of specialist advisors throughout the planning, procurement and delivery of both the Project and the NHP.
- Technical consultants (site feasibility) and Commercial advisors (business case) have been engaged to date to support development of the Project. A procurement process to appointment an independent Quantity Surveyor is currently underway.
- Additional advisor support is required to assist MPC and ACTHD to deliver the Project within the compressed timeframes discussed in Section 14.

This section outlines the various advisors that may need to be engaged on the Project and more broadly for the NCH Project.

13.1 Project Management

As the NHP has achieved Major Project designation, the Project will be developed, procured and implemented by Major Projects Canberra, the ACT Government's dedicated major projects agency, in accordance with the Governance structure set out at Section 11.0. MPC will work collaboratively with ACTHD as the Sponsor agency, and a dedicated Project Team will manage and oversee the procurement, construction and delivery of the Project and oversee the procurement and management of specialist external advisor roles.

13.2 Accommodation Study

MPC is currently running a procurement to appoint a suitably qualified and experienced consultant to undertake a detailed accommodation study of the existing North Canberra Hospital campus and to work closely with ACTHD. This will inform the scope of Work package 5 for the decanting and relocation of services on the North Canberra Hospital campus.

13.3 Quantity Surveyor

MPC is currently running a procurement to appoint a suitably qualified and experienced quantity surveyor to provide independent cost planning services for the NHP. The Quantity Surveyor will be independent from the technical advisory teams and provide review of cost plans developed.

13.4 Legal

Legal advice and support may be required for:

- advice on the development of the contractual documentation for delivery of the Project;
- legal advice during the procurement process, including reviewing and providing advice in relation to the bidders' departures, acting for the ACT Government during negotiations (if required), and supporting the finalisation of contractual processes; and
- ad-hoc advice during the tender and delivery phases for the Project.

The Project is anticipated to engage an external legal advisor to support the Project by Quarter 2, 2024. Appointment of a legal advisor will be undertaken in consultation with the ACT Government Solicitor's office.

13.5 Financial, Commercial and Procurement

KPMG were engaged by the Territory in late 2023 to provide commercial advice and assist in the development of this business case. A Commercial Advisor will be required to provide commercial and procurement support for the next phase of the Project particularly noting the compressed timeframes and need to run multiple procurement processes in parallel. The Commercial Advisor can assist during procurement for the Project including:

- providing commercial and procurement advice to support development of the Delivery Strategy for the Enabling Works Projects (discussed in more detail in Section 8);
- providing advice and support in developing RFT and tender documents;
- commercial support and advice for tender evaluations and negotiations; and
- financial analysis and capacity assessments of tenderers for the Project.

13.6 Technical Design and Engineering

13.6.1 Design and Technical

[REDACTED]. Under this model, the Project will require a design consultant team to develop the design for the Enabling Works buildings, as applicable, to Construction Ready status and submit a Development Application for the Project prior to procuring a construction contractor.

Technical and engineering

The Project Team will need to procure technical and engineering services to inform the design development of the Projects. The engineering and technical consultants may be procured separately or as part of a design team.

Building design

The Project will require the procurement of a design consultant (or consultants) to:

- continue the ongoing stakeholder engagement process with ACT Health, MPC, CHS and other stakeholder groups;
- progress the design development for the Project to Construction Ready; and
- prepare and submit a Development Approval application for the Enabling Works Projects.

The design consultant(s) may be procured separately or include the other elements of specialist design and engineering as set out in the next sections below.

Specialist design

Specialist design input into the design development may be required:

- **Mental Health and Clinical design:** a specialist clinical planner with knowledge of Mental Health models of care and clinical settings.
- **Security:** a specialist security may be required for Gwanggal (one of the Enabling Works Projects).

The above designers may be procured separately or as part of a design team.

Asset, site due diligence and investigations

ARUP were engaged by the Territory in late 2023 to undertake early site investigations and due diligence, feasibility planning and costing for the Project. This work and the resulting feasibility reports has informed development of this business case. For the next phase of the Project, more detailed site investigations and due diligence will be undertaken. A range of specialisations are expected to be required, including:

- **Bushfire:** a bushfire consultant may be required to undertake a detailed investigation of the proposed sites to ensure the design is in line with relevant bushfire regulations.
- **Geotech:** a geotechnical consultant will be needed to undertake a geotechnical investigation of the proposed sites to understand the ground conditions of the sites.
- **Contamination:** A contamination consultant should be engaged, as contamination advice may be required to inform the design and planning approvals process.
- **Ecology:** An ecologist may be required to undertake ecological field surveys, including targeted flora and fauna Surveys to confirm the ecological values of the proposed sites and any restrictions.
- **Arboriculture:** an arborist should be engaged to provide advice on the impacted trees and measures needed to protect or replace them.
- **Traffic:** A traffic engineer may be required to advise traffic impacts on the facility to inform the Development application process.

The technical advisors may be procured separately by the Project Team or as part of a Design team.

Environment and sustainability

The Project Team will be responsible for the environment and sustainability impacts/considerations relating to the Project. The Project Team may engage other advisors as required as part of the design and technical team or separately.

13.7 Probity

Probity will be managed in accordance with the relevant ACT Government policies and frameworks. A probity advisor may be required to monitor and advise on the Project's procurement to ensure transparency and fairness throughout the processes and any future need for an external probity advisor will be assessed in consultation with the ACT Government Solicitors Office. The probity advisor will be responsible for planning and implementing procedures and frameworks that enhance robust procurement processes, sustain integrity in procurement practices and conduct and minimises probity related risks.

13.8 Stakeholder management and communication

The Project Team will be responsible for stakeholder management and communication, including the development of:

- a detailed Communication and Stakeholder Engagement Plan; and
- a detailed Change Management Plan.

External stakeholder management will be undertaken by the communications team within the Project Team. The Project Team may engage other advisors as required.

13.9 Transactions management

The Project Team will be responsible for the transaction management relating to the Project. The Project Team may engage other advisors as required.

13.10 Environment and sustainability

The Project Team will be responsible for the environment and sustainability impacts/considerations relating to the NHP in collaboration with EPSDD. The Project Team may engage other advisors as required.

13.11 Other specialists

Other specific specialists may be required depending on the specific design requirements of each project, including any site-specific interfaces as required.

14 Timeline

Key messages:

- The timeline for the Enabling Works has been developed by MPC and has been developed to enable early works on the NHP site to commence in Q1 2027.
- To meet this timetable, the new facilities for Workstreams 1-4 need to be commissioned and ready for operations by Q4 2026.
- This is a compressed program which will require discipline with the Project Team managing several interrelated activities in parallel and any delays in any of the activities may create flow on delays to the overall NHP program or require temporary solutions to be identified.
- There are several key risks to the timeline including:
 - Site selection, approvals and due diligence - a preferred site is yet to be identified for the new Early Childhood Centre (workstream 1) and the new AOD unit (workstream 3).
 - Contractor procurement processes – engaging the necessary contractors will require undertaking four separate procurement processes concurrently within a very compressed timeframe. Additionally, these processes will need to be commenced prior to approval of the Business Case and funding appropriation.

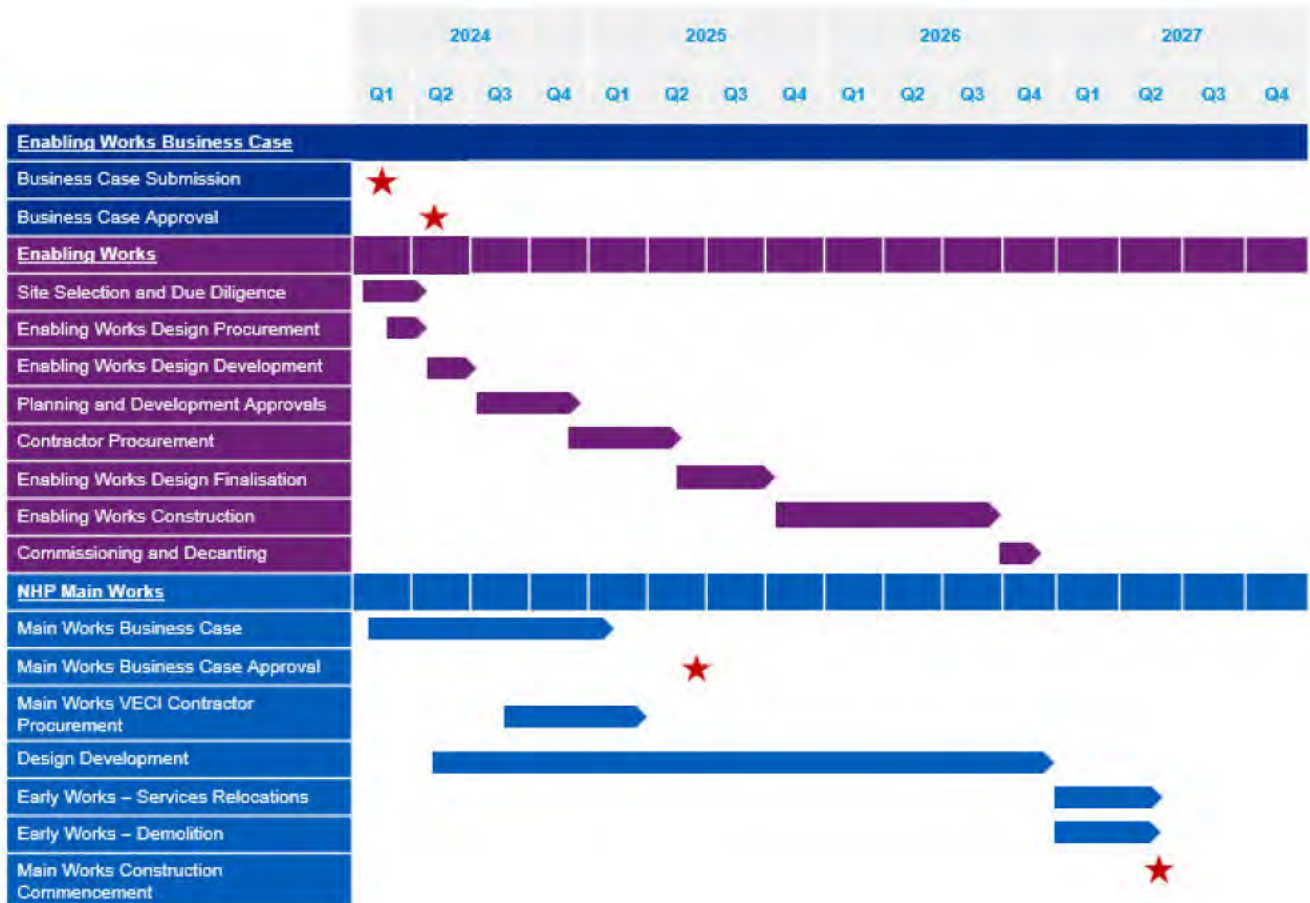
14.1 Project timeline

The timeline for the Enabling Works has been developed by MPC and has been developed to enable early works on the NHP site to commence in Q1 2027. To meet this timetable, the new facilities for Workstreams 1-4 need to be commissioned and ready for operations by Q4 2026. This is a compressed program which will require discipline with the Project Team managing several interrelated activities in parallel and any delays in any of the activities may create flow on delays to the overall NHP program or require temporary solutions to be identified. For example, MPC will be required to run multiple procurement processes in parallel for the different workstreams and may need additional support.

The timeline risks are discussed in Section 14.3 and further below.

Figure 19 provides a summary of MPC's master NHP program. The full program is included in Appendix J.

Figure 19: Project Timeline



Source: Based on required programme dates for the Project provided by MPC

14.2 Project decision points

The key approval and decision points for the Project are summarised in Table 40. These are based on the preliminary Project Programme provided by MPC and are subject to change.

Table 40: Key Approval and Decision Points for the Project

Approval/Decision Point	Target Date
Site Selection	February/March 2024
Procurement Board Endorsement of the Procurement Plan Minute (PPM) – Construction Stage	March 2024
Cabinet Investment Decision (Business Case Approval)	May 2024
Development Application Approval	November 2024
Approval to Release Request for Tender – Construction Stage	March 2025
Approval to Appoint the Preferred Head Contractors	July 2025
Source: Based on the programme dates for the Project from the MPC	

The Project will require several approvals throughout its duration, including during procurement, design finalisation and construction. The following key approvals will be required:

- **Procurement Board Endorsement of the Procurement Plan Minute** – Government Procurement Board endorsement of the Procurement Plan Minute (PPM) for the Project at the construction stage will be required prior to commencement of the procurement processes. This is currently scheduled for March 2024.

- **Cabinet Approval of the Business Case** – This will provide approval for the Project to proceed, as well as full project funding and approval of the proposed procurement/delivery strategy for the Project.
- **Development Application (DA) Approvals** – It is anticipated that Development Application approvals will be sought for the delivery of infrastructure works. It is proposed that any Development Applications will be the responsibility of the principal design consultant for the Project.
- **Approval to Appoint Contractor** – Delegate approval for engaging the head contractor for the Project will be required prior to enacting contract closure processes. To achieve the Project the Request for Tender and contract negotiation processes will occur ahead of full capital funding for the Project, with full capital funding to be provided prior to contractor appointment.

14.3 Project timeline risks, dependencies, constraints and/or deadlines

As noted earlier, the overall delivery timeline for the Project relies on the management of several parallel activities. Some of the key risks to the timeline include:

- **Site selection, approvals and due diligence** – a preferred site is yet to be identified for the new Early Childhood Centre (workstream 1) and the new AOD unit (workstream 3). Additionally, the preferred site for the CAMHS centre is currently an Education Directorate site and required transfer to ACT Health. Noting that further design work for the Enabling Works is scheduled to commence (based on the current program) in April 2024, site selection and any relevant approvals will be required prior to this date to ensure that the designs are site specific and other necessary site due diligence can be undertaken.
- [REDACTED]

14.4 Additional work required post Business Case

The completion of the concept design process is required to further refine the scope and the project timeline. This will require specific sites to be selected, asset and site due diligence and investigations as listed in Section 13 and site acquisition processes to commence. Further, the accommodation study needs to be undertaken to determine suitable locations for some of the hospital services that will be temporarily disrupted as a result of the construction of the NHP.

14.5 Project timeline assumptions

The current program provided by MPC assumes the following:

- Design will commence prior to the availability of funding; and
- ACT Health are able to acquire the required preferred sites in accordance with the program.

Appendices

Appendix A	Option 1D Concept Design
Appendix B	Investment Logic Map
Appendix C	Functional Design Briefs
Appendix D	Schedule of Accommodation
Appendix E	Feasibility Studies
Appendix F	Risk Register
Appendix G	Detailed Cost Estimates
Appendix H	Detailed Annual Cashflow Profile
Appendix I	Wellbeing Impact Assessment
Appendix J	Project Timeline
Appendix K	SAMP Project Table
Appendix L	Northside Hospital Concept Design Cost Plan March 2023
Appendix M	Community Engagement Strategy
Appendix N	ACTHD Average Salary Costing Template

Appendix O Glossary

Term	Definition
ACT	Australian Capital Territory
ACTHD	Australian Capital Territory Health Directorate
AOD	Alcohol and other Drug
Arcadia House	Alcohol and other Drug Residential House (or Workstream 3)
Arup	Design and Technical Consultant to the Territory for this stage of the Northside Hospital Project
AusHFG	Australasian Health Facility Guidelines
BRECC	Bruce Ridge Early Childhood Centre (or Workstream 1)
BVN	Design and Architect Consultant
CAMHS	Child Adolescent Mental Health Service (or Workstream 4)
CHHP	Community Health and Hospitals Program
CHS	Canberra Health Services
CM	Construction Management
CMTEDD	Chief Minister, Treasury and Economic Development Directorate
CPI	Consumer Price Index
CRCS	Capital Region Community Services
D then C	Design then Construct
D&C	Design and Construct
DA	Development Approval
DCM	Design, Construct and Maintain (long term)
DCMO	Design, Construct, Maintain and Operate
DRG	Design Reference Groups
ECI	Early Contractor Involvement
EEC	Early Childhood Centre (replacement of existing Bruce Ridge Early Childhood Centre)
EPSDD	Environment, Planning and Sustainable Development Directorate
ERC	Expenditure Review Committee
EW	Enabling Works, Enabling Works Projects, or the Projects
FABG	Finance and Budget Group
FDB	Functional Design Brief



Gawanggal	Gawanggal: Specialist Forensic Inpatient Community Transition Unit (or Workstream 2)
Genus	Cost Planning Consultant
ICA	Infrastructure capital Advice
ILM	Investment Logic Map
ILW	Investment Logic Workshop
Johnstaff	Clinical Planning Consultant
MC	Managing Contractor
MoC	Model of Care
MPC	Major Projects Canberra
MW	Main Works
NCH	North Canberra Hospital (formerly Calvary Public Hospital Bruce, or CPHB); the current site
NHP	Northside Hospital Project
PAGA	The Parliamentary and Governing Agreement for the 10 th Legislative Assembly
Plan	ACT Health Services Plan
PlanIt	Town Planning Consultant
PMA	Project Management Agreement
PPP	Public Private Partnerships
RES	Residential Engineering Society
SAMP	Strategic Asset Management Plan
SOA	Schedule of Accommodation
Sqm	Square metres
The Framework	Accessible, Accountable, Sustainable: A Framework for the ACT Public Health System 2020-2030
The Project	The program of enabling infrastructure works
WS	Workstream (identifying each EW Project as a Workstream)

Option 1D: Multiple buildings (reduced size)

Option 1D proposes the redevelopment of the existing CPHB site to provide critical services capacity to meet 2040-41 demand, and ambulatory care capacity to meet a level of demand prior to 2030-31. Critical services include those that would be difficult to expand in the future, and those with close functional relationship to other critical services. For example, the ED, intensive care, birthing rooms and adult day only surgery beds have been considered critical and unsuited to future expansion. Option 1D therefore proposes a reduced size hospital with the primary objective of reducing capital costs.

The redevelopment is proposed to be including a new 78,377sqm (including contingency) 11-level acute services building including a childcare centre, and a new four-level 12,426sqm (including contingency) satellite mental health facility on the northern block.

This option assumes the decommissioning of the existing CPHB and provides the capacity required to support healthcare provision in absence of the existing CPHB.

Similar to Option 1A, the aim of this option is to deliver mental health services in a stand-alone facility on the northern block aligned to feedback from clinicians. This also allows more efficient and flexible configuration of the IPU and reduces the height of the main acute building.

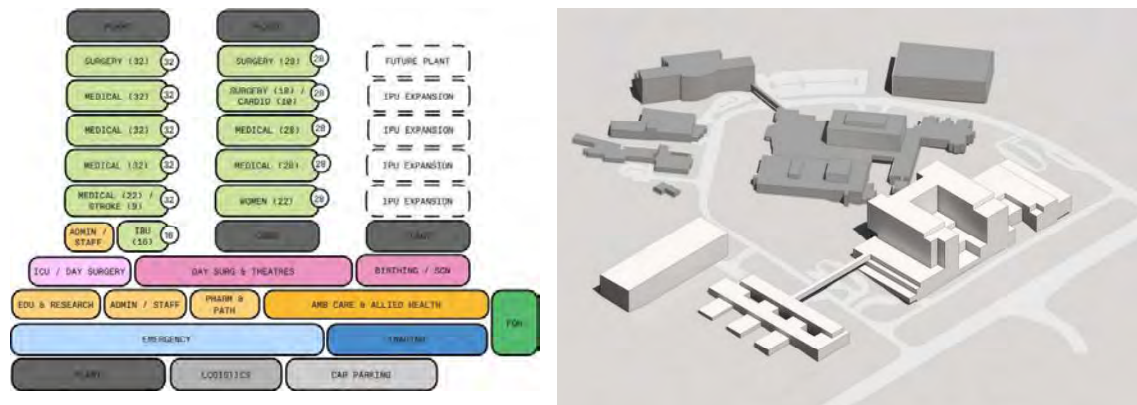
Option 1D would deliver 452 multi-day beds, 99 ED POC, 17 operating suites, <154 ambulatory spaces and supporting medical imaging across 11 levels and 90,803sqm, including 1,705sqm for the childcare centre. The detailed SoA is presented in Appendix A.³⁹

The preferred block and stack for Option 1D, as presented in Figure 14, includes:

³⁹ The Northside Hospital clinical service planning is ongoing. The Concept Design has been based on an earlier version of the SoA than what was used for the basis of the cost plans. There are changes to the bed numbers and service inclusions/exclusions. At the next stage of the Business Case process, an updated SoA based on the final Northside Clinical Services Plan will be prepared as the basis for the detailed design.

- A four-storey podium accommodating the ED, imaging, ambulatory care and allied health, pharmacy and pathology, education and research, birthing, operating theatres, ICU / high dependency unit and admin
- Two seven-storey IPU towers with plant rise above the podium
- A stand-alone mental health building positioned on the northern block site (not included in diagram).⁴⁰

Figure 13: Block and stack of Option 1D: Multiple buildings (reduced size) – not including mental health building



Source: BVN, Arup, TSA, Genus Advisory and Planit (2023), Northside Hospital Concept Design Report, March 2023

Option 1D takes the podium configuration of Option 1A and rationalises it to reduce the size. For example, the removal of some carparking on the basement level (Level -01) reduces the footprint of the building and the excavation required to construct it. Additionally, the reduced area of admin, ambulatory care, and education and research enables these functions to be provided across one level (Level 1) and for the area of Level 3 to be reduced.

However, in order to reduce costs and rationalise the scheme of Option 1A, Option 1D only delivers capacity of ambulatory care and inpatient units to 2030-31 while prioritising expansion of critical care services. This means that Option 1D will require an expansion in ambulatory care and inpatient units shortly after commissioning to meet the forecast demand.

[REDACTED]

⁴⁰ Due to the changes to the SoA, these descriptions are indicative and to be confirmed at later project stages.

⁴¹ The applied methodology developed by Genus Advisory in consultation with MPC and ACTHD has applied escalation on to Gross Construction Costs only. Escalation has not been applied to Other Project Costs, FFE, MME, ICT or Contingency.

⁴² Capital costs for Project options provided by Genus (including deterministic contingency) with additional inputs for ACTHD / MPC costs and management costs provided by ACTHD and MPC.

Note: The applied methodology developed by Genus Advisory in consultation with MPC and ACHTHD has applied escalation on to Gross Construction Costs only. Escalation has not been applied to Other Project Costs, FFE, MME, ICT or Contingency.

Table 16: Option 1D master plan options

An aerial photograph of a school campus. The campus features several buildings: a large red building on the left, a purple building at the top, an orange building to the right of the purple one, a yellow building below the orange one, a grey building at the bottom center, and a light blue building to the right of the grey one. A central green area, likely a lawn or sports field, is surrounded by these buildings. Two blue lines with arrows indicate a path or flow across the green area. The campus is bordered by roads and trees.

Master plan option	Description
	- The new building also contains outpatients, admin, and innovation and research along with other support functions - Key opportunities include: retains current major pedestrian routes, minimal impact on existing services during construction, less complex due to separation of construction site, plant room can be provided separately and will not limit future expansion to Day 1 allowance - Key constraints include: decentralised green heart, bridge required to connect future IPU to acute services, additional travel distances, overshadowing from northern block buildings, carbon inefficiencies of separate building construction
3. Connected horizontal expansion option 	- Provides IPU expansion in a new extension directly connected to the main building - New extension also contains outpatients, admin, and innovation and research along with other support functions - Key opportunities include: optimal clinical relationships, simplified wayfinding for visitors, does not require building services plant space allowance to be provided on Day 1 - Key constraints include: decentralised green heart, overshadowing from northern block buildings, visual impact of large building envelope, pedestrian route impacts, logistical impacts of building adjacent to operational hospital (including future expansion)

Source: BVN (2023), Bruce Northside Hospital Campus Master Plan report, March 2023

The program for Option 1D is presented in Table 16. The program outlines the key milestones and activities for the delivery of the new Northside Hospital.

Table 17: High level program Option 1D

Key milestone	Date (end)
Phase 1 High Level Design Completion	Q4 2023
Phase 2 Design	
<i>Government process</i>	Q3 2025
<i>Surveys and enabling works</i>	Q3 2025
<i>Main works design</i>	Q4 2026
Delivery	
<i>Construction and contractor procurement</i>	Q4 2026
<i>Enabling works</i>	Q4 2026
<i>Main works</i>	Q3 2030
<i>Hospital opens</i>	Q4 2030
<i>Shell unit fit out</i>	Q3 2040

Source: Arup (2022), Canberra Northside Hospital Construction Programme (High Level) – Calvary Site, ECI Procurement

Key considerations for Option 1D are listed in Table 16.

Table 18: Considerations for Option 1D

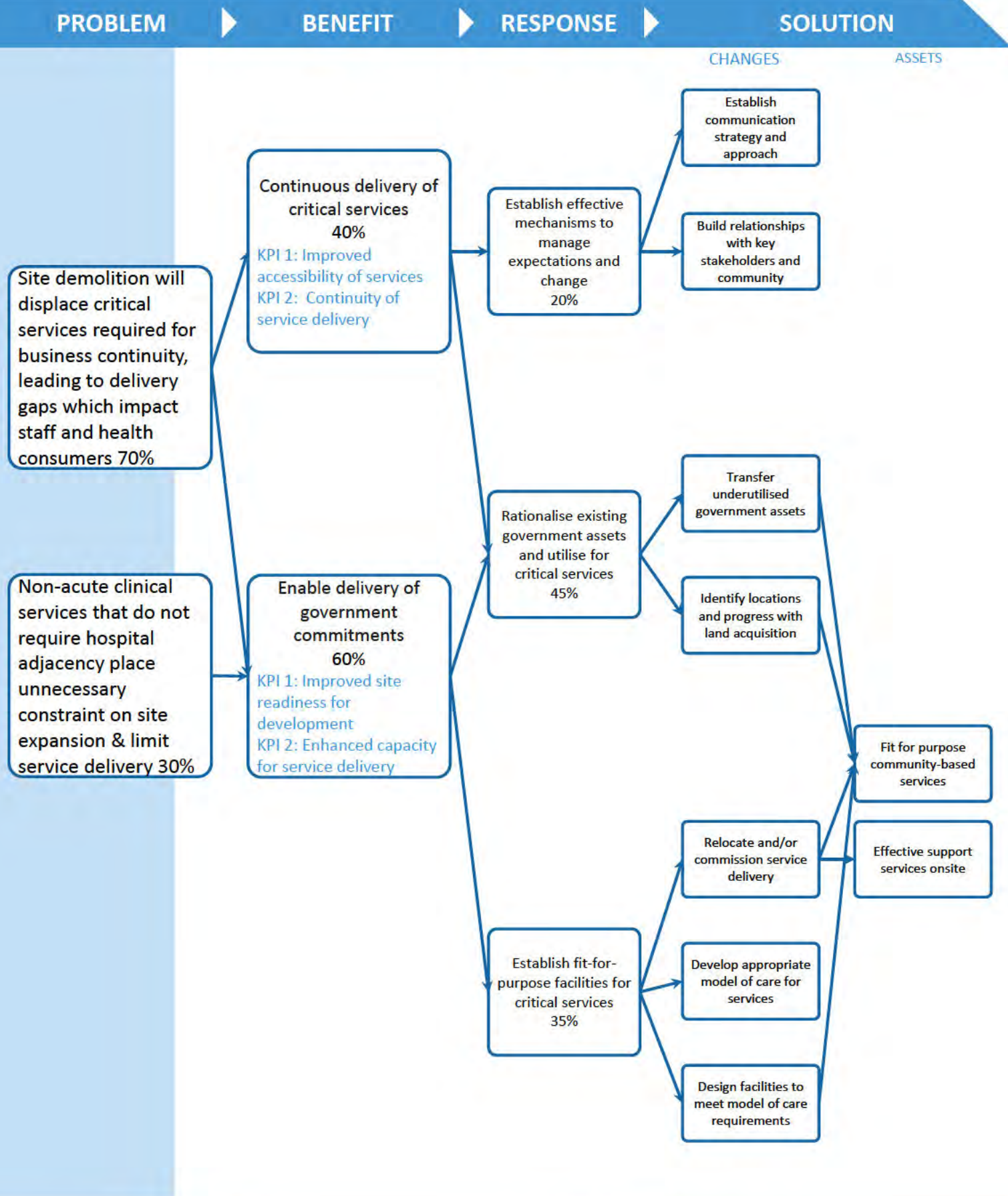
Strengths	Weaknesses
- Requires a lower upfront capital investment due to smaller hospital build and associated operations (including smaller workforce), allowing capital spend to be spread over a longer time period - Delivery of a separate mental health facility is aligned with recommendations from health professionals to provide the best environment for patient recovery - The 2-finger IPU stack configuration facilitates future vertical expansion through the construction of a third IPU tower with up to 4 additional wards - Majority of mental health patient beds and communal spaces are located on the ground floor with older persons unit on second floor (with outdoor courtyard access).	- Capacity does not meet 2040-41 demand across all services, and does not provide a sustainable solution to the key challenge of constrained capacity of healthcare services on the northside of the ACT - The ACT Health network is likely to require additional infrastructure investment in the long-term to service forecast demand post-2031, particularly ambulatory care - Design of mental health facility is heavily constrained by APZ requirements on the northern block - Use of northern block for mental health services will require relocation of existing services / construction of replacement facilities - There may be impacts and disruptions on existing patients and staff during construction and delivery on the Bruce campus.

A New Northside Hospital

Works to enable the delivery of the new hospital rebuild and redesign

INVESTMENT LOGIC MAP

Initiative





JOHNSTAFF

Northside Hospital Enabling Works

Functional Design Brief - CAMHS



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1. Description of Service

This functional brief describes the operational and design parameters to support the Northside Hospital Enabling Works (NHEW) Project in permanently relocating the Child and Adolescent Mental Health Service (CAMHS). The scope of the Functional Brief comprises three co-located CAMHS services, collectively located in an area referred to as “The Cottage”. The three services are comprised of clinically separate teams that are operationally linked, and that share a Team Manager and Administrative Support.

- The School Adolescent Day Program

The Cottage Day Program is a multidisciplinary team providing specialist mental health support to adolescents with moderate to severe complex mental health issues impacting on their capacity to attend school. Young people engaged with the Cottage Program have been disengaged from school, experience significant school avoidance and anxiety and require support transitioning back to an education setting.

- CAMHS Dialectical Behavioural Therapy (DBT)

CAMHS DBT is an intensive early intervention therapeutic program for young people aged 14 -18 years who are experiencing moderate to severe mental illness and meet at least three of the nine criteria for Borderline Personality Disorder. The DBT program is designed to reduce life threatening behaviour and to promote young people engaging effectively in a life worth living via skill development, individual sessions, phone coaching support and parent/family sessions. DBT is an intensive group and individual therapeutic program involving weekly individual and skills group sessions, phone coaching support and parent/family sessions.

- The Childhood Early Intervention Program (CEIP)

The Childhood Early Intervention Program (CEIP) is a targeted early intervention wellbeing service that supports primary school children, and their families, who are at risk of poor mental health outcomes. Care is provided via individual and group programs, primarily in the community in primary school settings, and onsite at the Cottage.

Table 1 – Child and Adolescent Mental Health Services Role Delineation and Project Scope

Modality	Current RD - 2023	Future RD – 2033	Current Treatment Spaces - 2023	Project Scope
CAMHS Adolescent Day Program	TBC	TBC	TBC	
CAMHS Dialectical Behavioural Therapy	TBC	TBC	TBC	
The Childhood Early Intervention Program (CEIP)	TBC	TBC	TBC	

The Australasian Health Facility Guidelines (AushFG) have been used to inform the development of this Functional Brief, including the schedule of accommodation. The following Health Planning Unit (HPU) have been used for this service:

- HPU 131 - Mental Health – Overarching Guideline
- HPU 0132 Child and Adolescent Mental Health Unit (revision 7.0), 21 December 2016

Units above have been used as a starting point with users, and this brief reflects the model of care as informed by the Project User Group. Changes to the brief may be required once a site has been identified to accommodate site/refurbishment restrictions.



2. Models of Service Delivery

2.1 CAMHS Care Principles

- Recovery informed, person-centred and systemically focused
- Trauma informed practice, whereby clients and staff share space in the unit, and clients feel a sense of ownership and belonging.
- Access, with a focus on engaging with adolescents and their families/carers to safely support them through a period of high mental health acuity.
- Collaboration and continuity of care: strong partnerships with local health and mental health providers.
- Integrated, multidisciplinary, and evidenced based.
- Embracing diversity and complexity: inclusive service of people of diverse cultural, sexual orientation, gender identity or intersex variations
- Safety and quality: adhering to national quality, safety and practice standards; provide a safe environment for staff and adolescents to safely receive care within the community.

2.2 Service Delivery

Applicable to all	• Multidisciplinary teams providing specialist mental health support to children and adolescents. CAMHS service include nursing, medical and allied health as part of the integrated mental health service. • Service delivery include individual sessions with children and young people and/or their families/carers, as well as group programs that may operate from Monday to Friday.
The Cottage Day Program	• Focus on adolescents and young people aged from 12-18 years who present with a moderate to severe complex mental illness that significantly impacts on their ability to attend school. • The Cottage is a return to school transition program with a focus on mental health recovery and comfortability in exposure to an education/school setting. • Young people attend The Cottage Day Program for on average two school terms. • Will consist of a flexible model of group, individual and family/systemic intervention, as well as school classroom-based work. • Will operate five days per week with up to 12 young people in attendance for the structured program from 0845hours until 1500hours. Most intervention is provided via group work activities (with a maximum of 16 people in group sessions at one time), that can focus on self-management (e.g. functional skills, self-care, leisure, physical activity), social communication and interaction, self-regulation, and expressive therapies (e.g. art therapy, music therapy). • An "open group" for prospective clients accessing the program also runs within the classroom setting for 1.5hrs, 1 day per week (this occurs outside of the structured school program). • Each young person will also have one individual session each per week (which may require up to five people in the session). The service will also provide Parent Education Groups for up to 20 people, one to two times per school term. • Facilitates outreach and excursions in the community, and school transition meetings to schools.



CAMHS Dialectical Behavioural Therapy (DBT)	• An intensive early intervention therapeutic program for young people aged 14 -18 years who are experiencing moderate to severe mental illness. • DBT will have up to 46 young people registered to the program, who will attend one hour per week of individual intervention plus three hours of group sessions. • Length of program includes assessment, pre-treatment, treatment, consolidation and meetings, and occurs over up to a 40-week period. • Operationally, the service will provide a full day of up to 20 individualised care interactions, plus one to two group sessions of two hours duration each.
The Childhood Early Intervention Program (CEIP)	• A multisystemic approach to early intervention in childhood mental health with universal, targeted and indicated interventions. • Service provision mostly occurs as outreach in primary schools, with future plans to provide more group and individual sessions onsite. Groups will be provided for up to 20 parents and 20 children, who will attend some sessions together as well as parent-specific and child-specific group sessions concurrently. Children and families will also attend 8 individual sessions onsite. • CEIP staff use the unit as their home base and office when they provide outreach services, and all CEIP resources will be stored at the unit.

3. Specific Operational Policies and Procedures

3.1 General

3.1.1 Hours of Operation

CAMHS services will operate Monday to Friday, from 0830 hours until 1700 hours, with flexibility to offer groups outside of business hours (to enable access for working parents/carers).

3.1.2 Admission and Discharge Procedures

CAMHS admissions are voluntary, and all services are adequately staffed to ensure that admissions and discharges are supported throughout the usual hours of operation.

3.1.3 Access and Security

- Use of public transport by consumers with staff support occurs as part of therapeutic programs. Access to public transport routes (especially if site is not on school bus routes) will be an important and necessary consideration.
- The unit will have 3 government pool cars and a 12-seater bus available for use, which require parking allocation.
- Staff and consumers mainly travel to the unit by car, although some use public transport. There will be up to 38 people (16 consumers and 22 staff members) who have travelled to the unit by car, who will park on or near the premises. A dedicated parking area for use by staff and consumers (as exists) is required, as close to the unit as possible.
- Consumers may require support from staff to transition from their mode of transport into the unit. Staff provide outreach services in the community and will transport resources and materials utilising trolleys. A designated drop off/loading zone is therefore required if provisions for on-site parking cannot be accommodated. Small ramp access is required for safe transportation of clinical resources.



- Shared entry access for staff, consumer and visitor entry is sufficient.
- A separate back of house entry will be confirmed by users if needed, pending site selection.
- No onsite security or CCTV is required, however line of sight visibility to shared clinical spaces is preferred. The current CAMHS unit design is u-shaped around a central courtyard, which provides line of sight visibility into shared clinical spaces.
- Clients will have free access de-escalation spaces (e.g. courtyards, sensory modulation rooms) and/or staff to support self-regulation.
- Consumer space will encourage interaction between clients and staff, and provide the ability for clients to contact staff readily when required.
- Fixed physical duress is required in all clinical areas as well as and spaces that consumers occupy i.e. interview rooms, family session rooms, meeting room, classroom, activity/multipurpose group rooms, recreation/day area, break out room). Staff will also utilise mobile duress. Duress responses are linked with The Canberra Hospital Operations and may need to be reviewed pending site selection.

3.2 Non-clinical Support Services

The unit will continue to require the following back of house services, with logistics and provision requirements to be reviewed with providers pending site selection and location:

- Groceries and milk delivery
- Daily waste disposal
- Secure bin collection service
- Sanitary disposal service
- Water cooler service
- Pest control service
- Garden maintenance
- Facilities maintenance

3.3 IT and Communications

- Wi-Fi throughout building, smartboards/smart TVs in designated areas, laptops & desktops for staff and consumer use.
- The unit will require a digital room booking system with display to allow for shared utilisation between the three onsite services.
- Consumers of all three programs are allowed phone and device access, charging powerpoints are required in the classroom, breakout lounge and reception/day areas.

3.4 Support Space and Amenities

- Each service will operate separately, and will require workspaces to enable privacy between the teams for each service. Shared work spaces for staff within each program is sufficient.
- Lockable file storage is required for each service to house paper based psychometric records. Health records will otherwise be digital.



- User preference is for office support spaces to reflect trauma informed practice, providing staff and young people accessibility to each other readily, with added opportunity for private conversations.
- Staff room with beverage bay, meeting room and amenities for up to 24 staff members (maximum) onsite at any one time.

4. Workforce

- 18.36 funded FTE (excluding senior manager, team manager & psychiatrist) with additional HP1s unfunded for work force development. This does not include students on placement (up to 3 each term), 1.6FTE of teaching staff funded by Education, or other unfunded temp staff backfilling.
- There are 22 full-time and part-time staff across the three teams not including students, team manager, senior manager or psychiatrist. Some staff work across teams (in more than one team).
- Team Manager and Admin Officer positions are shared across the three teams.

This information has been used to inform the allocation of staff amenities (e.g. toilets, office/ workstation allocation etc.). The workspace allocation and FTEs are indicative only and yet to be endorsed by Hospital Executive.

Table 2 - Workforce

Position	Service/s	Current FTEs	Current Headcount	Future FTEs 2026/27
Senior Manager	Shared across all	1	1	1
Team Manager	Shared across all	1	1	1
Admin Officer	Shared across all	1.76	2	2
Health Professionals	CAMHS Cottage	4	4	**
Teacher/Education staff	CAMHS Cottage	1.6	1(2)	
AHA	CAMHS Cottage	1	1	**
Psychiatrist	CAMHS Cottage/DBT	0.4	1	**
Health Professionals	CEIP	5.8	7	**
AHA	CEIP	1	1	
Health Professionals	DBT	4.8	5	
Total		22.36*	24	

* Includes senior manager, psychiatrist, and Teacher/Education staff, however, doesn't include students or unfunded temp cover.

** Planned expansion of FTE in future

5. Functional Relationships

5.1 External Relationships

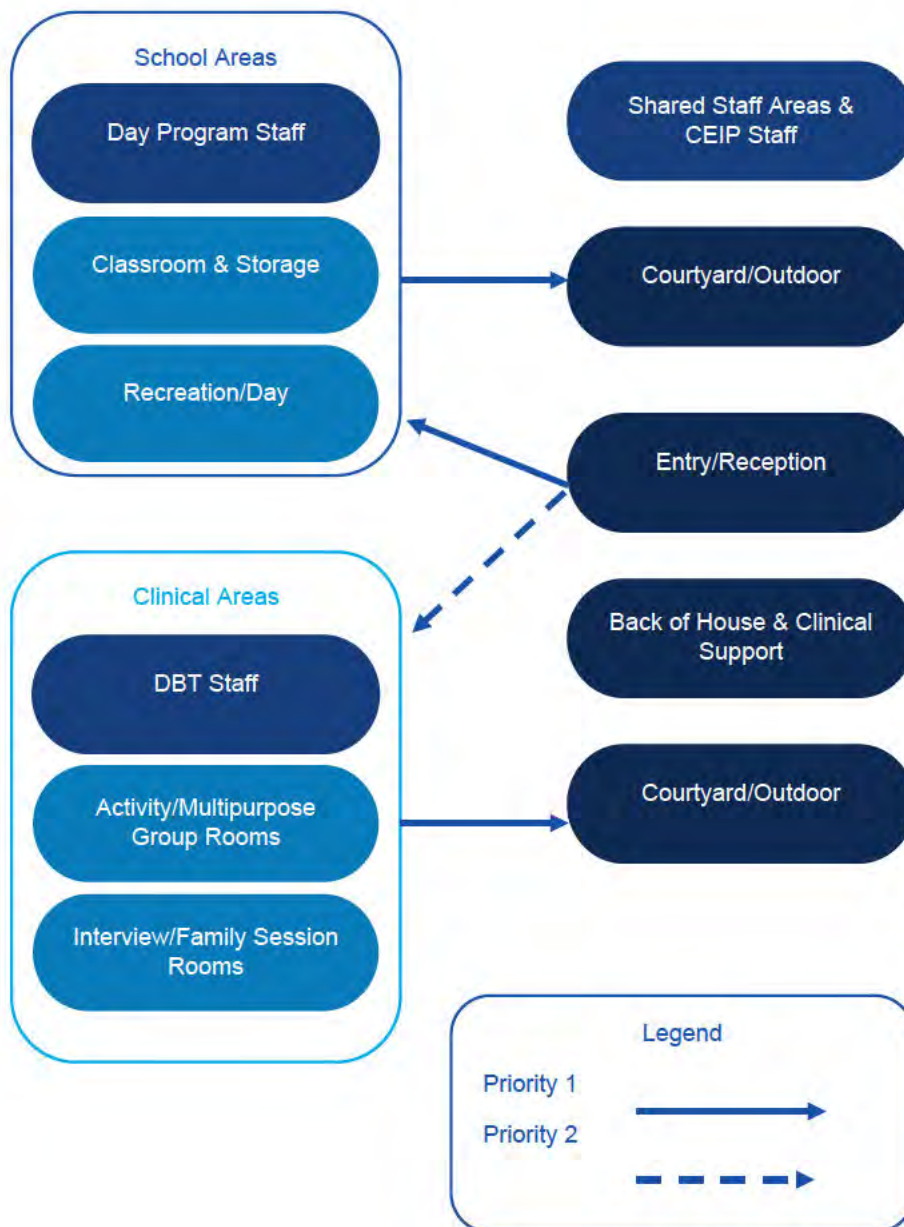
Nil significant external relationships have been identified for CAMHS service operations, apart from the necessity to review and confirm back of house/logistics operations if the future site is not co-located with Canberra Northside Hospital.



5.2 Internal Relationships

The following figure provides an indication of the functional relationships of the unit, illustrate the relative locations of entry areas, activity areas, assessment/intervention areas, clinical support, staff areas, and back of house.

Figure 1 – Internal Functional Relationship Diagram



5.3 Multistorey Design Considerations

In the event of site selection requiring multistorey design, the following should be considered:

- There is more flexibility with where the CEIP service fits in the building design, due to most client facing services being provided offsite, and onsite services being provided to younger children who are accompanied by a parent/carer.



- Oversight and internal relationships with clinical areas is more pertinent for The Cottage & DBT. The Cottage and DBT clinical and staff areas will preferably remain together and with immediate access to outdoor area/s.
- Ideally, staff areas for each service will be collocated with the areas where staff deliver the service – this is to allow for line-of-sight visibility and enhance trauma-informed care provision. If site constraints preclude this, then operational solutions will need to be considered.
- Outdoor space can be provided on second floor if required.
- Toilet location may need to change to ensure both floors have access to toilets.

6. Design Requirements

6.1 Australasian Health Facility Guidelines

The size of rooms and fit-out comply with the AusHFG Standard Components. Detailed information will only be provided in this section when requirements vary or a standard component does not exist or there needs to be a variation in the approach of a typical room.

6.2 Applicable to All Spaces

- Trauma informed, recovery focused, non-clinical design.
- Aiming to provide a warm, welcoming service that provides ample opportunity for easy movement throughout the unit for consumers, and ability to share spaces readily.
- Oversight (i.e. physical oversight and monitoring) is an important factor in service provision.
- The space will be the consumers' second home during their recovery and while they access the services. The environment will ideally enable children, adolescents and young people to feel welcomed and that the space is their own, as opposed to a place they come to receive treatment.
- No anti ligature design is required.

6.3 Entry/Reception

- Shared staff/visitor/consumer entry is sufficient.
- Admin/Reception space for 1.76FTE Admin Officer.
- The reception area will be a calm environment that will allow people to be welcomed into a therapeutic environment.
- The reception area should be safe for staff, with direct access into a safe retreat in an adjacent secure area.
- Fixed and personal duress will be required.
- The waiting area will accommodate consumers for all three services (to include couches, table and chairs for The Cottage consumers to check-in and wait for day program commencement).
- Administration staff sign in consumers to the unit. The area should, if not manned, have an intercom for visitors to communicate with staff inside the unit.
- Access to an interview room near the entry area can serve as a private space for distressed people to wait where they can feel comfortable.



6.4 School Areas

6.4.1 Reception/Day Area

- Used for The Cottage Day Program students to assemble, store their food in domestic fridges, access refreshments from beverage bay and wait for collection by the teacher.
- Access from the waiting room, with line-of-sight visibility from admin/reception is preferred.
- Joinery for storage of activity items.

6.4.2 Classroom

- Classroom for provision of The Cottage Day Program, sized for up to 20 people, locked when not in use.
- Includes sink for wet activities and fixed joinery for storage.
- The Cottage Day Program is a transition service to support young people to transition to school. It will be non-clinical in design, and more closely resemble a school environment than a clinical environment.
- Allows for gym/exercise based activities.
- Ideally connection to an outdoor space/courtyard.
- Requires tables and chairs suitable to undertake a range of school activities, internal lockable joinery, and computer access. Computer access will be needed. Lockable storage will be required for associated materials, along with lockers for each young person's personal items and schoolwork.

6.4.3 School Sensory Modulation Room

- A sensory modulation room will be accessed from The Cottage Day Program, for students to use sensory modulation equipment to manage distress and agitation and promote recovery and rehabilitation.
- Could be embedded as a nook within the School Classroom.

6.5 Group/Interview Rooms

6.5.1 Activity/Multipurpose Rooms

- Multiple spaces are required for group service provision – these spaces will ideally be multipurpose with different size options to accommodate the size and types of group intervention.
- At least one Activity/Multipurpose group room will be used for cooking programs, group dining, talking therapy groups, diversional groups, art therapy, music therapy. This will require an operational kitchen (with fridge, dishwasher and appliances), and an additional wet area with sink and joinery/storage for art and craft supplies. This room will be accessible for The Cottage Day Program. It does not need to be locked when not in use, however lockable joinery is required for safe storage of sharp utensils and cleaning chemicals.

6.5.2 Interview/Family Session Rooms

- Spaces for individual and family assessment and interventions, allowing for up to 7 participants.



6.5.3 Sensory Modulation Room

- A sensory modulation room will be utilised to assist young people attending DBT and CEIP programs to use sensory modulation equipment to manage distress and agitation and promote recovery and rehabilitation.
- Collocated with Interview Room/s.

6.6 Outdoor Spaces

- Courtyards are to be considered as extensions of the therapeutic space and are required to provide clinical intervention and play a large part in the physical health of the consumer.
- Consumers will have free access to secure courtyard space/s (multiple preferred depending on site).
- At least two outdoor areas, such as courtyard spaces, that are accessible to all services, and one with easy access from the entry area is important for clients to be able to access for self-regulation. As an example, this has been provided in the centre of the current u-shaped CAMHS building.
- Ideally the classroom and multipurpose/activity spaces will have collocation/access to outdoor spaces. For example, the current CAMHS unit design is a u-shape around a courtyard which users have found beneficial.
- A secure staff courtyard pending site availability will be beneficial.

6.7 Clinical Support Areas

- Each program requires storage for general resources e.g. books and sensory equipment.
- CEIP requires additional storage in the form of a storage room for multiple filing cabinets, group resources, pack and roll trolleys with school-based resources etc.
- The Cottage Day Program requires separate storage able to be accessed from the Classroom for outdoor sporting equipment, classroom learning materials, IT equipment and a wet space for art activities/group and art supplies.

6.8 Staff Areas

- Shared team manager across all services will require a single office space.
- Psychiatrist and Registrar shared office space.
- Each of the three services require separate work spaces (can be shared between members of the same team) to allow for privacy and ease of team specific operations.
- The Cottage Day Program workspaces will ideally be located in proximity to the School Areas.
- DBT workspace will ideally be located near the Clinical Areas.
- There is location flexibility for the CEIP workspaces within the unit.
- Access to a private enclosed space for staff to conduct private conversations, confidential consultations, clinical supervision and online meetings is required.
- Each service conducts confidential phone consultations and has medico-legal requirements for lockable file storage.
- CAMHS services offer regular student placements (up to 3 students per term).
- Meeting Room space for staff meetings and family conferences, with conference capability, videoconferencing and telehealth capacity to enable virtual clinical consultations and staff to conference with colleagues as required.



6.9 Back of House

- Back of house logistics require review and consideration pending site selection re accessibility and provider requirements. An allowance has been included in the SOA.

7. Schedule of Accommodation

Area	Room Name	No. Rooms	Room Size (m2)	Total M2	Comment
Entry/Reception					
Entry/Reception	Toilet - Public	2	3	6	One includes shower. BCA review required
Entry/Reception	Property Bay - Visitors and Consumers	1	4	4	Could be located within large group room or just outside. Size to accommodate client property e.g. school bags
Entry/Reception	Admin Office/Reception	1	10	10	Increase m2 to accommodate 1.76 admin FTE
Entry/Reception	Waiting	1	8	8	m2 increase from AusHFG due to concurrent arrival time for clients across 3 services
School					
School	Toilet - Accessible	1	6	6	BCA review required, not directly off the waiting area
School	School Sensory Modulation Nook	1	7	7	Directly off Classroom. Could be embedded as a nook within the school classroom
School	Recreation/Day Area	1	40	40	Collocate with waiting area, line of sight to reception, accessible to Classroom. Waiting, gathering, and refreshments area for The Cottage School Program. TV, lounges, domestic fridge and beverage bay with lockable joinery. Joinery for active items e.g. mindful colouring, sensory items, etc. For 20 people.
School	Classroom	1	60	60	Classroom for provision of The Cottage School Program, includes sink for wet activities and fixed joinery for storage. Ideally connection to outdoor space/courtyard. Also allows for gym/exercise-based activities. m2 increase from AusHFG to accommodate room functions and max occupancy provided by users.
School	Courtyard - outdoor secure	1	50	50	Accessible to all services. Suitable for vegetable plots and BBQ area. Courtyard size to be reviewed in future design and



based on site availability, can reduce if needed.

School	Store - Classroom	1	8	8	Collocated with Cottage Classroom – wet space for art, outdoor education storage, and resources/sensory/IT storage
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Group/Interview Rooms

Group/Interview	CEIP - Activity/Multipurpose Group Rooms	1	40	40	Groups up to 30. Explore shifting 8m2 from here to interview room upstairs. m2 increase from AusHFG to accommodate room functions and max occupancy provided by users.
Group/Interview	Courtyard - outdoor secure	1	30	30	
Group/Interview	Activity/Multipurpose Group Rooms	1	40	40	Groups up to 30. Includes kitchen set up for cooking skills groups with dining– this one should be located near school. Explore ability to join rooms or be able to observe. TBC if kitchen function is best in day area or this group room (no additional space required) m2 increase from AusHFG to accommodate room functions and max occupancy provided by users.
Group/Interview	Interview Room/ Family Session Room	2	16	32	TBC 6. Up to 7 participants, space for individual client work. m2 increase from AusHFG to accommodate increase in participants
Group/Interview	Sensory Modulation Room	1	12	12	Collocated with interview rooms

Staff Work Areas and Amenities

Staff - Shared	Meeting Room	1	34	34	TBC if required. Conference capability, staff meetings, family conferences. Size for 24 staff.
Staff Areas - CEIP	Office - Workstation	10	4.4	44	
Staff Areas - Day Program	Office - Shared	1	12	12	Consultant and Registrar
Staff Areas - Day Program	Office - Workstation	8	4.4	35.2	Workstations within open plan office arrangement based on 12FTE
Staff Areas - DBT	Office - Workstation	4	4.4	17.6	
Staff Areas - Shared	Office - Single Person	1	9	9	Manager m2 aligned with Canberra Health Services Office and Workstation Accommodation Policy



Staff Areas - Shared	Staff room	1	15	15	With beverage bay.
Staff Areas - Shared	Toilet - Staff, Accessible	1	6	6	BCA review required
Staff Areas - Shared	Toilet - Staff	2	4	8	BCA review required, include shower
Staff Areas - Shared	Property Bay - Staff	2	4	8	
Clinical Support Areas					
Clinical Support Areas	Utility	1	8	8	Reduced m2 from AusHFG due to no dirty linen requirement
Clinical Support Areas	CEIP - Store - General	1	8	8	
Clinical Support Areas	Cleaner's Room	1	5	5	
Back of House	Allowance	1	50	50	Allowance, TBC model

Appendix 1 – Staff Consulted

Name	Position	Organisation
Renae Nardi	CAMHS Clinical and Operational Team Leader Manager	ACT Health Directorate
Kalvinder Bains	CAMHS Operational Director	ACT Health Directorate
Justeen Stapleton	Senior Director; Northside Hospital Project	ACT Health (Strategic Infrastructure Branch)
Rebecca Sweetman	Director of Facility and Planning; Northside Hospital Project	ACT Health (Strategic Infrastructure Branch)
Robert Vidaic	Project and Administration Support Officer; Northside Hospital Transition	ACT Health (Strategic Infrastructure Branch)

Appendix 2 – Outstanding Issues and Next Steps

Progress to the next stage of planning will require resolution of issues that may not have finalised during the Functional Briefing consultation process. These issues are documented below.

Issue	Action required
Back of House requirements are site dependent and currently unconfirmed.	Project Team and Project User Group to confirm back of house with wider hospital providers when there is greater site certainty e.g. access, vehicle drop-off requirements.



Duress and Security responses are currently dependent on access to hospital.	Project User Group to review duress and emergency response procedures when there is greater site certainty.
Brief and SOA are pending advice re overall compliance	Project Team to support BCA/accessibility/fire/etc reviews, noting number of toilets and type of toilets may change based on advice.
Potential changes to SOA based on site / refurb constraints.	Project Team to review and adjust SOA with stakeholder input as required when there is greater site certainty.
Changes from guidelines to accommodate refurb restraints and models of care.	Project Team to ensure agreed and endorsed process of approval from ACT Health for AushFG variations.
Future scope for CAMHS functional brief is as per instructed by ACT.	Project User Group to review brief and SOA pending future models (especially CAMHS Cottage Day Program). 2 interview rooms currently provided, would account for up to 60 consumers, running 5 days a week – SOA should be reviewed if service scope changes via project governance.
Limited representation for user group consultation due to program and scheduling	Project Team to review future consultation PUG members in next stage of project. Current users have been advised that their role is to represent their wider service.
Change from current workspaces allocation to future as per TCH approach (provided in Workspace Allocation Policy).	Project Team to consider change management approach and support for workforce: staff moving to new environment, moving from individual to open office space with bookable interview rooms. Scheduling system for shared bookable rooms.
Changes from current space and operations to future. e.g. from larger outdoor space to multiple smaller spaces.	Project Team to consider operational impacts.
Managing people flow when all services are running group programs concurrently.	Project Team to consider location of multipurpose group spaces in unit.
No anti ligature design in current Functional Design Brief or SOA.	Project User Group to note and advise if change to anti ligature design requirements in future project stage.
All line-of-sight visibility requirements from users may not be able to be provided for in design.	Project User Group to prioritise of line-of-sight functions if required, and consider future operational solutions as needed.
Staff areas for each service may not be collocated with the areas where staff deliver the service due to site constraints.	Project User Group to determine operational solutions for line-of-sight visibility and trauma-informed care provision.



JOHNSTAFF

Northside Hospital Enabling Works

Functional Design Brief – Arcadia House



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1. Scope of Service

This functional brief describes the operational and design parameters to support the Northside Hospital Enabling Works Project in permanently relocating Arcadia House, a residential drug and alcohol rehabilitation service operated by ACT Health and Directions Health.

Arcadia House is a 12-bed unit that provides withdrawal, residential and day treatments for adults with severe alcohol and other drug (AOD) problems, with treatments including:

- 1-2 week withdrawal program
- 12 week day program
- 12 week residential program with additional 'step-down' 4 week day program. Those living in NSW can complete the 4 week 'step-down' stage of the program online.
- Continuum of Care support is provided to clients prior to admission and on discharge.

Arcadia supports clients to abstain from alcohol, tobacco and other drugs and develop positive life skills that can be utilised to achieve personal goals and maintain a healthy lifestyle. Clients are supported with individual case management and counselling, therapeutic groups and relapse prevention, with the therapeutic community providing opportunities for personal growth and peer support.

Table 1 – Arcadia House Role Delineation and treatment Space Scope

Modality	Current RD - 2023	Future RD – 2033	Current Treatment Spaces - 2023	Project Scope
Arcadia House	TBC	TBC	12 residential beds	12 residential beds

2. Service Delivery

Arcadia House provides services through:

- Participation: it is a condition of admission to Arcadia House that clients participate in all aspects of the program. This includes:
 - Individualised treatment plans
 - Therapeutic group work
 - Relapse prevention
 - SMART Recovery, Narcotics and Alcoholics Anonymous meetings
 - Exercise and wellbeing activities
 - Cooking and other household chores
- Case Management: As well as participating in other aspects of the program, clients work with a Case Manager throughout their time at Arcadia House to identify goals, address individual issues and establish ongoing community supports. Every client has an individual treatment and support plan, and exit plan tailored to suit their needs and support them in their treatment journey.
- Clients may be linked with other services to address health, housing, financial, legal, employment, education and relationship issues, depending on individual needs.



Arcadia provides services on a voluntary basis for clients with a demonstrated commitment to treatment. Clients admitted to Arcadia House are medically stable, with any medical co-morbidities treated within other facilities, and clients presenting with mental health co-morbidities will be stable and appropriate for this stage of treatment.

3. Specific Operational Policies and Procedures

3.1 General

3.1.1 Opening Hours

Arcadia House operates 24 hours a day, 7 days a week. It is a residential style setting.

3.1.2 Admission and Discharge Procedures

Admissions are voluntary and strategically planned, and the service is adequately staffed to ensure that admissions and discharges are supported. Admissions and discharges will most likely occur during regular business hours.

3.1.3 Access and Security

- Arcadia House is a residential style setting with shared staff/visitor/consumer entry.
- Fixed physical duress is not required, staff will utilise mobile duress, with duress response to be confirmed pending site selection.
- No onsite security or CCTV is required, however line of sight visibility to shared consumer spaces is necessary.
- Consumer space encourages interaction with staff and provides the ability to contact staff readily when required.

3.2 Clinical Support Services

None required on site, clients can access services at other hospitals and locations as required.

3.3 Non-clinical Support Services

- Waste management, food delivery and cleaning support occurs on a residential scale.
- Clients contribute to food preparation and cleaning as per the model of care.
- Back of house allowance included in schedule of accommodation for delivery and internal storage requirements.

3.4 IT and Communications

- Network infrastructure and capability to provide Wi-Fi access and meet the usage needs of staff, patients, and visitors.
- Consumers have access to personal devices during their stay which are kept securely in phone lockers. Charging power points are required in lockers.
- Shared desktop computers in study nook areas are required within at least one of the larger shared consumer spaces.
- Audio-visual entertainment systems will be required in activity/lounge spaces.

3.5 Support Space and Amenities

- Secure staff amenities and support spaces will be provided.
- Staff room with beverage bay and amenities for up to 7 staff members (maximum) onsite at any one time.



4. Workforce

This information has been used to inform the allocation of staff amenities (e.g. toilets, office/ workstation allocation etc.). The workspaces are indicative only and yet to be endorsed by ACT Health Executive.

Arcadia House is staffed by up to 7 staff members on shift at any time, with handover occurring between shifts. Staff members include Service Manager, Case Managers, Support Workers, and Registered Nurses.

5. Functional Relationships

5.1 Relative Location

Arcadia House operates independent to other ACT Health facilities. Factors influencing site selection include the requirements for a 12-bed facility, alongside planning requirements. The location of the site should consider the adjacency and proximity to businesses and venues that may pose risk to clients' recovery, should aim to minimise and reduce stigma to clients accessing the service, and afford their dignity and safety during their stay.

5.2 External Relationships

Nil significant external relationships have been identified for Arcadia House service operations.

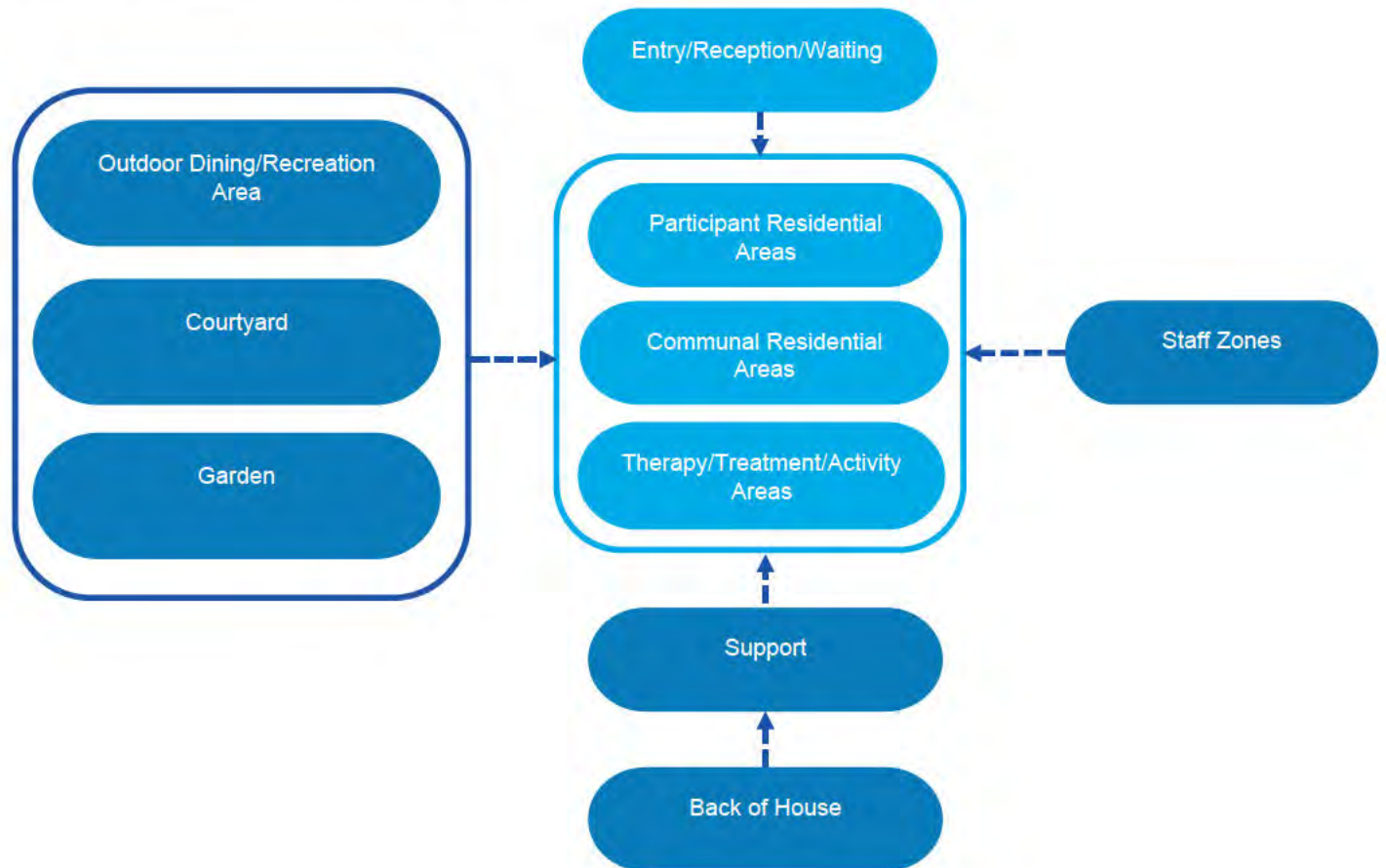
5.3 Internal Relationships

The following figure provides an indication of the functional relationships of the unit, illustrate the relative locations of entry areas, activity areas, assessment/intervention areas, clinical support, staff areas, and back of house.

- Entry/ reception/ waiting
- Participant residential areas
- Communal residential areas
- Therapy/Treatment/Activity areas
- Outdoor spaces
- Staff zones
- Clinical support areas
- Back of house



Figure 1 – Internal Functional Relationships Diagram



6. Design Requirements

6.1 Applicable to All Areas

- Trauma informed, recovery focused, non-clinical design, with users identifying that a clinical hospital appearance would be a barrier to the ability to provide effective care.
- Aim will be to provide a warm, welcoming service that provides ample opportunity for easy movement throughout the unit for consumers, and ability to share spaces readily.
- The service will require staff and consumer interaction and a high level of collaboration and therapeutic rapport.
- Service provision prioritises relationship building and developing skills for daily living thus requires the unit to have a residential feel and functionality on the scale of a 10-bed unit.
- Providing clients with the ability to interact with others is a crucial part of the therapy and process for behavioural change.
- Staff observation to community/living areas.
- Provide observation to selected bedrooms for increased patient safety.



- Balancing client interaction and shared spaces with maintaining individual client dignity and privacy is important.
- Enable safety and dignity for visiting families.
- No specific anti ligature design is required, however design should aim to balance ligature risk minimization while maintaining the intended residential style environment.

6.2 Entry

- Design for welcoming residential style entry.
- Shared staff/visitor/consumer entry is sufficient.
- Entry should have access to Patient/Visitor Lounge with a link to outdoors (preferred). Visitors to the unit are minimal, and tend to include children and families, so a link to a covered outdoor space is preferred. If site selection determines that a Patient/Visitor Lounge cannot be accessed through the entry, it must be accessible without visitors needing to enter the residential inpatient bedrooms area/s. Patient/Visitor Lounge could be eliminated if sufficient group multipurpose areas can be provided.
- Entry should also provide access to an accessible toilet able to be used by visitors.
- Entry may include a visitors property bay/lockable storage.

6.3 Residential Areas

6.3.1 Bedrooms and Ensuites

Residential accommodation for patients will be provided in either single (9 x single, 1 x accessible) or shared (2 x 2-person) bedrooms. All bedrooms will have access to an ensuite, with some ensuites shared between single rooms where necessary. Residential accommodation facilities should be gender neutral.

6.3.2 Therapeutic Bathroom

Therapeutic bathrooms including bathtubs to assist with client symptom management as required. One bathroom should be accessible.

6.3.3 Kitchen, Pantry and Dining

Combination of service provided and prepared by consumers. A fully equipped kitchen for residential cooking is required for consumer food preparation and skill building group activities. An adjacent lockable pantry for food storage, including shelving to accommodate each consumer's individual food provisions, plus space for multiple fridges and freezers is required.

A communal dining room that accommodates up to 20 people for communal dining is required. Furniture can be individual or shared arrangement. Dining furniture should be sturdy but easily moved so the room can be reconfigured to suit a range of consumer groups.

6.3.4 Laundry

Consumers are required to wash and care for their own clothing and linen. A laundry able to accommodate two washing machines and one dryer (separate washer/dryers are preferred). Access to outdoor clothesline space is also required.

6.3.5 Shared Lounge

A shared lounge area to allow consumers space for watching television at night, with a link to outdoors preferred.



6.3.6 Indoor Exercise Room

An indoor exercise room – if possible in space. Exercise equipment could be provided throughout unit.

6.4 Residential and Day Areas

6.4.1 Multifunction Group Room/s

One large multifunction group room or two smaller group room spaces (dependent on site constraints) to accommodate a variety of group activities (e.g. art therapy, yoga, therapeutic groups). Multifunction group room/s will either have no carpet, or if two spaces will only have one that is carpeted. A link to outdoors is preferred, but not a requirement.

6.4.2 First Aid Room

A multipurpose First Aid Room that can be used for analysis testing, drug screening, medication storage and interview when required. First Aid Room should have vinyl flooring and include a hand basin.

6.5 Support Areas

6.5.1 Interview/Sensory Rooms

Multipurpose interview/sensory rooms will be used for individual therapeutic intervention and sensory modulation. Sensory modulation is the ability to regulate and organise responses to sensory input in a graded and adaptive manner. A sensory modulation room will be utilised to assist consumers to use sensory modulation equipment to manage distress and agitation and promote recovery and rehabilitation. These rooms can be used for consumers and staff members to have quiet and private conversations where needed.

6.5.2 Offices and Workroom

Staff will have access to an office for the provision of note writing and as a touch down point when they are not actively with consumers. There will be spaces within the staff zone where handover can occur between shifts. There will be office space and amenities available to staff.

6.6 Outdoor Spaces

Outdoor space is an important element of clinical care delivery. Courtyards are to be considered as extensions of the therapeutic space and are required to provide clinical intervention and play a large part in the physical health of the consumer.

Courtyards and outdoor spaces allowing outdoor dining, visitors and for therapeutic space is required and ideally located near the entry.

6.7 Back of House

- Back of house operations will be lead by the provider (Directions) and will remain at residential scale.
- Storage is required for cleaning supplies.
- Waste is management through domestic waste management, with nil other provisions required.

7. Schedule of Accommodation

The Australasian Health Facility Guidelines (AushFG) Health Planning Unit 0155 and 0136 have been used as a starting point with users, and this brief reflects the model of care as informed by the Project User Group. Changes to the brief may be required once a site has been identified to accommodate site/refurbishment restrictions.



Table 2 – Schedule of Accommodation

Functional Grouping	Room Name	No.	M2	Room total	Comments
Entry Area					
Entry	Lounge - Patient/Family/Carer	1	15	15	Link to outdoors preferred. If not in entry area, easily accessible without having to traverse residential bedroom area. Could be removed if needed, if group area is multipurpose
Entry	Waiting	1	5	5	Include counter? Design for welcoming entry, can be circulation instead of dedicated space if required
Entry	Toilet - Accessible	1	6	6	TBC consultant
Entry	Visitors Lockers	1	2	2	Might be included in waiting/entry area
Residential Areas					
Residential	1 Bed Room Residential or Clinical	7	15	105	Might reduce bed number if fit out as double rooms for protective factor. TBC chief psychiatrist guidelines. Anti ligature not required
Residential	1 Bedroom – Accessible, Residential	1	16.5	16.5	Residential fittings and furniture, Anti ligature not required
Residential	2 bed-room	2	18	36	Bariatric or special needs patients. Number of beds will depend on local jurisdictional policies.
Residential	Dining Room/ Beverage Bay	1	26	26	Furniture can be individual or shared. Co-locate with kitchen in open domestic style for free use throughout day for consumers. Note 7.5m2 per consumer applied across combined dining, kitchen and living/lounge areas.
Residential	Ensuite	9	5	45	Some ensuites can be shared between single rooms. Antilig not required.
Residential	Laundry	1	10	10	2 washers, 1 dryer
Residential	Store - Patient Property	1	10	10	Decreased due to length of stay of consumers
Residential	Ensuite - Accessible	1	7	7	Dedicated ensuite
Residential	Ensuite – Bariatric	-		0	Bariatric requirements will be dependent on local jurisdictional policies
Residential	Bathroom - Therapeutic	2	12	24	One to be accessible. TBC if toilet required.
Residential	Kitchen	1	24	24	For domestic scale/use. Not ADL kitchen. Co-locate with dining for free use throughout day for consumers. Note 7.5m2 per consumer applied



					across combined dining, kitchen and living/lounge areas.
Residential	Pantry	1	12	12	Pantry and x2 fridges/freezers required.
Residential	Lounge - General / Shared	1	40	40	Link to outdoors preferred. Note 7.5m2 per consumer applied across combined dining, kitchen and living/lounge areas.
Residential	Indoor Exercise Room	1	22	22	If possible in space. Exercise equipment could be provided throughout space e.g. outdoor or multipurpose room.
Residential	Courtyard - Outdoor Dining, Activities	1	90	90	Size as able

Residential and Day Areas

Residential & Day	Toilet - Accessible	1	6	6	For consumer use, close to activity and outdoor areas
Residential & Day	First Aid Room	1	14	14	Medication storage, vinyl, minor dressings etc, preferably hand basin
Residential & Day	Multifunction Group Room	1	70	70	Link to outdoors preferred but not a requirement. Not carpeted, or two separate rooms one not carpeted. Can reduce if needed

Support Areas

Support	Cleaner's Room	1	5	5	
Support	Disposal Room	1	6	6	Domestic bins, can be outside
Support	Interview Room / Sensory Room	2	14	28	
Support	Office - Workroom	1	25	25	Including benching and computers and beverage bay.
Support	Office - Single Person, 9m2	1	12	12	2 staff, managers office
Support	Store - Equipment	1	20	20	Can be reduced/removed if space an issue

Staff Work Areas and Amenities

Staff Zone	Property Bay - Staff	1	3	3	
Staff Zone	Shower - Staff - combined shower toilet	1	4	4	confirm size with accessibility
Staff Zone	Accessible Toilet - Staff	1	7	7	
Staff Zone	Meeting Room/Staff Room	1	20	20	Include beverage bay
Back of House	Allowance	1	100	100	Allowance, TBC



Appendix 1 – Staff Consulted

Name	Position	Organisation
Bronwyn Hendry	CEO	Directions Health Services
Megan Arnold	Senior Director	ACT Health (Alcohol, Tobacco and Other Drugs)
Justeen Stapleton	Senior Director; Northside Hospital Project	ACT Health (Strategic Infrastructure Branch)
Rebecca Sweetman	Director of Facility and Planning; Northside Hospital Project	ACT Health (Strategic Infrastructure Branch)
Robert Vidaic	Project and Administration Support Officer; Northside Hospital Transition	ACT Health (Strategic Infrastructure Branch)

Appendix 2 – Outstanding Issues and Next Steps

Progress to the next stage of planning will require resolution of issues that may not have finalised during the Functional Briefing consultation process. These issues are documented below.

Issue	Action required
Back of House requirements are site dependent and currently unconfirmed.	Project Team and Project User Group to confirm back of house with wider hospital providers when there is greater site certainty e.g. access, vehicle drop-off requirements.
Brief and SOA are pending advice re overall compliance	Project Team to support BCA/accessibility/fire/etc reviews, noting number of toilets and type of toilets may change based on advice.
Potential changes to SOA based on site / refurb constraints.	Project Team to review and adjust SOA with stakeholder input as required when there is greater site certainty.
Changes from Aus HFG guidelines to accommodate refurb restraints, models of care and provider feedback.	Project Team to ensure agreed and ratified governance process of approval from ACT Health for AusHFG variations.
Future scope for Arcadia House brief is as per instructed by ACT and provider as no Clinical Service Plan or Model of Care available.	Project Team to ensure approval through ACT Health project governance to confirm strategic alignment.
Shared bedrooms and associated bathroom requested by provider	Project User Group and ACT Health to confirm comfort with providing shared residential bedrooms and bathrooms.
Outstanding operational items require user confirmation	Project User Group to confirm: Client inclusions: Clients admitted to Arcadia House are medically stable, with any medical co-morbidities treated within other facilities, and clients presenting with mental health co-morbidities will be stable and appropriate for this stage of treatment. Workforce: up to 7 FTE of Service Manager, Case Managers, Support Workers, Registered Nurses.



Northside Hospital Enabling Works

Functional Design Brief – Gawanggal Low Secure Forensic Mental
Health Unit – Community Reintegration



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1. Description of Service

This functional design brief describes the operational and design requirements to support the ACT Health Directorate and the Northside Hospital Enabling Works Project in planning for the permanent relocation of Gawanggal Low Secure Inpatient Forensic Mental Health Unit. This functional design brief is based on the 2024 Canberra Health Service Forensic Mental Health Inpatient Services Model of Care, which are comprised of the medium secure inpatient service (Dhulwa) and the low secure inpatient service (Gawanggal). The vision for Canberra Health Service Forensic Mental Health Inpatient Services is *“Hope, healing, and creating meaningful lives for a safer future together”*.

The three specialised functions of CHS Forensic Mental Health Inpatient Services support are:

- Assessment and stabilisation (Dhulwa - medium secure)
- Rehabilitation (Dhulwa - medium secure)
- Community reintegration (Gawanggal - low secure) – scope of this functional brief

Gawanggal is a lower security step-down community reintegration facility for people transitioning from Dhulwa. The goal of low secure community reintegration is to bring together skills, learning and wellbeing improvements and build independence and connections to reintegrate into the community safely.

Therapeutic support encompasses interventions and services that promote consumers' recovery and wellbeing across the domains of secure recovery. These supports are provided through an MDT approach. MDT members collaborate to deliver comprehensive and individualised recovery-led interventions aligned to a co-designed consumer care plan. These supports are delivered across the functions of assessment and stabilisation, rehabilitation and community reintegration.

Table 1 – Gawanggal: Low Secure Inpatient Community Transition Unit Role Delineation and Project Scope

Modality	Current RD - 2023	Future RD – 2033	Current Treatment Spaces - 2023	Project Scope
Gawanggal Secure Inpatient Rehabilitation Unit	TBC	TBC	10	10

The Australasian Health Facility Guidelines (AushFG) have been used to inform the development of this Functional Brief, including the schedule of accommodation. The following Health Planning Unit (HPU) have been used for this service:

- HPU 131 - Mental Health – Overarching Guideline
- HPU 136 - Non Acute Inpatient Mental Health Unit– 01/02/2019

Unit above have been used as a starting point with users, and this brief reflects the model of care as informed by the Project User Group. Changes to the brief may be required once a site has been identified to accommodate site/refurbishment restrictions.

2. Model of Care and Service Delivery

Gawanggal is a low secure mental health unit that provides forensic community focused clinical interventions, with the foundations of care based on relational security, trust and rapport. It is a gazetted facility in accordance with the *Mental Health ACT 2015* and admits consumers requiring predominantly involuntary mental health care.



ACT mental health legislation outlines the circumstances in which a person with a mental illness or disorder can be assessed, treated, cared for and supported. Appropriate treatment and care should be provided in the least restrictive environment possible. All people admitted to Canberra Health Service (CHS) Forensic Mental Health Inpatient Services have the same rights to access and quality of health care as the general population.

The guiding principles of the model of care are:



The goal of the unit is to bring together skills, learning and wellbeing improvements and build independence and connections to reintegrate into the community safely. This is usually done through:

- Building on life skills developed in higher security settings with increasing personal responsibility and accountability
- Promoting community integration by graduated engagement in community-based activities
- Partnering with community support services to:
 - i. obtain appropriate accommodation
 - ii. create relationships with community mental health services
 - iii. engage with disability support services (including NDIS)
 - iv. build a range of wellbeing supports
 - v. participate in meaningful vocational activities
 - vi. strengthen social networks
- Sharing information between relevant agencies, including criminal justice, health and social services
- Planning discharge for community-based treatment involving family and carers, health services and support agencies.

Examples of therapeutic supports

Holistic care is provided, recognising the complexity of mental illness, trauma, cognitive disabilities, addiction, and other factors impacting a person's ability to make change. Clinical interventions are provided (both in group and individual formats) to support consumers to understand their physical and mental health needs and make personal changes to manage their own risk of offending in the future. This includes behaviour change programs, other psychological therapies, and the full range of medical and psychosocial interventions. The approaches used may include but are not limited to:



- Assessment, diagnosis and formulation
- Medication management
- Psychoeducation
- Psychological interventions
- Art and other similar therapies
- Physical health support
- Substance misuse treatment
- Offending behaviour interventions.

Wellbeing supports enhance consumers' overall quality of life and psychological wellbeing, emphasising practical, meaningful activities. These include but are not limited to:

- Employment and educational programs (e.g., job readiness, first aid, adult learning courses, resume writing, trade skills)
- Accommodation supports
- Lifestyle and recreation activities (e.g., shopping, sports, arts groups, meaningful hobbies)
- Recovery programs (e.g., self-care, activities of daily living)
- Engagement with people with lived experience for peer support (consumer and carer) and system navigation
- Practical support (e.g., financial, transport, personal administration)
- Health management (e.g., engagement with the health system, physical activity, health promotion, nutrition)
- Family, carer and supporter engagement and contact
- Community reintegration (e.g., attending community programs and locations).

Consumer Cohort

Consumers admitted to Gawanggal are over 18 years old who require graduated community reintegration after achieving sufficient rehabilitation within the forensic mental health system. Consumers present with diverse backgrounds including varying culture, age, physical/intellectual/cognitive ability, language, gender and sexuality, and neurodiversity. Services are onsite or community based and will depend on consumer need. The expected average length of stay is 12 months, with consumers typically receiving more onsite care at the commencement of their stay, gradually moving to more community-based care across the length of stay. Consumers will typically access escorted leave for the first 6 months of their stay, increasing to approximately 30% unescorted leave later in their stay.

3. Specific Operational Policies and Procedures

Note: Gawanggal shares some of its operational policies and procedures with Dhulwa Secure Mental Health Unit, which will need to be reviewed in the event that the future site for Gawanggal is not co-located with Dhulwa.

3.1 General

3.1.1 Opening Hours

Gawanggal operates 24 hours a day, 7 days a week.



3.1.2 Admission and Discharge Procedures

Admissions are predominantly involuntary and are strategically planned. The service is adequately staffed to ensure that admissions and discharges are supported. Admissions and discharges will most likely occur during regular business hours. Transition planning begins at admission.

To be eligible for Gawanggal, consumers must be subject to a mental health order under the Mental Health Act 2015, and meet the following inclusion criteria:

- Be unable to receive treatment in a less secure non-forensic mental health service (i.e., pose a danger of serious harm to others).
- Have completed a period of mental health treatment and care at Dhulwa.

The exclusion criteria are:

- Those who are sentenced or remanded to custody.
- Those who are assessed through a validated assessment tool as requiring a level of therapeutic security commensurate with a medium and high secure service.

3.1.3 Access, Safety and Security

- The Mental Health (Secure Facilities) Act 2016 does not apply to Gawanggal
- Use of public transport (mainly buses) by consumers support may occur as part of therapeutic programs and leave. Access to public transport routes will be an important consideration.
- In house Patient Transport service will be used for therapeutic and recreational leave.
- Shared access for staff/consumer/visitor entry is sufficient, with an additional entry/access point for deliveries (e.g. food services).
- Provision for an ambulance/disabled bay would be beneficial.
- Staff-only areas will be secured at all times, with access provided by use of proximity card readers.
- CCTV is required for external entry points and in high-risk areas (e.g. kitchen and corridors). Line of sight visibility to shared consumer spaces is necessary.
- No on-site security is required - security is currently linked with Dhulwa.
- Fixed duress is required in interview rooms and consult rooms that do not allow client access without staff present AND do not have line of sight visibility. All staff will have access to personal duress (currently linked with Dhulwa)
- Separate staff and visitor parking areas are required (for staff safety and security).

3.2 Clinical Support Services

- Consumers will require occasional access to clinical support services such as medical imaging.
- When required and if within walking distance to the main hospital, consumers will walk if able, escorted by staff to the main hospital. If the unit is located further from the main hospital, a service van or sedan sized vehicle will transport patients to the main hospital and back.
- Pathology samples will be collected on the unit in a consult room or similar clinical space, and sent to the hospital.



- Pharmacists will visit the service with medication.

3.3 Non-Clinical Support Services

- Cleaning and waste will be managed in line with collocated facility e.g. Dhulwa or main hospital.
- Consumers at Gawanggal will be mostly self-catering (residential-style approach, cooking own meals in kitchen with grocery items brought in the front door and stored in pantry joinery and fridge). Occasionally small volumes (1-4) of meals may be delivered by the collocated service e.g. Dhulwa or main hospital.
- Bed linen and towels will be managed by the collocated service e.g. Dhulwa or main hospital. Consumers will wash and dry their own clothes in the therapeutic laundry on the unit.

3.4 IT and Communications

- Wi-Fi throughout building, smartboards/smart TVs in designated areas, laptops & desktops for staff and consumer use.
- Consumers have access to personal devices while on the unit and will require charging power points in bedrooms and select common areas, and phone lockers in entry/waiting space (between main doors and staff/nursing station).
- Consumer to nurse call system is required from bedrooms to staff zones.
- Shared desktop computers with line of sight visibility are required for consumer use within at least one of the larger shared consumer spaces.
- Audio-visual entertainment systems will be required in activity/lounge spaces.

3.5 Support Space and Amenities

- Secure staff amenities and support spaces will be provided.
- Staff room with beverage bay and amenities for up to 10 staff members (maximum) onsite at any one time.

4. Workforce

This information has been used to inform the allocation of staff amenities (e.g. toilets, office/ workstation allocation etc.). Source: CFHS Forensic Mental Health Inpatient Services Model of Care, 2024. SOA estimates have been based on budgeted FTE. 40% utilisation has been applied to shared staff (see excerpt of Dhulwa staffing profile on next page noting shared roles).



Gawanggal Mental Health Unit staffing profile

Position Title	Classification	Budgeted FTE 2022	Headcount 2022	Comments
Medical Staff				
Psychiatrist	Medical Officer	0.5	1	
Psychiatric Registrar	Medical officer	1	1	
Nursing Staff				
RN 2	Level 2	5.70	2	
RN	Level 1	3.51	7	All level 1 RN are at a senior 1.8 level
EN	EN	2.19	1	
AIN	AIN	3.51	4	
Administration				
Admin	ASO 3	1	1	
Support Services				
HSO4	4	Unfunded 4.0	4	



Dhulwa Mental Health Unit staffing profile

Position Title	Classification	Budgeted FTE 2022	Headcount 2022	Comments
Medical Staff				
Director Forensic Mental Health Services	Medical Officer	1	1	Works across CHS Forensic Mental Health Service
Forensic Psychiatrist	Medical Officer	2	2	
Psychiatric Registrar	Medical officer	1	1	
Nursing Staff				
Assistant Director of Nursing	RN4.2	1	1	Indirect. Works across both Dhulwa and Gawanggal
Clinical Nurse Consultant	RN3.2	1	1	Indirect. Works across both Dhulwa and Gawanggal
Roster Manager	RN3.1	1	1	Indirect Works across both Dhulwa and Gawanggal
Clinical Nurse Educator	RN3	1	1	Indirect. Works across both Dhulwa and Gawanggal
Alcohol and Other drugs	RN2	1	1	Indirect. Works across both Dhulwa and Gawanggal
Clinical Development Nurse	RN2	2	2	Indirect. Works across both Dhulwa and Gawanggal

5. Functional Relationships

Functional relationships are required to support consumer, staff, visitor and equipment movements within the unit.

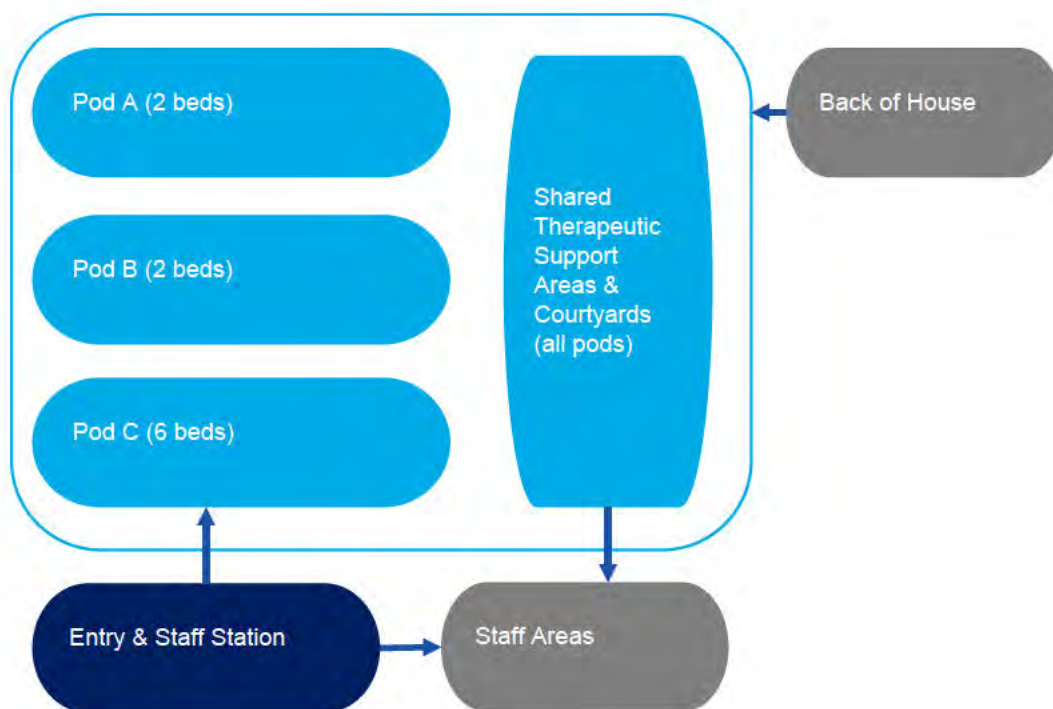
5.1 External Relationships

Operational procedures and functions e.g. staffing models, back of house services, will ideally be shared with Dhulwa Secure Mental Health Unit. Operational external relationships are described in the model of care.



5.2 Internal Relationships

Figure 1 – Internal Functional Relationships Diagram



6. Design Requirements

6.1 Australasian Health Facility Guidelines

The size of rooms and fit-out should comply with the AusHFG Standard Components. Detailed information will only be provided in this section when requirements vary, or a standard component does not exist or there needs to be a variation in the approach of a typical room.

6.2 Applicable to All Spaces

- Facility design needs to enable a robust therapeutic environment which promotes engagement and a sense of safety where consumers can move around freely without duress of any kind.
- Trauma informed, recovery focused, non-clinical design with welcoming spaces that provide a progression from the medium-secure unit, but still enable staff to manage potential risks in relation to mental health and problematic behaviours, including the ability to manage staff and consumer safety and movement in the event of an incident.
- Facility design should enable staff and consumer interaction and a high level of collaboration and therapeutic rapport.
- Maintaining visual observations, engagement and oversight (i.e. physical oversight and monitoring) is an important factor in service provision. The priority for line of sight is for the shared living/dining areas.



- Unit does not need to have completely anti-ligature design however consumers may still be vulnerable to relapse. Further review is required in future design stages regarding which rooms have anti-ligature design and to what extent.
- Courtyard and outdoor allocation can be split into smaller spaces or joint into larger spaces with PUG review, noting a combined total of 100m² (10m² per bed) is required.

6.3 Entry/Reception

- Airlock entry with double door is required to control the flow of people into the unit, but this does not require custodial programming (only one door open at a time).
- Entry should have access to Patient/Visitor Lounge with a link to outdoor (preferred, if possible within site). Patient/Visitor Lounge must be accessible without visitors needing to enter the residential inpatient bedrooms area/s.
- Entry should also provide access to an accessible toilet able to be used by visitors.
- Entry may include a visitors property bay/lockable storage.

6.4 Clinical Areas

6.4.1 Residential Consumer Areas

Gawanggal is a 10-bed residential rehabilitation mental health inpatient unit. Service emphasis is rehabilitation and community engagement, and consumers will be encouraged to spend time in the unit outside of their bedrooms, engaged in community or activities on the unit.

6.4.2 Daily Therapeutic Spaces/Sensory Modulation and De-escalation

Therapeutic spaces will be integrated for ease of transition for consumers and staff, with the ability for staff to enable access control to ensure staff and consumer safety and security. Daily therapeutic spaces will include:

- Kitchen, Dining, Lounge and Laundry for residential and daily living activities.
- Multifunction Group Room, Activity/Therapy Room, Indoor Exercise Room all to facilitate small and large group and individual therapeutic programs and activities.
- Sensory modulation room will be utilised to assist consumers to use sensory modulation equipment to manage distress and agitation and promote recovery and rehabilitation.
- Open staff station should be located adjacent to the main kitchen/dining/lounge area (Pod C), with oversight to entry and linked to secure workspaces.

6.5 Clinical Support

Dual access in consult and interview rooms is required for staff egress.

6.6 Staff Work Areas and Amenities

Staff will have access to workspaces for the provision of note writing and as a touch down point when they are not actively with consumers. There will be spaces within the staff zone where handover can occur between shifts. There will be work spaces and amenities available to staff.



6.7 Outdoor Spaces

Outdoor space is an important element of clinical care delivery. Courtyards are to be considered as extensions of the therapeutic space and are required to provide clinical intervention and play a large part in the physical and mental health of the consumer. This can include active engagement like consumer gardening, meditation, yoga, BBQ, and/or sport.

6.8 Back of House

Food service provision is via primarily self-catered meals. A fully-equipped kitchen accessible to consumers is required, inclusive of food storage area for consumer self-serve foods (e.g. cereals, groceries). Occasionally, prepared meals will be required, in these cases, food services will be delivered by Dhulwa/Main Hospital if site selection allows.

7. Schedule of Accommodation

Area	Room	No.	Room M2	Total M2	Comments
Entry Area					
Entry	Airlock - Entry	1	10	10	Custodial door programming not required, but should function as an informal airlock (two sets of doors). Size can be reduced as medical beds not expected.
Entry	Waiting	1	10	10	Reduced size for bed count and advice from users that visitors to unit are minimal
Entry	Toilet - Accessible	1	6	6	BCA/DDA review required
Entry	Property Bay - Visitors	1	2	2	Optional
Entry	Lounge - Patient/Family/Carer	1	15	15	
Clinical Areas					
Pod A (2 beds)	1 Bedroom – Mental Health, Accessible	2	17	33	
Pod A (2 beds)	Ensuite - Mental Health - Accessible	2	7	14	
Pod A (2 beds)	Living/Dining	1	25	25	Includes kitchenette
Pod B (2 beds)	1 Bed Room - Mental Health	2	16	32	Increased area for larger than standard wardrobe, TVs and additional storage for longer stay consumers
Pod B (2 beds)	Ensuite - Mental Health	2	5	10	All private ensuites recommended in Rehabilitation Unit.
Pod B (2 beds)	Living/Dining	1	25	25	Includes kitchenette
Pod B (2 beds)	Courtyard - Outdoor Dining, Activities	1	40	40	Decreased size due to bed base (proratad). Shared with pod A and B



Pod C (6 beds)	1 Bed Room - Mental Health	6	16	96	Increased area for larger than standard wardrobe, TVs and additional storage for longer stay consumers
Pod C (6 beds)	Ensuite - Mental Health	6	5	30	All private ensuites recommended in Rehabilitation Unit.
Pod C (6 beds)	Lounge/Dining	1	60	60	Combination and split can change in future design as long as total of lounges + dining + multifunction = 100'
Pod C (6 beds)	Kitchen - Mental Health	1	16	16	Includes pantry (x2 domestic fridges) due to self-catering model
Pod C (6 beds)	Courtyard - Outdoor Dining, Activities	1	60	60	BBQ area (near ADL kitchen), tables and chairs, sink, exercise area and walking paths. Decreased size due to bed base (prorated)
Pod C (6 beds)	Sensory Modulation Room	1	12	12	Confirmed requirement by PUG (1 only)
Pod C (6 beds)	Toilet - Accessible	1	6	6	For consumer use, close to activity and outdoor areas. BCA review required.

Shared Support Areas (All pods)

Shared Support (all pods)	Staff/Consumer Interface	1	14	14	Base for staff/consumer engagement, open layout preferred. Accounts for up to 3 staff.
Shared Support (all pods)	Interview Room - Mental Health	1	14	14	1 interview/consult room per 5 beds
Shared Support (all pods)	Consult Room	1	14	14	1 interview/consult room per 5 beds
Shared Support (all pods)	Office - Single Person, 9m2	2	9	18	Unit manager and CNC
Shared Support (all pods)	Clean Utility/ Medication Room	1	16	16	Includes space for resuscitation trolley (1.5m2) and electronic medication requirements.
Shared Support (all pods)	Bay - Linen (clean)	1	2	2	
Shared Support (all pods)	Bay - Linen (dirty)	2	1	1	Recessed off corridor, for consumer access
Shared Support (all pods)	Bay - Meal Trolley	1	4	4	For occasional meal deliveries, TBC requirements following Back of House input and site selection
Shared Support (all pods)	Cleaner's Room	1	5	5	
Shared Support (all pods)	Dirty Utility, Sub	1	8	8	



Shared Support (all pods)	Disposal Room	1	8	8	
Shared Support (all pods)	Store - Equipment	1	12	12	Reduced for bed count
Shared Support (all pods)	Bay - Handwashing, Type B	3	1	3	1 per pod
Shared Support (all pods)	Bay - Telephone	1	1	1	Optional, recessed off corridor for consumer access
Shared Support (all pods)	Laundry - Mental Health	2	6	12	1 per 4-6 beds
Shared Support (all pods)	Multifunction Group Room	1	30	30	
Shared Support (all pods)	Activity / Therapy Room	1	20	20	PUG direction: group sizes approx 7 people. Consider locating with pod C living/dining for greater options
Shared Support (all pods)	Indoor Exercise Room	1	22	22	Gym equipment. PUG: include, especially if not on Dhulwa site
Shared Support (all pods)	Store - Patient Property	1	8	8	Decreased due to bedbase

Staff Work Areas and Amenities

Staff Zone	Office - Shared, 12m2	2	12	24	Medical, and other as needed e.g. CNC/CNE
Staff Zone	Office - Workstation	13	4	57.2	Assumes all FTE Gawanggal + 40% of shared roles. Applied 80% occupation rate for total FTE.
Staff Zone	Staff Room	1	20	20	
Staff Zone	Meeting room	1	20	20	For 10-15 people, located with access for consumers also for handover/MDT
Staff Zone	Property Bay - Staff	2	3	6	
Staff Zone	Toilet - Staff	1	3	3	BCA/DDA review required
Staff Zone	Shower - Staff - combined shower toilet	1	4	4	BCA/DDA review required
Staff Zone	Toilet-Staff, Accessible	1	6	6	BCA/DDA review required
Staff Zone	Courtyard - Staff	1	20	20	
Back of House	Allowance	1	100	100	Allowance, TBC site and models.



Appendix 1 – Staff Consulted

Name	Position	Organisation
Gillian Sharp	Operational Director Forensic Mental Health	ACT Health
Ahmed Mashhood	Clinical Director Forensic Mental Health	ACT Health
Peta Kleinig	ADON Secure Mental Health Units	ACT Health
Justeen Stapleton	Senior Director; Northside Hospital Project	ACT Health (Strategic Infrastructure Branch)
Rebecca Sweetman	Director of Facility and Planning; Northside Hospital Project	ACT Health (Strategic Infrastructure Branch)
Robert Vidaic	Project and Administration Support Officer; Northside Hospital Transition	ACT Health (Strategic Infrastructure Branch)

Appendix 2 – Outstanding Issues

Progress to the next stage of planning will require resolution of issues that may not have finalised during the Functional Briefing consultation process. These issues are documented below.

Issue	Action required
Back of House requirements are site dependent and currently unconfirmed.	Project Team and Project User Group to confirm back of house with wider hospital providers when there is greater site certainty e.g. access, vehicle drop-off requirements.
Access to Dhulwa Secure Mental Health Unit for operational procedures.	Project User Group to confirm operational requirements if site is located with Dhulwa. Project team to consult with back of house services (e.g. security, duress response, food services, cleaning, waste management) if site is not located with Dhulwa or Main Hospital.
Wet room function unclear	Project User Group to confirm. User request for a wet room was raised during functional briefing. Further definition of wet room required. SOA assumes this was referring to the ability to make tea and coffee etc – a staff room has been included in SOA.
Brief and SOA are pending advice re overall compliance	Project Team to support BCA/accessibility/fire/etc reviews, noting number of toilets and type of toilets may change based on advice.
Potential changes to SOA based on site / refurb constraints.	Project Team to review and adjust SOA with stakeholder input as required when there is greater site certainty.
Limited representation for user group consultation due to program and scheduling	Project Team to review future consultation PUG members in next stage of project. Current users have been advised that their role is to represent their wider service.

BVN

Northside Hospital Campus - Enabling works Workstream 2 - Secure Mental Health Unit Feasibility

Version C - 04 March 2024



We acknowledge that the Bruce Northside Hospital Campus is on Ngunnawal land.

We pay our respects to your Country, ancestors and the community that maintains culture from the past, in the present and into the future.

We recognise that the success of this project requires us listening to the Traditional Owners of the land and other Aboriginal and Torres Strait Islander People, working with you, and walking beside you on this journey.

Contents

- 01 Introduction
- 02 Schedule of accommodation
- 03 Site analysis & Test fits
 - Site 1
 - Site 2
 - Site 3
- 04 Appendices

DATE	REVISION	
06 FEB 2024	DRAFT FOR INFORMATION	VERSION A
09 FEB 2024	DRAFT FOR EXTERNAL ISSUE	VERSION B
04 MAR 2024	DRAFT FOR EXTERNAL ISSUE	VERSION C

Executive summary

Introduction

The ACT Government has committed to the delivery of a new North Canberra Hospital (NCH) to replace the ageing facilities currently located on the Bruce site and better serve the needs of north Canberra's growing population. To facilitate construction of the proposed acute services building and standalone mental health facility, the Technical Advisor team identified the need to relocate the Gawanggal secure residential mental health unit from its current location on the northern side of the hospital site. Following ACT Health consultation, several potential sites were nominated for study.

Starting with an overview of the NCH masterplan and concept design development as context for the relocation, this report summarises the findings of the feasibility study undertaken on the potential sites for ACT Health's consideration. Following confirmation of the preferred option, the Technical Advisor will develop a high-level concept design and cost plan to inform preparation of a Business Case (by others).

Scope

Canberra Health Services (CHS) currently operates Gawanggal as a lower security step-down community reintegration facility for people transitioning from the Dhulwa medium-security mental health facility. Following ACT Health's direction to investigate the feasibility of permanently relocating the facility to make way for the new NCH, the Technical Advisor developed a Schedule of Accommodation (SoA) in consultation with the operators and with reference to the Australasian Health Facility Guidelines (AushFGs). A footprint of approximately 1,600 m² was determined for the 10-bed new facility.

Sites

In consultation with other ACT Government directorates, ACT Health identified three potential sites throughout the feasibility stage that could be used for the relocation of Gawanggal. For various reasons outside the scope of the feasibility study, two of these sites were later removed from consideration and one clear site (Site 2) emerged as the preferred. However, this report reflects the feasibility undertaken on each site by the Technical Advisor prior to ceasing review for record.

Site 1 - northern block, Mary Potter Circuit, Bruce

The Technical Advisor was initially directed to investigate whether Gawanggal could be relocated further to the west from its current location on the northern block of the NCH site. During the Northside Hospital Technical Advisor project, a standalone mental health facility (including acute adult and older person's mental health inpatient units), adjacent the new acute services building was proposed for this northern block. Based on the work previously undertaken, including the SoA prepared at the time, the Technical Advisor identified how the previous concept design could potentially be adjusted to accommodate Gawanggal alongside the other mental health units.

Per the previous design stage, key constraints to any new development on the northern block include:

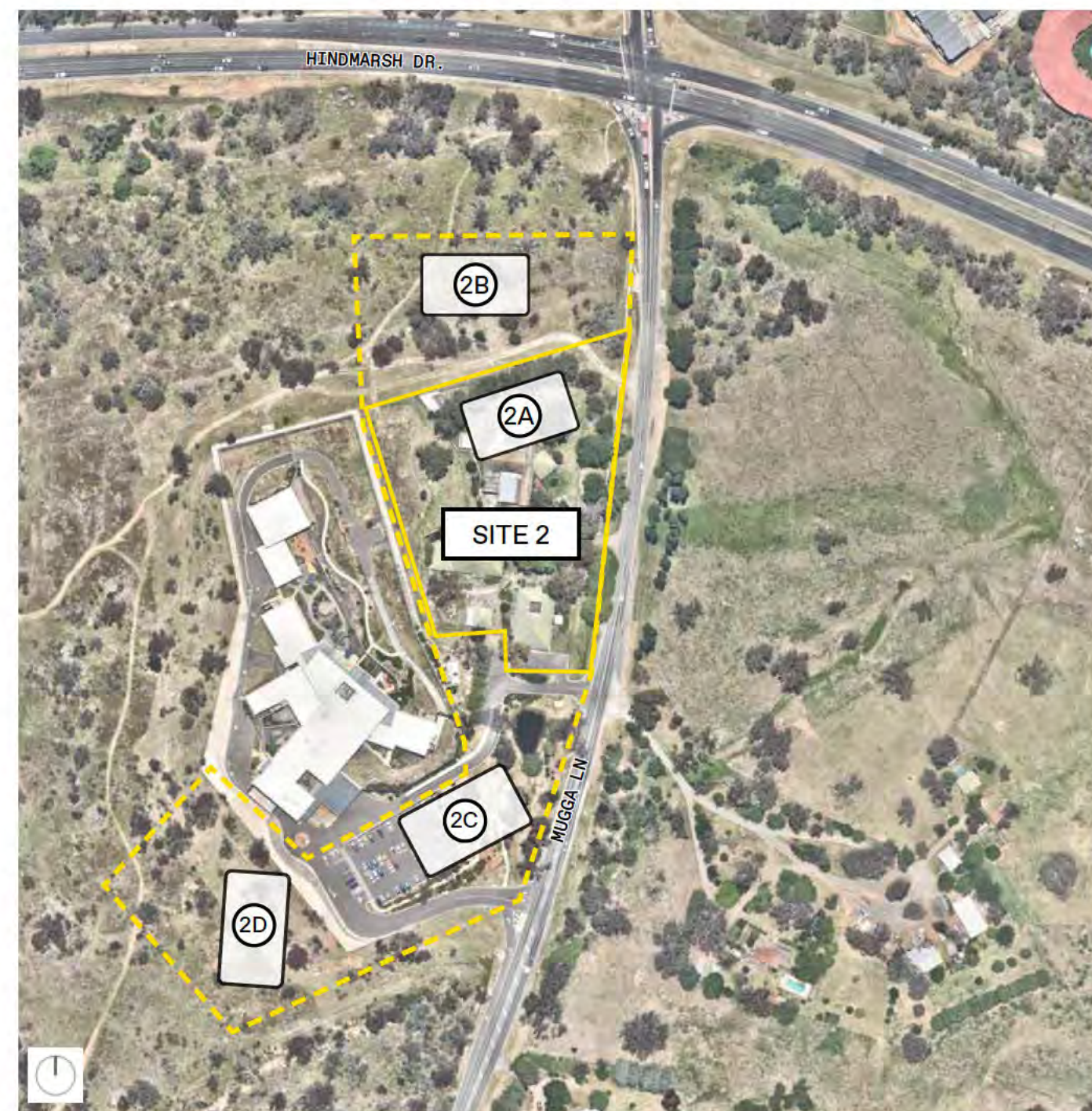
- Health planning: the main works SoA outlining the number of beds and types of services required is subject to change following finalisation of the Northside Clinical Services Plan. This may affect the feasibility of retaining Gawanggal on the NCH site.
- Bushfire protection requirements: substantial Asset Protection Zones (APZs) apply to the northern block due to the surrounding vegetation and topography. Consultation is ongoing within the ACT Government to agree the planning and environmental conditions under which development could proceed. This may affect the feasibility of any new development on the northern block.

Site 1 is no longer being considered for Gawanggal as part of this Northside Hospital Enabling Works project. The Technical Advisor understands that following the change in operator of the NCH, the masterplan for the full site will be revisited as part of the main works reference design stage (by others).

Site 2 - Blocks 15, 16 and 17, Section 49, Symonston

The Technical Advisor was subsequently directed to review the feasibility of relocating Gawanggal to Block 15, Section 49, Symonston in south-eastern Canberra. This is a site currently operated by the Justice and Community Services (JACS) Directorate, adjacent to the Dhulwa medium-security mental health facility (Block 16) and Mount Mugga Mugga Nature Reserve (Block 17). For the purposes of this feasibility study, the full study area extended from the JACS site to include Dhulwa and the surrounding areas of the nature reserve.

Site 2 is located approximately 3 km east of Canberra Hospital, Woden and is accessible via the major arterial, Hindmarsh Drive. Due to its location on the foot slopes of Mount Mugga Mugga, the site slopes from around 640 m AHD at the western boundary of Dhulwa down to around 624 m where the JACS site fronts Mugga Lane. The variations in topography and resulting earthworks are a significant driver in the cost differentials between the test fit options. Some potential for contamination due to previous developments across the site and historic agricultural usage was identified in the contamination desktop study. The geotechnical desktop study also noted that shallow bedrock is likely, which could increase earthworks costs.



SITE 2 TEST FIT OPTIONS

Executive summary

The Technical Advisor developed four separate test fit options to guide discussion on how Gawanggal could be provided on the site. The options are as follows:

- Option 2A - this test fit responds to the initial brief to investigate Block 15 as the primary site. By locating Option 2A to the north of the JACS block, the Technical Advisor sought to reuse the existing site access and retain the buildings to the south of the block. A large building that we understand is currently used for emergency services training would need to be removed. The Technical Advisor is not aware of JACS' plans for the site and an agreement would need to be reached between JACS and ACT Health.
- Option 2B - this test fit provides an option that retains the existing JACS site by placing Gawanggal to the north, within the reserve. This establishes Gawanggal near Dhulwa while retaining its own identity as a separate facility. Based on the planning report, Option 2B would be located within the Designated Area and so would require works approval from the National Capital Authority.
- Option 2C - this test fit co-locates Gawanggal with Dhulwa, placing the new facility on the site of the existing carpark and allowing for the re-use of the entry road from Mugga Lane. Fewer earthworks are likely required for this test fit location due to previous site levelling, however the impacted carpark spaces will need to be relocated. Subject to agreement with EPSDD, the Dhulwa carpark could be relocated to the west of its current location, noting the design would need to consider accessibility requirements due to changing grade.
- Option 2D - this test fit places Gawanggal adjacent Dhulwa to the west, within the nature reserve. Due to an 8 m slope from the rear of the test fit down to the existing carpark, this option will likely require significant earthworks, including to extend the access road up to the facility. However, Option 2D allows for future expansion, compared to Option 2C which is constrained by the existing site infrastructure and detention basin.

Site 2 is situated fully within bushfire prone area. No bushfire advice has been sought as part of this desktop study; however the Technical Advisor anticipates that APZ requirements are likely to constrain Option 2B and Option 2D more than Option 2A and Option 2C, which are situated within existing developments. In addition, ACTmapi mapping shows that all three blocks are identified as having potential threatened woodland, and Block 17 has potential for rare invertebrates. The Technical Advisor recommends that further bushfire, ecological and arboriculture advice be sought to understand the bushfire and ecological constraints that will apply across Site 2.

Site 3 - Block 12, Section 102, Symonston

A third site considered as part of the feasibility review was Block 12, Section 102 in Symonston, a 6.3 ha greenfield site approximately 1 km southeast of Dhulwa which is accessed from Narrabundah Lane. Due to the size of the site and gentle topography, the test fit option situated Gawanggal towards the eastern side to allow for further site development in future, if required. A key constraint identified is that ACTmapi mapping showed potential rare plants, native grassland, and potential threatened woodland across the site. Further assessment by an ecologist would be required to validate the mapping and identify areas of highest constraint.

Site 3 is no longer being considered for Gawanggal as part of this Northside Hospital Enabling Works project. The Technical Advisor understands that a key reason for this decision is that co-location with Dhulwa is preferred.

Recommendation

- Of the four test fit options prepared for Site 2, the Technical Advisor recommends Option 2C be considered further for the following reasons:
- Co-location with Dhulwa allows for clinical efficiencies and support
 - Test fit location is within land already managed by Canberra Health Services
 - Fewer earthworks likely required due to previous site levelling

The key constraints include the lack of space for future expansion (if required) and the need to relocate the parking spaces that would be impacted. If these spaces are relocated upslope to the west, there will still be a need to alter the site boundaries and carry out earthworks, with the potential for ecological and arboricultural impacts.

Introduction

01

Background

Canberra Northside Hospital - Proposed zonal masterplan

In 2022 a zonal Master Plan was completed for the North Canberra Hospital Campus at Bruce. This Master Plan defines a high-level precinct strategy for the campus.

This Master Plan looks at the most appropriate locations within the current campus for a new acute services building to be completed as stage 1.

Subsequently, a strategy for staging and decanting from old to new was established to achieve the final Master Plan.

- Core clinical services and other related functions described within the SOA are located within the new Northside Hospital Concept Design development area, running parallel to Haydon Drive.
- Current Calvary Bruce Private Hospital facilities are retained. The existing on-grade car park between the main Private Hospital building and the multi-deck car park has been identified as a potential private expansion site.
- The remaining campus between the Public and Private zones is bisected by the east/west Green Spine. The northern area has been identified as a staff support zone, housing accommodation for key workers and families, end of trip facilities, and any other identified requirements.
- The Master Plan identifies the area to the south of the Green Spine as an opportunity for a shared innovation precinct with an emphasis on research, industry and education. The extent and nature of these facilities will vary depending on whether the Xavier and Marian buildings are retained in the short or long term, or demolished. Further investigation of the existing structures is required, however it is assumed floor-to-floor heights and structural limitations may limit their use for laboratory-based research.
- Land to the north of the ring road (currently the Brian Hennessy Rehabilitation Centre) is shown as 'other', subject to further feasibility.
- Childcare is located to the south of the ring road, in land currently not occupied.
- Parking is located to the north in support of the dispersed strategy, to minimise walking distances.

- PEDESTRIAN CONNECTOR (EXTERNAL)
- PEDESTRIAN CONNECTOR (INTERNAL)
- PRIVATE HOSPITAL CONNECTION
- CORE CLINICAL FUNCTIONS
- INNOVATION PRECINCT: RESEARCH, INDUSTRY, EDUCATION
- STAFF SUPPORT
- PRIVATE HOSPITAL
- PARKING
- CHILDCARE
- OTHER



ZONAL MASTER PLAN - JULY 2022

Background

Canberra Northside Hospital - Proposed concept design

Discussions with health professionals revealed a 'stacked' approach to mental health was not preferable, thus a stand alone facility was developed. This option removed mental health services from the complete hospital and relocated them to the northern site.

This concept option proposes to provide all the required services in two buildings on the site of the existing North Canberra Hospital: one main hospital building within Mary Potter Circuit and a satellite mental health facility to the north on the northern block.

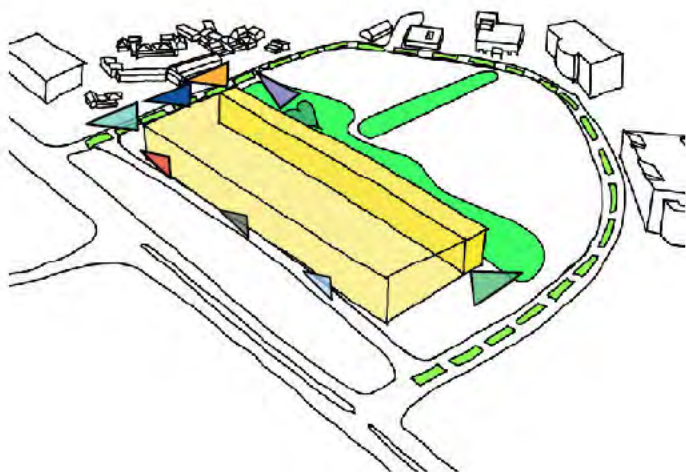
This concept option was developed following preliminary clinical feedback on the original design, which advised that recovery of mental health patients would be better supported by providing a more 'human-scale' development. An initial feasibility study was undertaken, culminating in a presentation to ACT Health on 2 November 2022.

Main building

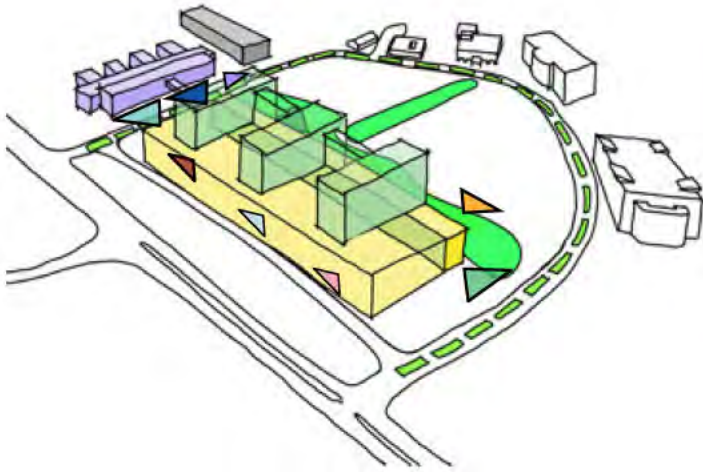
The podium of the main hospital building features:

- Emergency and ambulatory care entries to the north, and main entry to the south.
- Collocation of the emergency and imaging departments.
- Lower ground plant, with space available for basement car parking.
- Logistics vehicle access via Sylvia Curley Drive.

A three-finger inpatient unit stack above the podium is proposed.



PODIUM CONFIGURATION



IPU CONFIGURATION



SITE PLAN



SITE MASSING

Mental health building

This concept option locates the 91 bed adult acute and older person's mental health inpatient unit in a standalone building on the northern block. The concept design proposes to provide the acute mental health beds on the ground floor and OPMHIU beds on the first floor, with access to outdoor courtyards and direct link bridge across Mary Potter Circuit to Level 02 of the main hospital building.

The site topography allows for the administration spaces to be provided on a lower level and plant on the top floor, while the central logistics departments (e.g., kitchens, linen, etc.) within the main hospital building would service the satellite building via a basement logistics tunnel.

Opportunities to stage delivery of the mental health building were also explored during the concept design stage.

Major constraints and issues

Two of the key constraints associated with this concept option are:

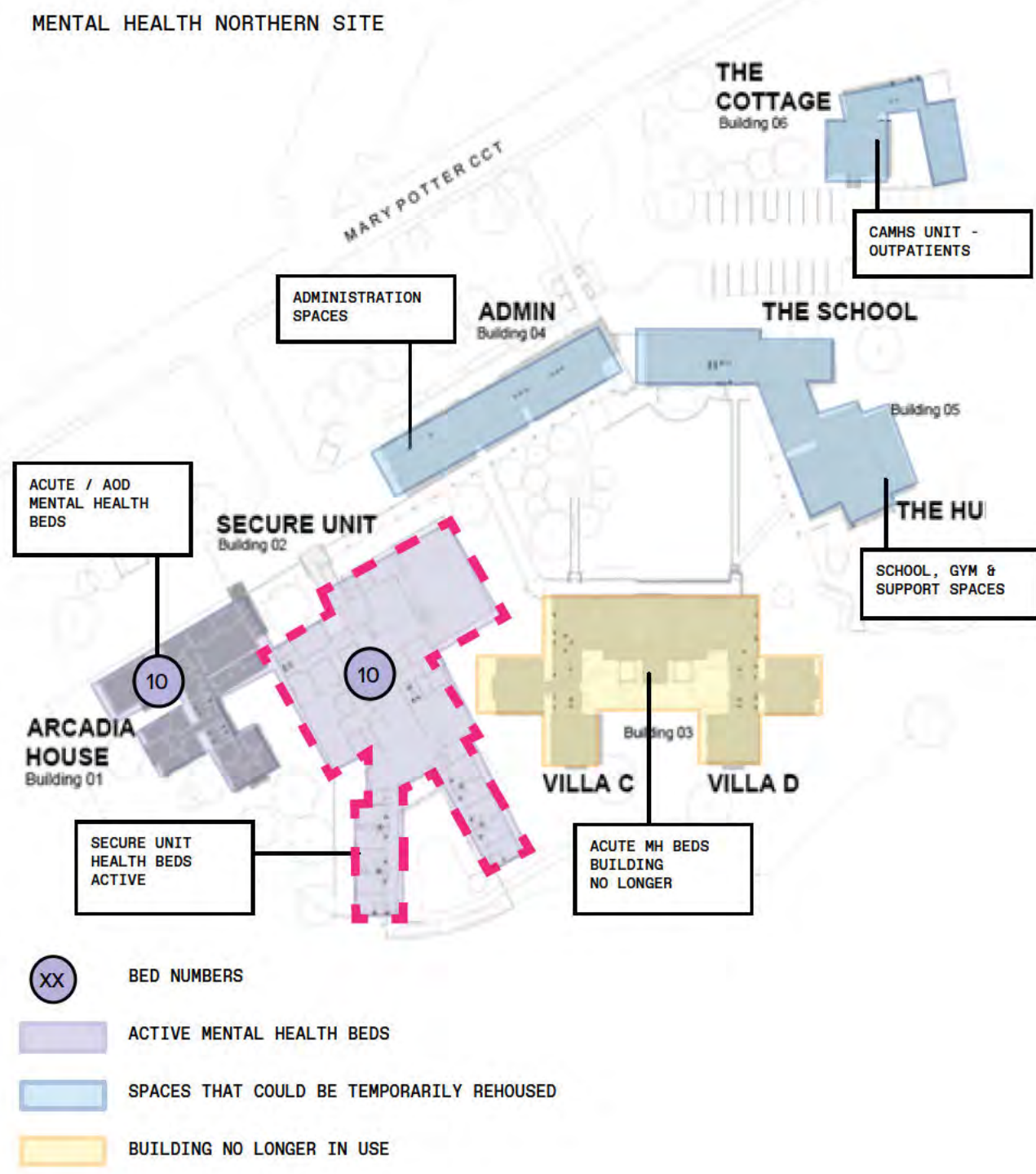
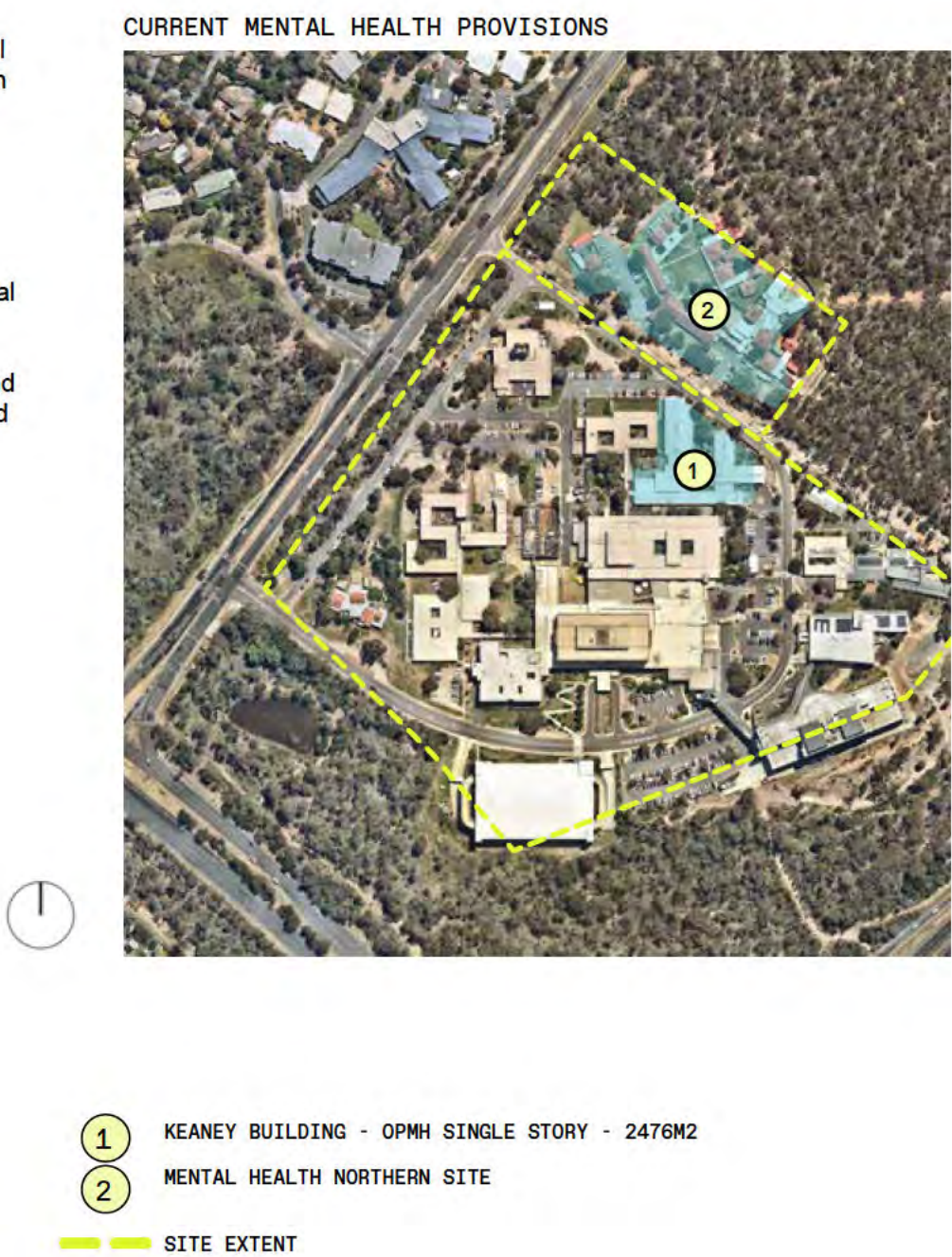
- *Health planning:* The Schedule of Accommodation that outlines the number of beds and types of services to be provided will need to be revised to reflect the Northside Clinical Services Plan at the next stage of design.
- *Bushfire protection:* Due to the nature of the development, the surrounding vegetation and topography, the bushfire advice received was that a 79 m Asset Protection Zone (APZ) would need to be applied from the north-eastern boundary and a 67 m APZ from the south-eastern boundary. The available space remaining on the northern block is insufficient to allow for the development of a 'human-scale' mental health facility. Instead, this concept option proposed that a relaxed APZ of 50 m from the north-eastern boundary be negotiated with the relevant stakeholders, with such a compromise likely requiring compliance with more rigorous bushfire design standards (e.g., material selection). Construction on the northern block, including clearing of vegetation to maintain the APZ, will also impact undeveloped land mapped as high ecological constraint. Consultation regarding the APZs is ongoing in February 2024 and remains a critical risk to the viability of the option.

Proposed Mental Health Site

Current Facilities

Current mental health provisions
Mental health on the current North Canberra Hospital site is located within the Keaney Building on the main hospital campus and within Gawanggal and Arcadia House on an independent site to the north of Mary Potter Circuit.

Mental health northern site
A study of the existing facilities on the northern mental health site has been undertaken. The key services currently operating from this site are the Child and Adolescent Mental Health Services (CAMHS) unit and the acute mental health service in Arcadia House and Gawanggal.



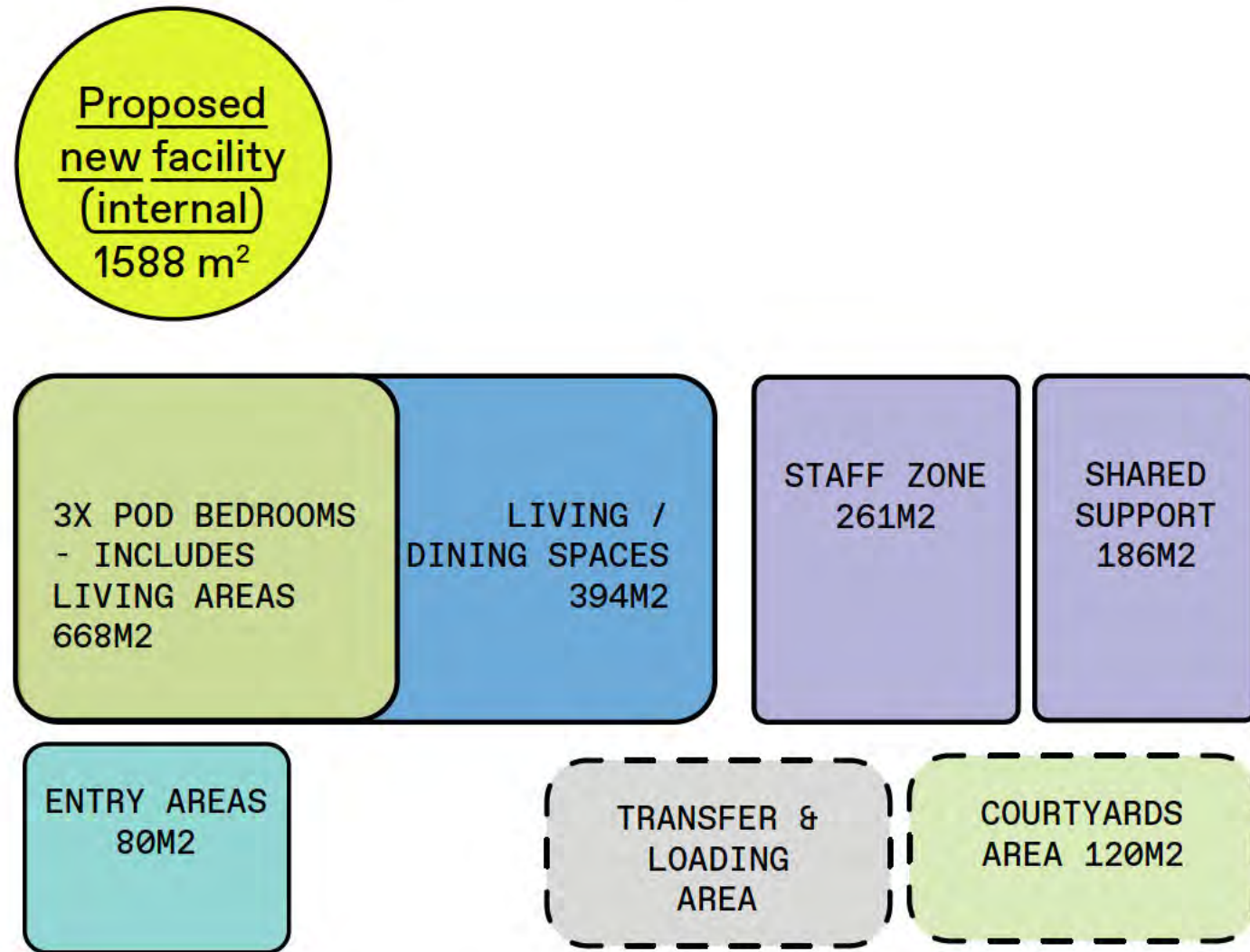
Schedule of accommodation

02

Schedule of accommodation

INFORMATION FROM JOHNSTAFF

A schedule of accommodation (SOA) has been established by Johnstaff. This has been developed in consultation with ACT health and a nominated aproject user group. It has been based on the requirements of a 10 bed Secure unit. The most recent issue is dated 05/02/2024.



AREA : SUB TOTAL			854
Circulation	0		273
GDA (Rooms + Circ)	1128		
Engineering	0		316
GBA (GDA + Engineering)	1444		
Planning Contingency	0		144
AREA : TOTAL			1588

OUTDOOR AREAS			
Courtyard			
Courtyard - Outdoor Dining, Activities	1	40	40
Courtyard - Outdoor Dining, Activities	1	60	60
Courtyard - Staff	1	20	20
AREA - OUTDOOR : SUB TOTAL			120
AREA : TOTAL			1708

SPACE	QTY	AREA	TOTAL AREA
SECURE MENTAL HEALTH - GAWANGGAL			
Entry			
Airlock - Entry	1	10	10
Waiting	1	10	10
Toilet - Accessible	1	6	6
Property Bay - Visitors	1	2	2
Lounge - Patient/Family/Carer	1	15	15
Pod A (2 beds)			
1 Bedroom - Mental Health, Accessible	2	17	33
Ensuite - Mental Health - Accessible	2	7	14
Living/Dining	1	25	25
Pod B (2 beds)			
1 Bed Room - Mental Health	2	16	32
Ensuite - Mental Health	2	5	10
Living/Dining	1	25	25
Pod C (6 beds)			
1 Bed Room - Mental Health	6	16	96
Ensuite - Mental Health	6	5	30
Lounge/Dining	1	60	60
Kitchen - Mental Health	1	16	16
Sensory Modulation Room	1	12	12
Toilet - Accessible	1	6	6
Shared Support (all pods)			
Staff/Consumer Interface	1	14	14
Interview Room - Mental Health	1	14	14
Consult Room	1	14	14
Office - Single Person, 9m2	2	9	18
Clean Utility/ Medication Room	1	16	16
Bay - Linen (clean)	1	2	2
Bay - Linen (dirty)	2	1	1
Bay - Meal Trolley	1	4	4
Cleaner's Room	1	5	5
Dirty Utility, Sub	1	8	8
Disposal Room	1	8	8
Store - Equipment	1	12	12
Bay - Handwashing, Type B	3	1	3
Bay - Telephone	1	1	1
Laundry - Mental Health	2	6	12
Multifunction Group Room	1	30	30
Activity / Therapy Room	1	20	20
Indoor Exercise Room	1	22	22
Store - Patient Property	1	8	8
Staff Zone			
Office - Shared, 12m2	2	12	24
Office - Workstation	13	4	57
Staff Room	1	20	20
Meeting room	1	20	20
Property Bay - Staff	2	3	6
Toilet - Staff	1	3	3
Shower - Staff - combined shower toilet	1	4	4
Toilet-Staff, Accessible	1	6	6
Back of House			
Allowance - External Loading Area	1	1	100

Test fit layout

INTERNAL AREA = 1588M²
EXTERNAL AREA = 120M²

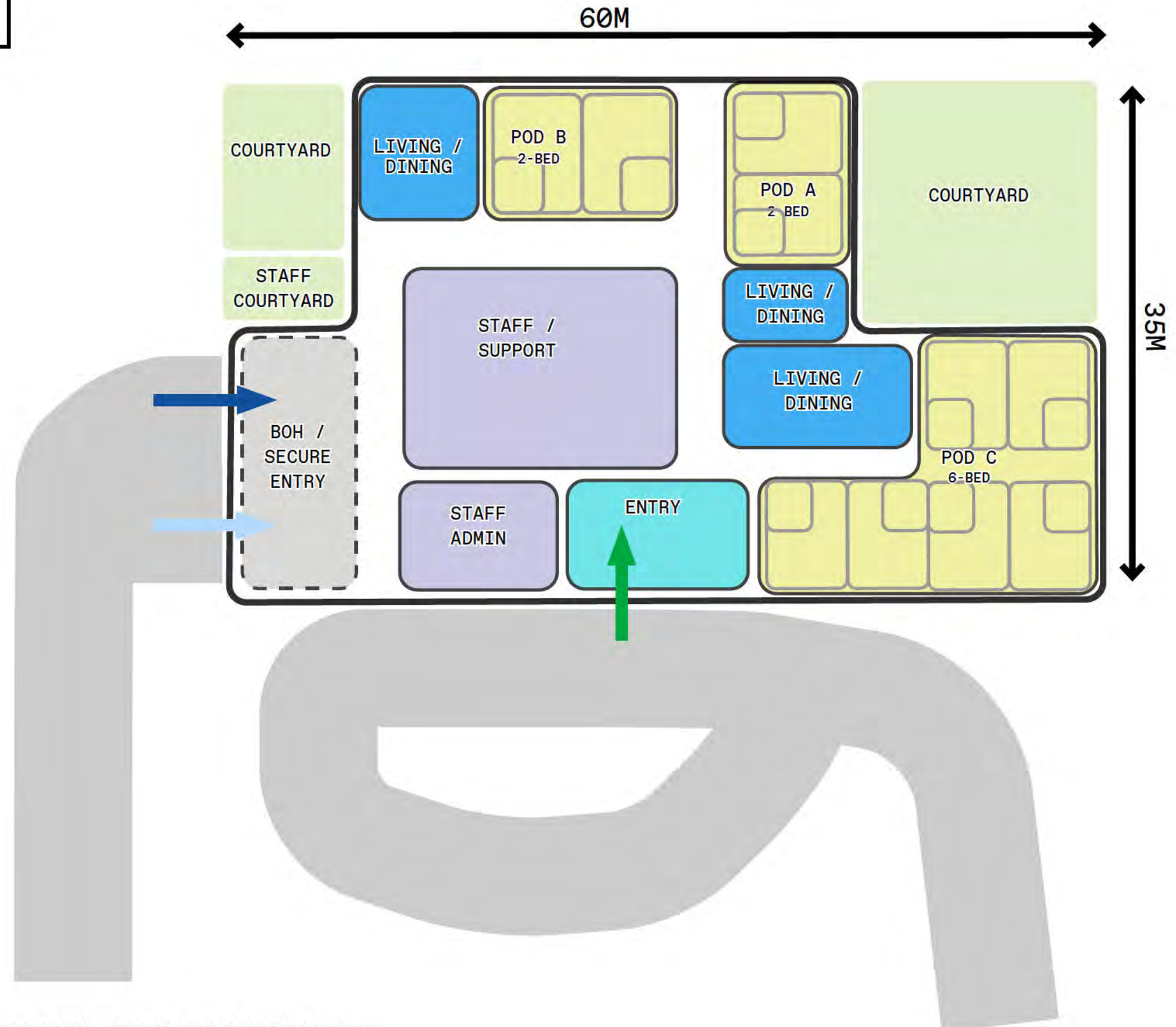
A preliminary non-block specific general test fit has been undertaken with the SoA areas taking into account the following principles;

- Separate access to be available for public/ visitors, staff entry/ logistics, and a more secure and discreet access for potentially agitated patients.
- Entry zone area allocated for waiting, visitor lounge with associated drop off.
- Centrally located Staff zone and support area with access and observation over all pods.
- Separation of bedroom pods with associated living areas to allow for varying patient cohorts.
- Shared areas for all pods located to optimise staff sight lines across to bedroom zones.
- External courtyard zones adjacent living / dining spaces.
- Access to courtyard area for staff.

This test fit diagram has been used as the basis for locating the footprint area for Site 2, options A-D and Site 3.

As Site 1 is located within the proposed mental health building, slight variation to this layout has been established, however the principles listed above remain consistent.

- LOUNGE + DAILY THERAPEUTIC SPACE
 - BEDROOMS
 - SECURE ENTRY, TRANSFER + LOADING
 - STAFF AREAS
 - COURTYARDS
 - ENTRY
- ➡ PUBLIC ENTRY INTO SECURE UNIT
➡ SECURE ENTRY
➡ LOGISTICS ENTRY



Site analysis & Test fits

03

Context

Connection to country

EXTRACT ACT GOVERNMENT - WWW.ACT.GOV.AU

Both of the proposed sites are located on Ngunnawal country, although it also holds significance to the Ngambri people.

People normally moved in small family groups but there were, on occasion, big gatherings of a thousand or more people at a time, coming together to make use of resources which were seasonally abundant (most famously the Bogong moth and the Yam Daisy). Important ceremonies were held, art was painted in rock shelters, marriages were arranged, goods were traded, important news was shared and old friends met again.

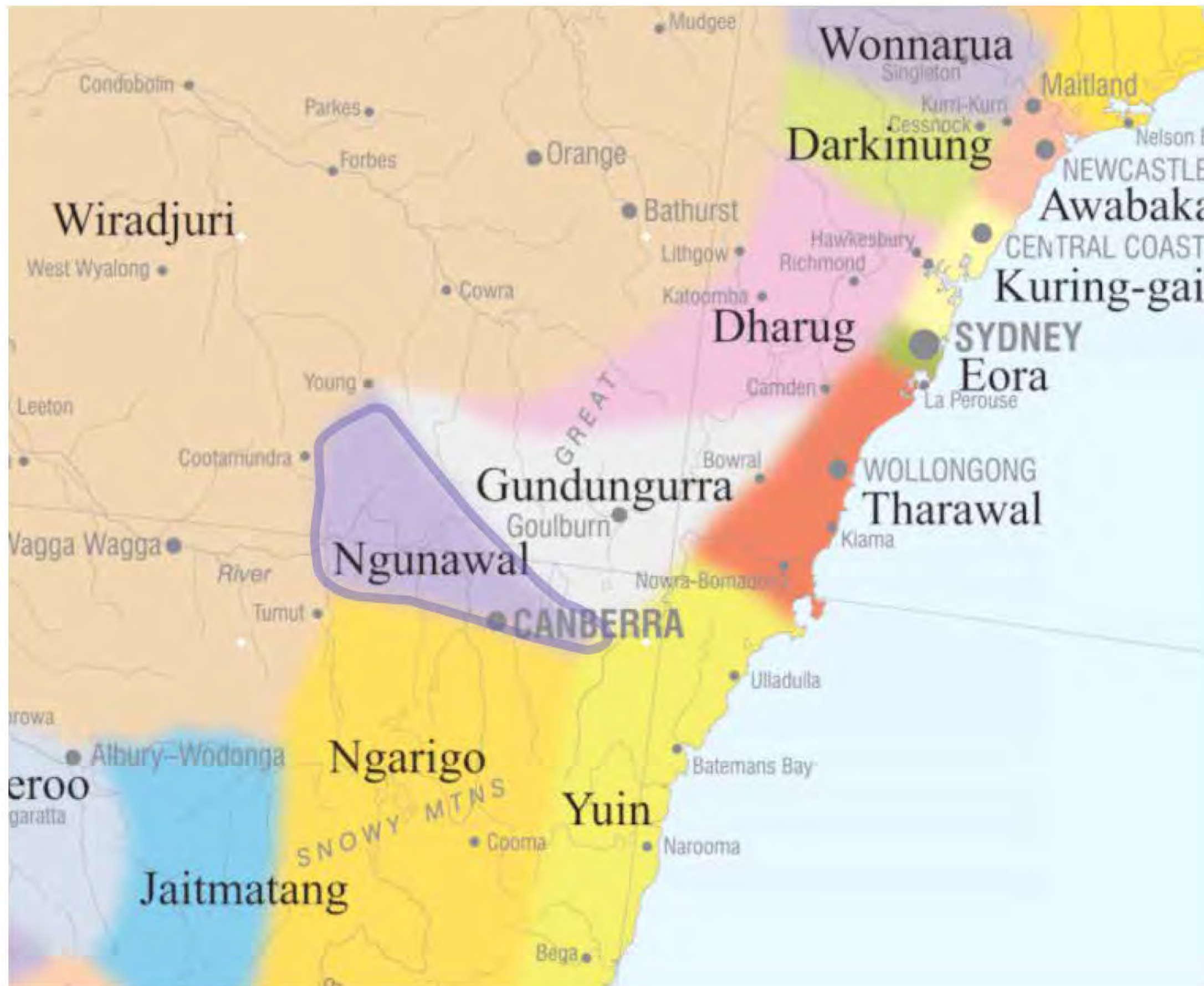
In summer, people visited the high country where the Bogong moth, in millions or billions, could be found hiding in rocky crevices to survive the warmer weather. The moths were rich in stored fats and oils and were enthusiastically eaten (some say the taste resembles peanut butter). The moths were shaken and teased out from under rocky overhangs into nets and then roasted on a fire. Some were smoked and stored as cakes for use in more difficult times. At other times, the lowland resources of plants, like Yam Daisies, and the freshwater resources of creeks and lakes could be harvested. In the harshness of winter, fur cloaks were worn for warmth and people would gravitate to the coast to share resources with the others there. Others moved further inland.

Indigenous people have been living here for at least 20 000 years, perhaps from the time when the extreme cold of the last Ice Age eased. The hunter-gatherer lifestyle continued to be practiced into the early nineteenth century, until the arrival of Europeans with their sheep flocks and cattle herds. The arrival of introduced diseases, like smallpox and measles, quickly affected Aboriginal numbers.

Introduced animals with hard hooves and big appetites rapidly reduced the abundance of plants like Yam Daisies, damaged water holes and creeks, and the essential food resources there. Graziers may also have restricted Aboriginal movement, and movement was essential in this region. Despite this, thousands of people continued to gather in the Snowy Mountains in Bogong season and, in 1826, some 1000 people gathered at Lake George to protest the behavior of shepherds.

Aboriginal people adapted to the arrival of Europeans by taking jobs as stock men, and proved their knowledge and skill could be applied to introduced stock. However, government policies and the pressures of this new occupation created severe social pressures on the Ngunnawal community and neighboring Indigenous peoples.

The Ngunnawal people have always remained in the area, and in recent years they have become more visible in the general community, and increasingly involved in affairs at the local and national level.



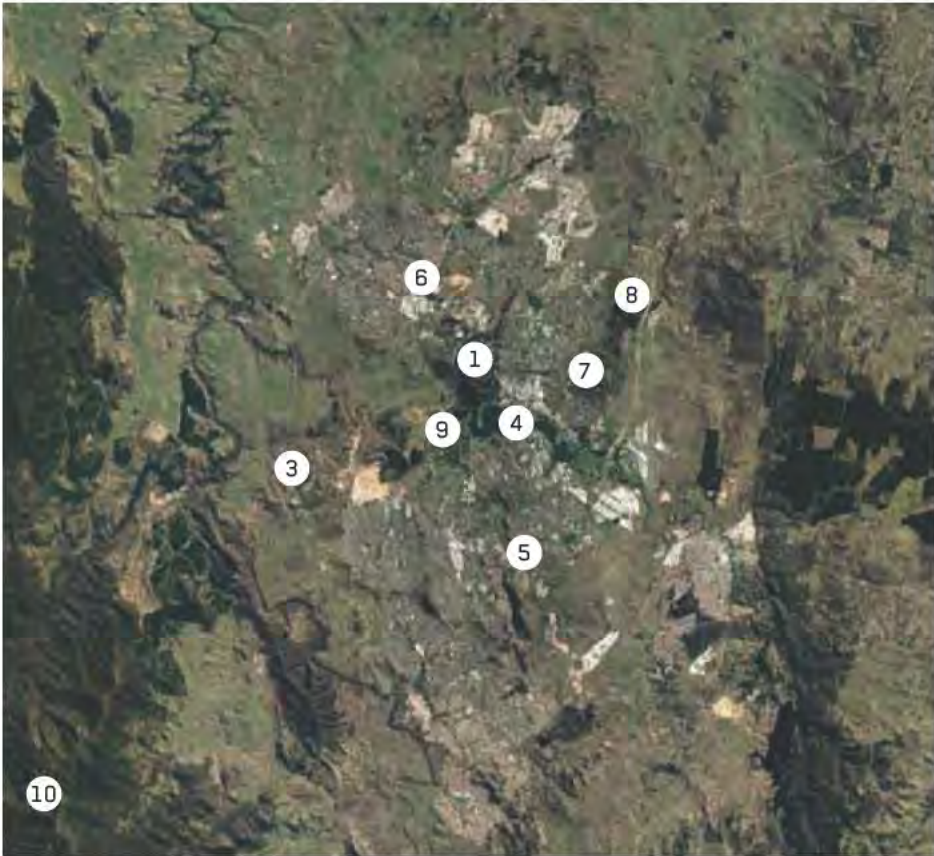
Context

Designing with country

Canberra is situated on Ngunnawal country, although it also holds significance to the Ngambri people.

Within Canberra there are numerous sites of Aboriginal significance. The most proximal is Black Mountain, a site of meeting place, business place and teaching.

To gain a more thorough understanding of Country on this site, the design response needs to be explored with the Ngunnawal and Ngambri communities. This will ensure a considered and appropriate response.



ESTABLISH SITES OF SIGNIFICANCE & IDENTIFY THEIR RELATIONSHIP TO THE CANBERRA NORTHSIDE HOSPITAL SITE

- 1 BLACK MOUNTAIN - MEETING PLACE, BUSINESS PLACE + TEACHING
- 2 AINSLIE - CORROBOREE GROUND
- 3 MOUNT STROMLO - ARCHAEOLOGICAL EVIDENCE OF CELESTIAL CALENDARS MADE FROM ROCKS
- 4 ACTON PENINSULA - FORMER CEREMONIAL GROUND
- 5 MUGGA MUGGA MOUNTAIN - ARTIFACT SCATTERS / HERITAGE LISTED
- 6 LAKE GINNINDERRA - CAMPING, ARTIFACT SCATTERS
- 7 MOUNT AINSLIE - WOMENS MOUNTAIN, TEACHING
- 8 MOUNT MAJURA - ARTIFACT SCATTERS
- 9 YEALAMBIGGEE (MONOGOLO RIVER) - ASSOCIATED WITH THE SPIRIT SNAKE 'GUDDY'
- 10 JEDBINBILLA MOUNTIAN (TIDBINBILLA) - MENS MOUNTAIN, INITIATION. INCLUDES BIRRIGAI ROCK AND HANGING ROCK - SHELTERS + ROCK PAINTING



VIEW TO BLACK MOUNTAIN



PLACES FOR GATHERING



Proposed siting options

A desktop investigation has occurred for three possible sites for the secure mental health unit.

Sites 1 and 3 have been subsequently discounted, thus this report focuses on the opportunities in Site 2.

SITE 1

Mental Health site - Canberra Northside Hospital Campus, Mary Potter Circuit, Bruce

- Block area 32,196m²
- Land Use Zone: CF: Community Facilities
- Territory Plan: Overlay zone
- Current site use: ACT Health - Mental Health Facilities
- Site Adjacencies: Bush land, Canberra Northside Hospital



SITE 2

Dhulwa Mugga Lane, Symonston

- Block area 12,575m²
- Land Use Zone: NUZ1:Broadacre
- Territory Plan: Overlay zone
- Current site use: Training centre for the Symonston Correctional Centre
- Site Adjacencies: Farm lands / bush lands, Dhulwa Mental Health Unit



SITE 3

Block 12, Section 1-02, Narrabundah Lane, Symonston

- Block area 63,000m²
- Land Use Zone: NUZ1:Broadacre Territory Plan: Overlay zone
- Current site use: NIL
- Site Adjacencies: Farm lands / bush lands



- PROPOSED SITE
- PROPOSED SITE BOUNDARY EXPANSION

Site 1

**Mental Health site - Canberra Northside Hospital Campus
Mary Potter Circuit, Bruce**



Site 1

Background

SITE 1

Mental Health site - Canberra Northside Hospital Campus, Mary Potter Circuit, Bruce

- Block area 32,196m²
- Land Use Zone: CF: Community Facilities
- Territory Plan: Overlay zone
- Current site use: ACT Health - Mental Health Facilities Site
- Adjacencies: Bush land, Canberra Northside Hospital

Site 1 is located at Mary Potter Circuit, Bruce, adjacent the Canberra Northside Hospital Campus.

This site was explored during Concept design for the Canberra Northside Hospital.

The site currently contains;

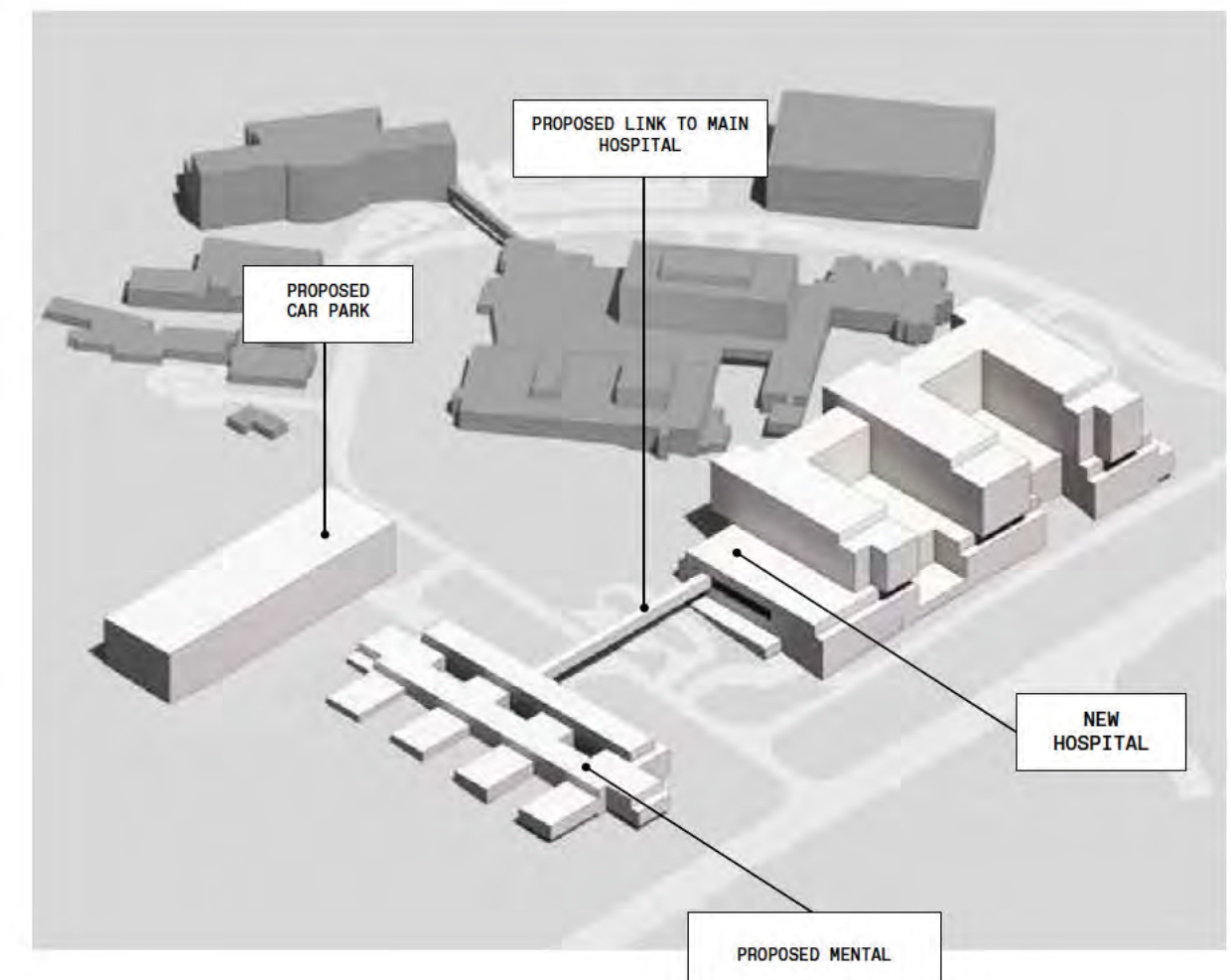
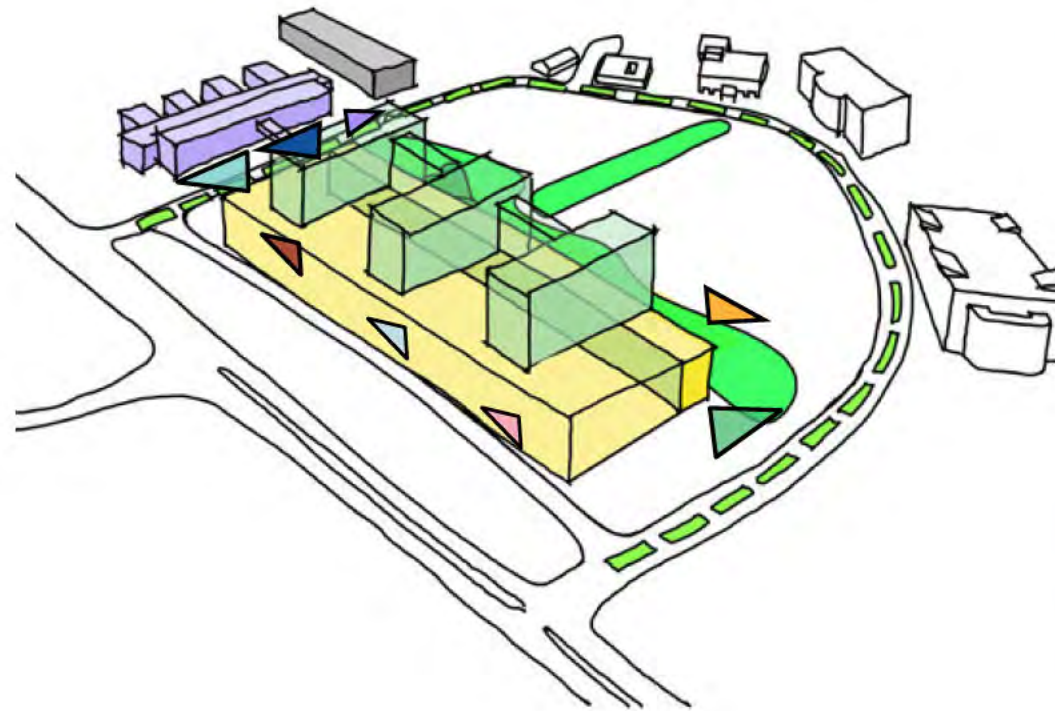
- Acute Mental Health
- Secure Unit
- Alcohol and other drugs
- Child and adolescent Mental Health
- Mental Health Administration

Concept design nominated this site to be developed for hospital associated Mental Health services including;

- Acute Mental Health
- Older Person's Mental Health
- High Dependency Mental Health
- Mental Health Ambulatory care

The selected mental health option has the following considerations;

- Stand alone mental health building positioned to the south eastern area of the northern block site.
- Multi-deck car park located to the north west within the APZ.
- Multi storey mental health building
- Allows for existing utilised beds to be retained and removed once new building is finished.
- Enables a staged approach.
- Relies on a relaxation of the APZ requirements to the northern portion of the site.



Site 1

Background

The key risk with Site 1 is the required site APZ's. Bushfire advice was obtained for this site. There is currently an Asset protection zone (APZ) over a significant portion of the site. The layout of the current building are reflective of this.

New legislation on bush fire management has produced more onerous APZ requirements the need to be applied to this site. Once applied, the residual site area is insufficient to fit the required mental health services.

Two strategies to overcome this have been proposed and a preferred option selected.

1 Current site APZ requirements

2 Recent advice from ACTF&R is that sensitive-use development within ACT are to be assessed against the Bushfire Protection Measures (BPM) required for Special Fire Protection Purpose (SFPP) development in accordance with the NSW Rural Fire Service (RFS) document, Planning for Bush Fire Protection 2019 (PBP).

Potential APZ requirements:

APZ dimensions are as per below and indicatively shown on the figure below:

- North-eastern boundary: 79 m
- South-eastern boundary: 67 m

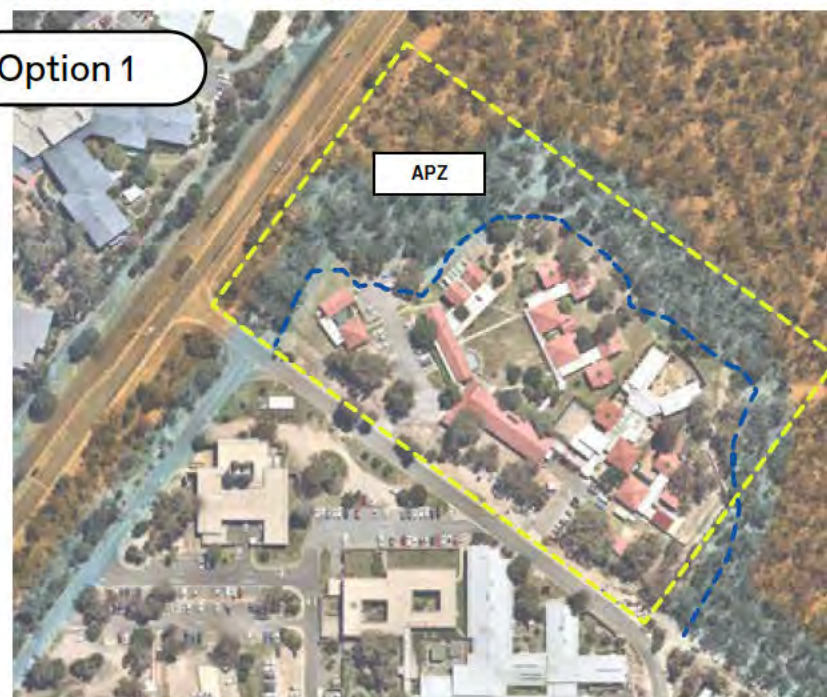
3 Strategy 3- There is a possibility these setbacks could be relaxed if certain outlined criteria is met such as fire modelling, canopy clearing, evacuation plans, building materiality and construction types.

4 Strategy 4 - In other areas of the site, the bushland of the neighbouring site has been cleared to provide the required clearance from the building without reducing the site area. This should be investigated as a possibility for the northern block site.

The preferred approach at the time of the concept design was Option 3. However, bushfire requirements remain a key risk to the viability and potential of this site and are the subject of ongoing consultation.

CURRENT SITE APZ REQUIREMENTS

Option 1



APZ AS PER RECENT FIRE ADVICE

Option 2



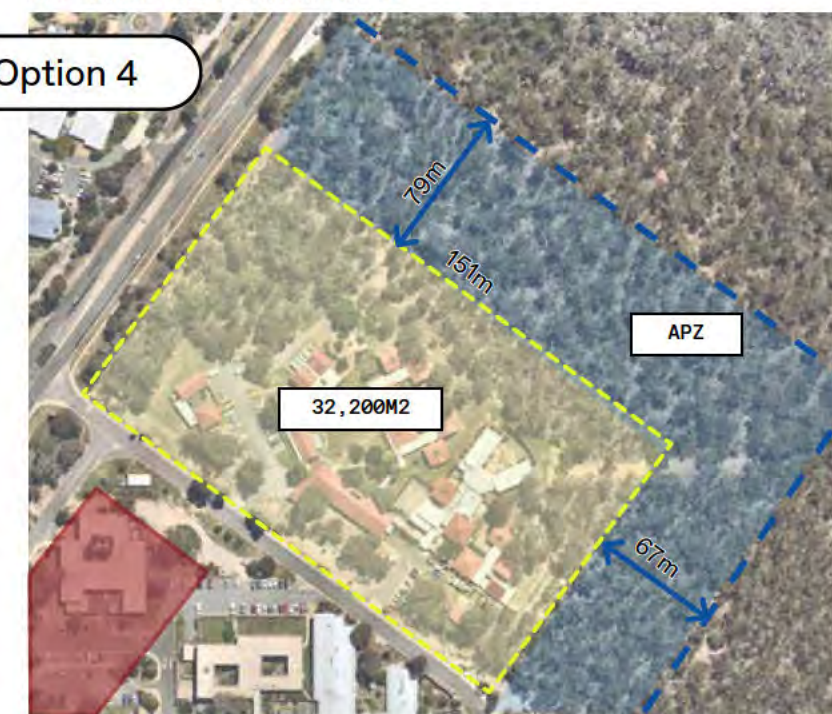
APZ PROPOSED STRATEGY 1 - SELECTED

Option 3



APZ PROPOSED STRATEGY 2

Option 4



Site 1

Background

A summary of proposed mental health facilities established durning Concept design is as follows:

Bush fire
The selected strategy for compliance with the nominated Asset Protection Zone (APZ) is the exploration of a relaxed setback to the north. Advice received from Planit notes that should certain criteria be met i.e; fire modelling, canopy clearing, evacuation plans, building materiality and construction types, a less onerous APZ could be considered. This is currently the subject of ongoing and separate consultation with the Emergency Services Agency and other key stakeholders.

In this option, the APZ to the east is achieved due to the positioning of the multi-deck car park within this zone. The regulations stipulate it is permissible for car parking structures to reside within the APZ.

Entry and Address
A designated mental health entry and drop off can be established from Mary Potter Circuit into the northern site. Further along Mary Potter, a secondary road access is proposed to provide access for vehicle entry to the car park, the mental health services zone and the High Dependency Unit (HDU) drop off.

Logistics and hospital support services will be within the main hospital building, with an underground link proposed to service the mental health facility.

For staff and patient transfers, an above ground link over Mary Potter Circuit has been suggested. This will link across on the theatre floor.

Test fit studies
A test fit study was completed to ensure the scheduled areas and bed numbers could fit on the site. The priority for this design is to ensure the majority of patient beds and communal spaces can be located on the ground floor. It was deemed acceptable to have the older persons unit on the second floor so long as outdoor courtyard access could be achieved.

BUSH FIRE



- NORTHERN MENTAL HEALTH SITE
- ASSET PROTECTION ZONE (APZ)
- PROPOSED NEW HOSPITAL ACUTE SERVICES BUILDING
- PROPOSED LOCATION FOR THE NEW MULTI - DECK CARPARK

ENTRY AND ADDRESS

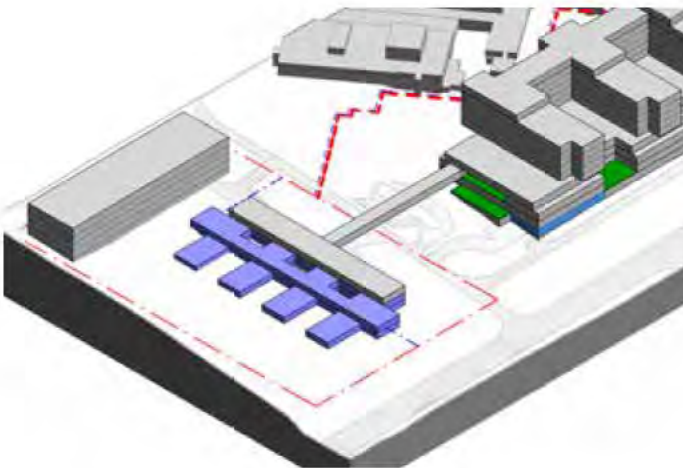


- NORTHERN MENTAL HEALTH SITE ENTRY
- POTENTIAL NEW CAR PARK ENTRY
- POTENTIAL OVER ROAD PATIENT LINK TO NEW HOSPITAL
- POTENTIAL UNDERGROUND LOGISTICS LINK

TEST FIT STUDIES



- ZONE FOR MULTI DECK CAR PARK
- COMMUNIAL AREAS
- AMBULATORY CARE
- SUPPORT ZONES
- STAFF AREAS
- PATIENT COURTYARDS
- POTENTIAL BED NUMBERS
- LIFT TO LINK BRIDGES

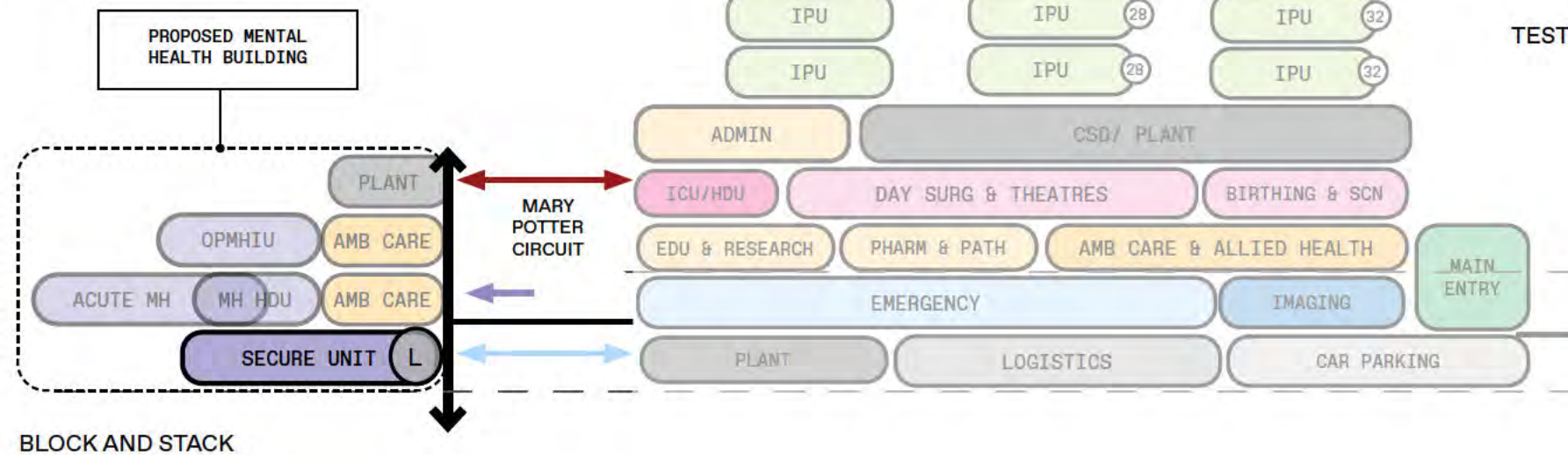


Site 1

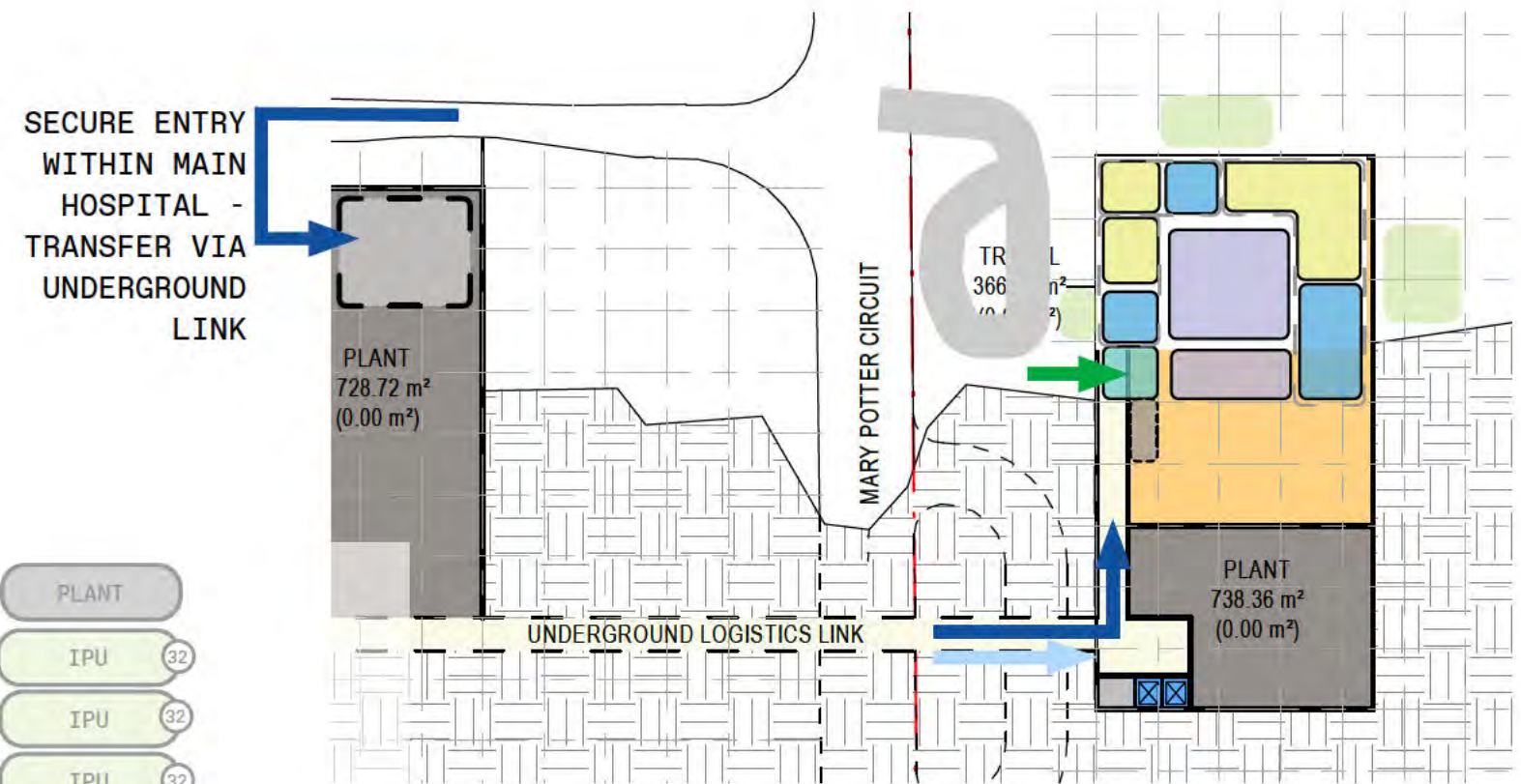
Proposal

The selected mental health option has the following considerations;

- Stand alone mental health building positioned to the south eastern area of the northern block site.
- Multi-deck car park located to the north west within the APZ.
- Mental health bedrooms across 3x floors
- Separate entry for secure unit
- Entry into secure unit available through main hospital including transfers from ED or other areas of mental health.
- Logistics link under Mary Potter Circuit connects this facility to the main building enabling shared services.
- Co-location of mental health staff
- Staff and patient link from the main hospital on theatre level.
- Effective staging: new building can be constructed, mental health services decanted and then existing facility demolished.

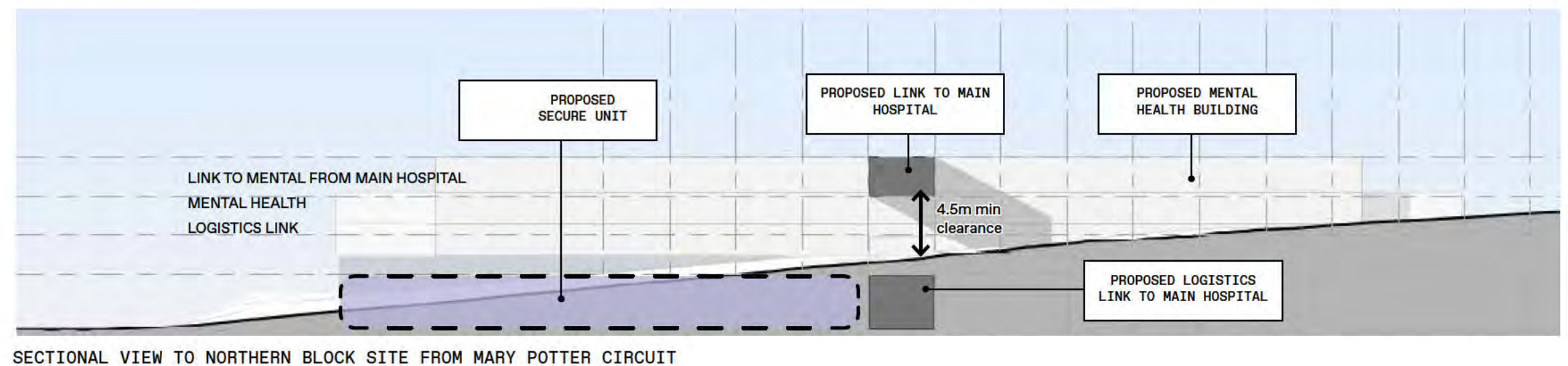


BLOCK AND STACK



TEST FIT PLAN - LOWER GROUND LEVEL

- LOUNGE / DINING AREAS
- BEDROOM POD
- POTENTIAL FOR TRANSFER + LOADING
- STAFF AREAS
- COURTYARDS
- ENTRY
- ➔ PUBLIC ENTRY INTO SECURE UNIT
- ➔ SECURE ENTRY
- ➔ LOGISTICS ENTRY INTO MENTAL HEALTH HOSPITAL
- ➔ MAIN ENTRY INTO MENTAL HEALTH BUILDING
- ➔ LINK INTO MAIN HOSPITAL / MEDICAL FLOORS



SECTIONAL VIEW TO NORTHERN BLOCK SITE FROM MARY POTTER CIRCUIT

Site 2

Block 15 - Section 49 - Mugga Lane, Symonston (Dhulwa)



Site 2

Proposed site

Site 2 is located at Block 15 Section 49 Symonston. Following a discussion with Major Projects Canberra / ACT Health, it was suggested that the boundary of site 2 could be expanded to include additional area to the north, south and south east of the current Dhulwa facility. This extending the assessment to surrounding Block 16 and Block 17 and enabled 4x test fits associated with this site.

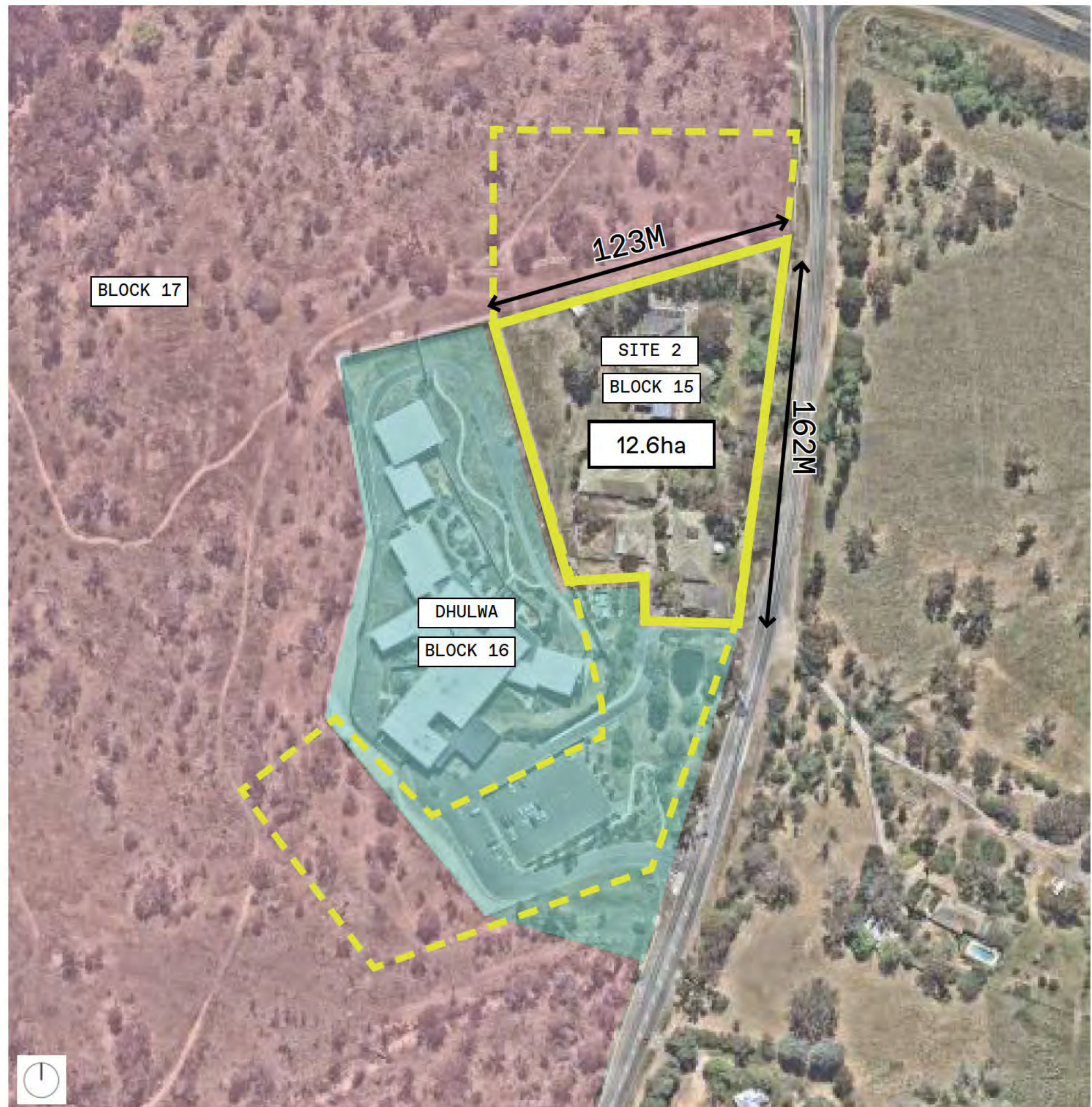
The Site 2 diagram herein indicates the extent of primary Site 2 on Block 15 with a solid yellow line. The proposed Site 2 boundary extension is indicated by the additional dashed yellow line showing inclusion of part portion of Block 16 and Block 17 directly adjacent to Block 15.

Town planning advice from Planit and a preliminary desktop site study has revealed the following:

SITE 2

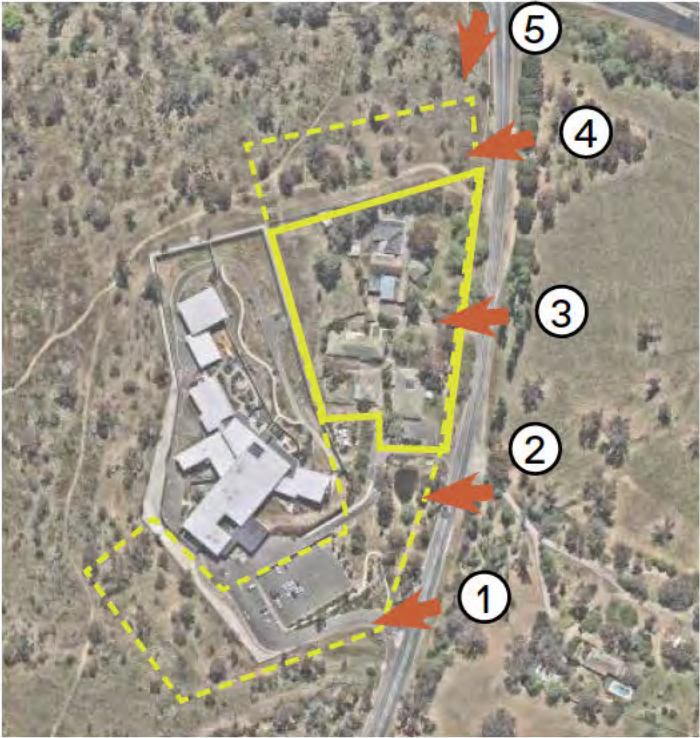
- Block 15 area 12,575m²
- Land Use Zone: all blocks are NUZ1:Broadacre
- Territory Plan: Overlay zone
- Current site use: Block 15 is used for emergency training purposes in custodianship of Justice and Community Services (JACS). Block 16 contains the Dhulwa Secure Mental Health Unit. Block 17 is unleased land in the custodianship of EPSDD Parks and Conservation Services.
- Site Adjacencies: Farm lands / bush lands, Dhulwa Mental Health Unit.
- There are few specific planning controls for the Broadacre zone in the new Territory Plan, so providing the use is permissible, it would need to respond to the assessment outcomes in the Non Urban Zones Policy.
- As blocks 15 and 17 are unleased land, there may be an opportunity to consolidate blocks, adjust the block boundaries or create a new block.
- All blocks are within the bushfire prone area.
- All blocks have potential threatened woodlands.
- The blocks are outside the 1% AEP Flood Model extent
- There are no nominated, provisional or registered Heritage values on site.
- There are no registered trees on the site.
- There are trees that may meet the threshold for protection under the Urban Forest Act.
- Block 17 has potential for rare invertebrates.
- There is an easement for access in Block 16 which provides that the Lessee shall at all times permit the Lessee of Block 15 to pass and repass through the easement and no buildings or structures can be built within the easement.
- The sites are not on the Register of Contaminated sites, but an investigation would be appropriate to ensure there is no contamination from previous uses.
- Development of this type of facility would only be considered permissible on Blocks 15 or 17 if it is determined that the use can either be defined as residential care accommodation or complementary use, otherwise an amendment to the Territory Plan would be required.

- BLOCK 16
- BLOCK 17
- BLOCK 15 - SITE 2 BOUNDARY
- PROPOSED SITE BOUNDARY EXPANSION



Site 2

Context - Site Photos



Site conditions

Development constraints

TOPOGRAPHY

INFORMATION FROM ACTMAPI

Across site 2, the topography rises approximately 6m from the site's western boundary across to Mugga Lane on the east. The area with the steepest topography is the southern part of the expanded site in where there is an approximate 8 metre rise from Dhulwa's site boundary to the proposed boundary expansion to the south west. There is also a ridge to the south western edge of the Dhulwa site raising 4m upward from the height of the current carpark.

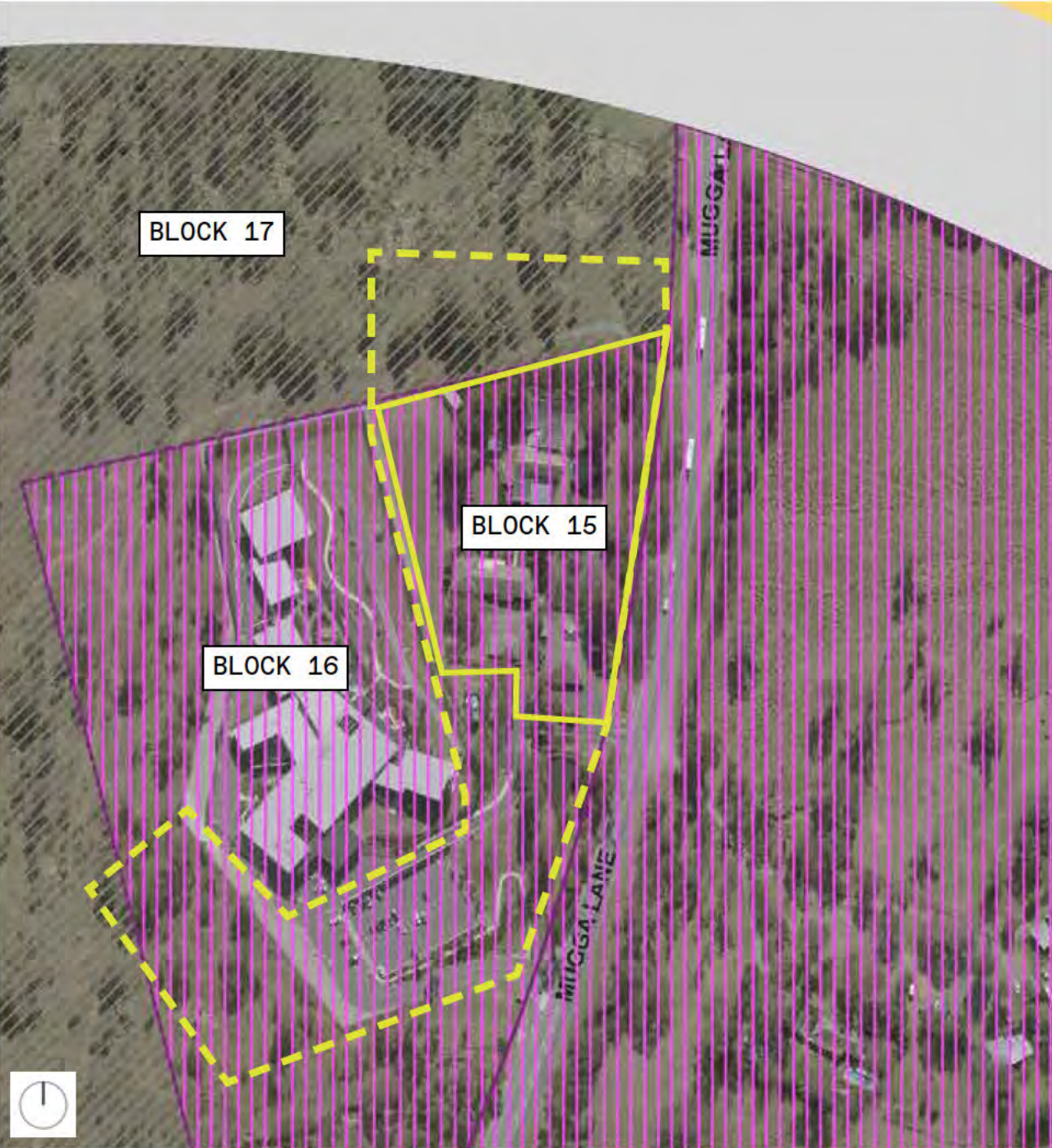


- SITE BOUNDARY
- 1 METRE CONTOURS

TERRITORY PLAN LAND USE ZONES

INFORMATION FROM ACTMAPI

Blocks 15, 16 and (part) 17 Section 49 Symonston are all Territory land zoned NUZ1 Broadacre. Block 15 is currently unleased land in the custodianship of JACS, Block 17 is unleased land in the custodianship of EPSDD Parks and Conservation Services.



- SITE BOUNDARY
- NON URBAN - NUZ1 - BROADCAST
- DESIGNATED AREAS
- TRANSPORT AND SERVICES - TSZ1

Site conditions

Development constraints - Biodiversity

THREATENED PLANTS & ECOLOGICAL COMMUNITIES

INFORMATION FROM ACTMAPI

Within both the proposed and expanded sites, there are areas identified as containing threatened plant species. This has been identified as potentially threatened woodland. A ecology report is required to further understand what restrictions this may place on site usage.



POTENTIAL THREATENED WOODLAND

VEGETATION COMMUNITIES

INFORMATION FROM ACTMAPI

Although no registered trees are noted on site, trees that may meet the threshold for protection. Areas of the nominated site may contain Blakely's red gum and/or yellow box tall grassy woodlands. The ecological values of the site will need to be considered in any planning for development. An ecology report will be required.



U19 BLAKELY'S RED GUM - YELLOW BOX GRASSY WOODLAND
URBAN AND DEVELOPED AREAS



BLAKELY'S RED GUM (EXAMPLE)



BLAKELY'S RED GUM - YELLOW BOX GRASSY WOODLAND (EXAMPLE)

Site conditions

Development constraints - Bush fire

BUSH FIRE PRONE AREA

INFORMATION FROM ACTMAPI

The following mapping studies indicate large areas of the primary and expanded site are within a bush fire prone area. Further assessment and advice is required from a bush fire consultant to understand any potential site restrictions. It should be noted, an APZ zone has been established around the Dhulwa site. We would assume subsequent developments around this facility may apply a like approach.



 BUSHFIRE PRONE AREA

BUSH FIRE MANAGEMENT ZONES

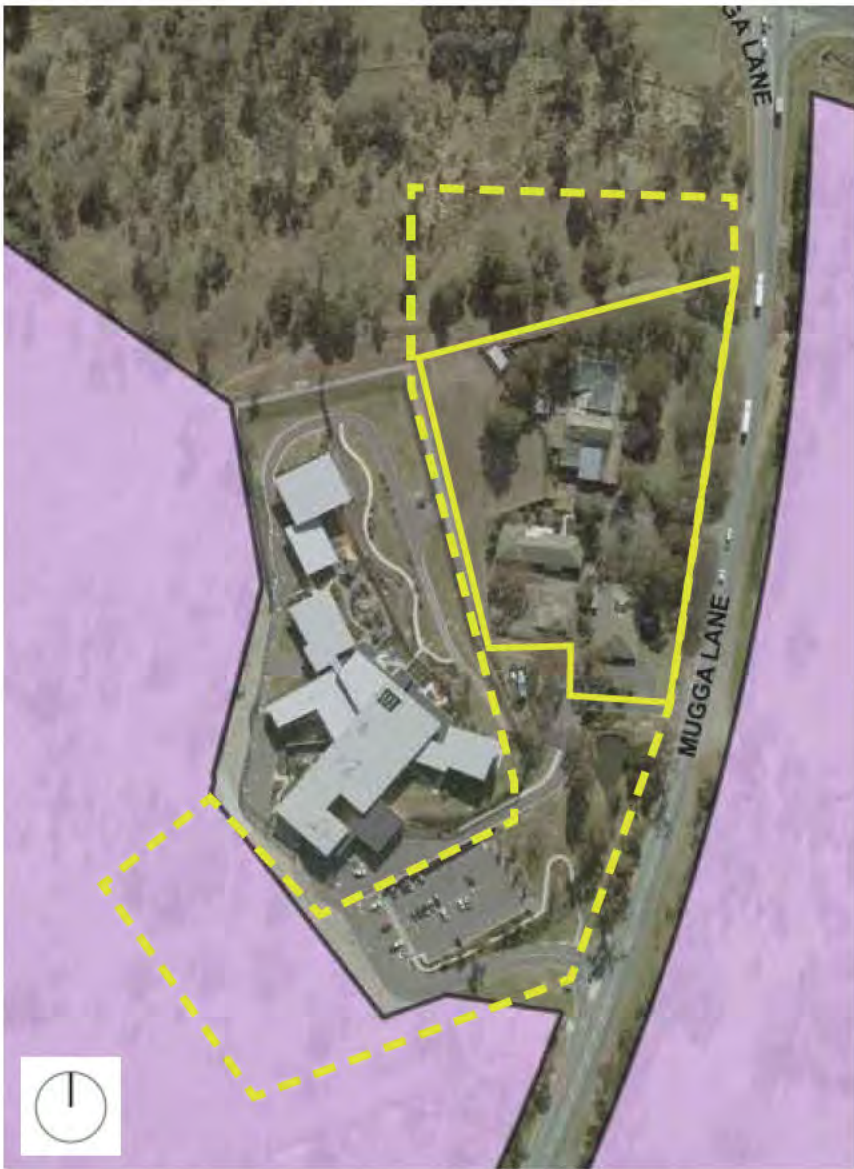
INFORMATION FROM ACTMAPI



 SFAZ AGRICULTURAL
 OUTER ASSET PROTECTION ZONE
 INNER ASSET PROTECTION ZONE
 SFAZ ACT GOVERNMENT

BUSH FIRE ABATEMENT ZONE

INFORMATION FROM ACTMAPI



 BUSHFIRE ABATEMENT ZONE

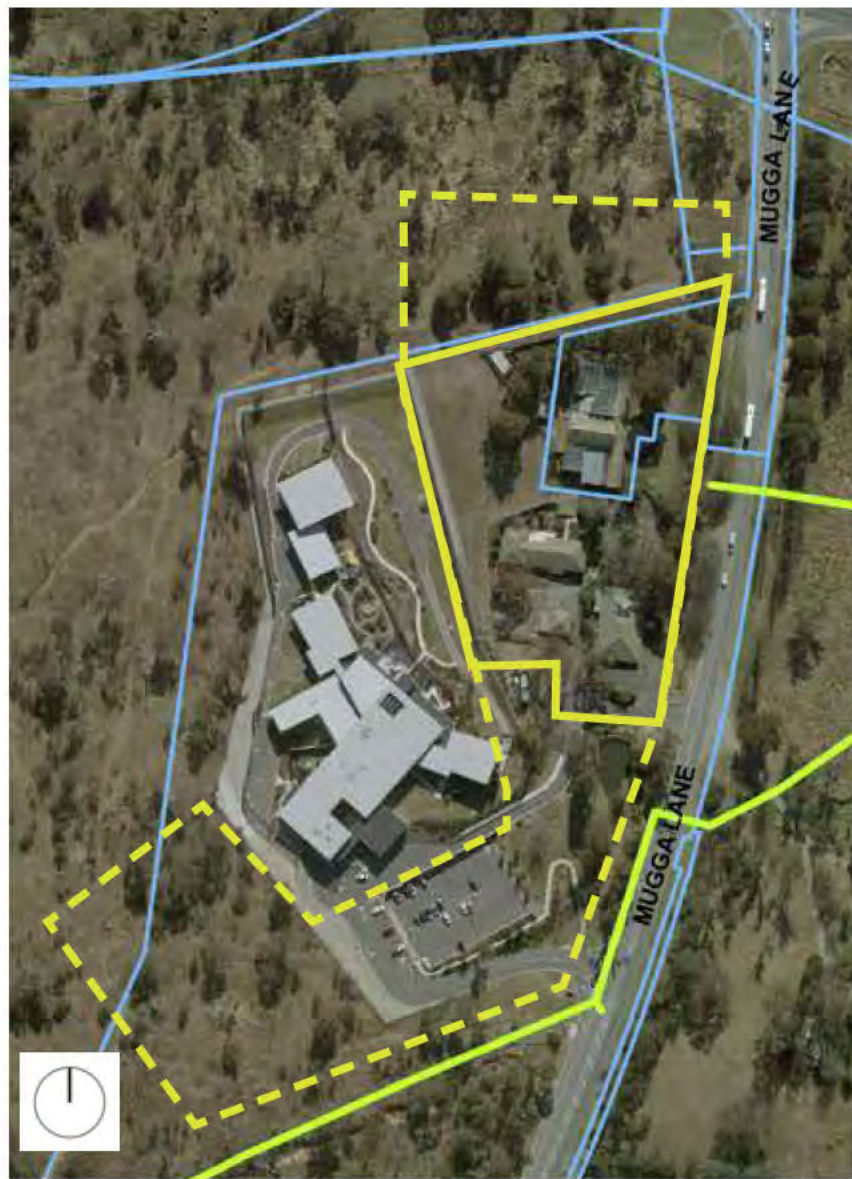
Site conditions

Development constraints - Existing services

WATER SERVICES

INFORMATION FROM ACTMAPI

There is a 100 mm water main traversing the site. This service may need adjustment and relocation to suit the relevant planning option. Alternatively an approach could be to retain and protect the water main for a build-over option. The size and capacity of the water main will need to be assessed to confirm if capable of supporting the development, or if upgrade works will be required. For additional information refer to the services report attached.



- SEWER GRAVITY MAINS
- WATER MAINS

EASEMENTS

INFORMATION FROM ACTMAPI

The following mapping study indicates that there are no significant easements affecting the proposed site. There is a right of way easement road located along the south-east boundary of nominated site, however this remains unaffected by the proposed options.



- RIGHT OF WAY EASEMENT

OVERHEAD POWER LINES

INFORMATION FROM ACTMAPI

Overhead power lines run along Mugga Lane and then across the southern boundary of the expanded site. The current proposal sorts to avoid these lines however further advice around the area of setback around these power lines is required.



- OVERHEAD POWER LINES

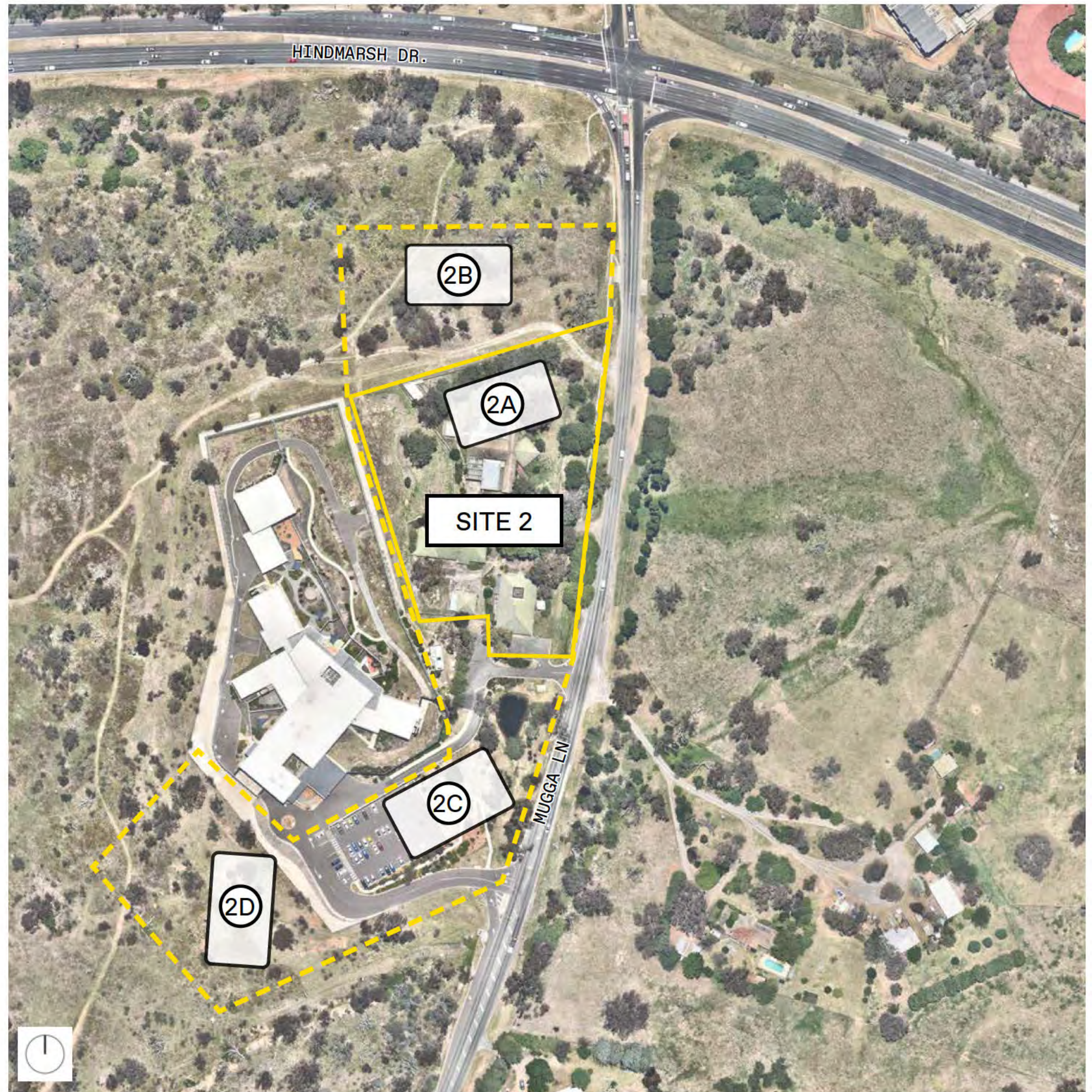
Test fit options

Four options have been explored in association with site 2.

- Option 2A - test fit responding to the preliminary brief to investigate Block 15 as the primary site.
- Option 2B - this option looks at expanding the site boundary to create a site to the north of Block 15.
- Option 2C - this option is positioned on the vacant area within the current Dhulwa site.
- Option 2D - this options looks at expanding the Dhulwa site boundary to create a site to the south west.

Additional to the test fits studies, each siting option will need additional studies from services, town planning, bush fire and ecological to determine the feasibility of the alternative siting locations.

- SITE BOUNDARY
- PROPOSED SITE BOUNDARY EXPANSION



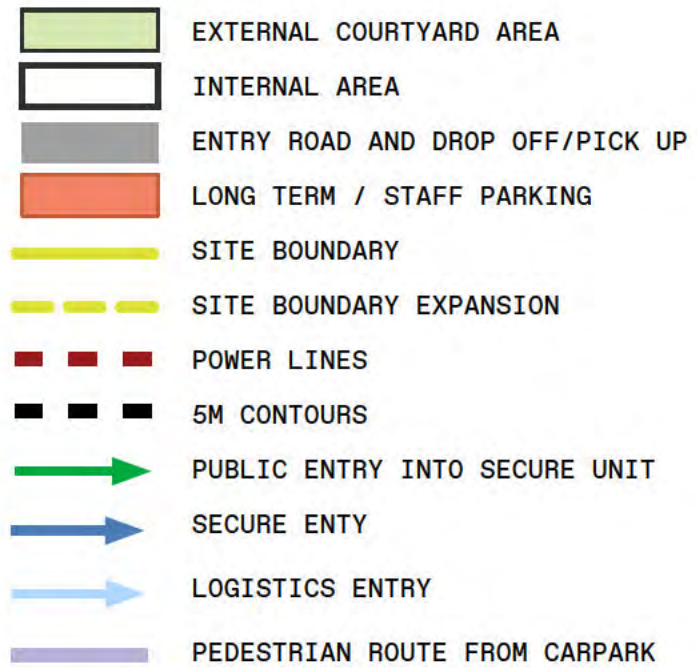
Test Fit - Site 2 Option 2A

Site plan

Positioned on Site 2, this option looks to position the secure mental health building on the northern portion of the site. This enables the existing site facilities to the south to remain. This option seeks to retain and extend the existing site access and road infrastructure while also establishing an on site car park to service this facility. It assumes the removal of the main building on site which is currently used as a corrections training facility.

The siting of the main building proposes entry off Mugga Lane then accesses a drop off point close to the building's main entry with a separate discrete/ secure access and staff/ logistics access to the western side. A car park area is proposed to be provided to the south of the main building with ease of access from the entry road and drop off.

A preliminary item of note requiring further assessment as stipulated in the Arup Due Diligence Report (Appendix 4) is the potential for contamination risk from the historical and current uses.



Test Fit - Site 2

Option 2B

Site plan

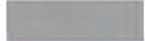
Test fit Option 2B located to the north of Block 15 as part of an expanded site.

The benefits of this location is as follows:

- Retention of the existing correctional centre training facility in its current location.
- The new facility remains in close proximity to Dhulwa while establishing its own identity.
- The site has an existing entry point which can be upgraded to provide site access to the new development.
- Potential for outlook over neighboring grassland for patient bedrooms.
- Enables future expansion through further massaging of the site boundary or growth to the east.
- Establishment of a visitor/patient and drop off and separate road and entry point for logistics and potentially volatile patients.

This site will also require the establishment of a car park.

Based on the planning report, Option 2B would be located within the Designated Area and so require works approval from the National Capital Authority.

-  EXTERNAL COURTYARD AREA
-  INTERNAL AREA
-  ENTRY ROAD AND DROP OFF/PICK UP
-  LONG TERM / STAFF PARKING
-  SITE BOUNDARY
-  SITE BOUNDARY EXPANSION
-  POWER LINES
-  5M CONTOURS
-  PUBLIC ENTRY INTO SECURE UNIT
-  SECURE ENTRY
-  LOGISTICS ENTRY
-  PEDESTRIAN ROUTE FROM CARPARK



Test Fit - Site 2

Option 2C

Site plan

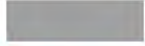
Test fit Option 2C assesses the location of the new mental health development collocated with the Dhulwa mental health facility.

The location provides the benefit of being in very close proximity to Dhulwa with the potential to share the use of the main access road off Mugga Lane and the existing car park facilities. The topography appears to be relatively flat due to the surrounding infrastructure already in place.

The benefits of this location is as follows:

- Retention of the existing correctional centre training facility in its current location.
- Enables sharing of the existing entry road and car park already establish for Dhulwa.

Test fit studies of this site, revealed the site area to be constrained by the surrounding road infrastructure on the east and the west, the existing rainwater retention basin to the north and the car park to the south-west. Should this site be selected, in locating the building footprint, the eastern area of the existing car park will need to be removed in order to accommodate the required SOA areas. Subject to further traffic advice, the Dhulwa carpark could be relocated to the west of its current location. The design would need to consider the topography to minimise earthworks and accessibility requirements due to the grade changes.

-  EXTERNAL COURTYARD AREA
-  INTERNAL AREA
-  ENTRY ROAD AND DROP OFF/PICK UP
-  LONG TERM / STAFF PARKING
-  SITE BOUNDARY
-  SITE BOUNDARY EXPANSION
-  POWER LINES
-  5M CONTOURS
-  PUBLIC ENTRY INTO SECURE UNIT
-  SECURE ENTY
-  LOGISTICS ENTRY
-  PEDESTRIAN ROUTE FROM CARPARK



Test Fit - Site 2

Option 2D

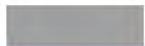
Site plan

In this option, the proposed mental health facility is located to the south west of the Dhulwa site and suggests an expansion of the current site boundary.

The benefits of this location is as follows:

- Retention of the existing correctional centre training facility in its current location.
- Enables sharing of the existing entry road and car park already establish for Dhulwa.
- The new facility remains in close proximity to Dhulwa while establishing its own identity.
- Enables future expansion through further massaging of the site boundary or growth to the east.
- Potential for outlook over neighboring grassland for patient bedrooms.

This site has an 8m fall across it thus a building in this location may required significant requirements for earthworks. The building has been positioned in alignment with the contours, in an attempt to minimised the required leveling. The embankment currently around the edge of the Dhulwa site will also need to be addressed to provide access for staff from the existing car park. A visitor / patient drop off and car park will need to be established on the extended site adjacent the new facility.

-  EXTERNAL COURTYARD AREA
-  INTERNAL AREA
-  ENTRY ROAD AND DROP OFF/PICK UP
-  LONG TERM / STAFF PARKING
-  SITE BOUNDARY
-  SITE BOUNDARY EXPANSION
-  POWER LINES
-  5M CONTOURS
-  PUBLIC ENTRY INTO SECURE UNIT
-  SECURE ENTY
-  LOGISTICS ENTRY
-  PEDESTRIAN ROUTE FROM CARPARK



Site 3

Block 12, Section 102, Narrabundah Lane, Symonston



Site 3

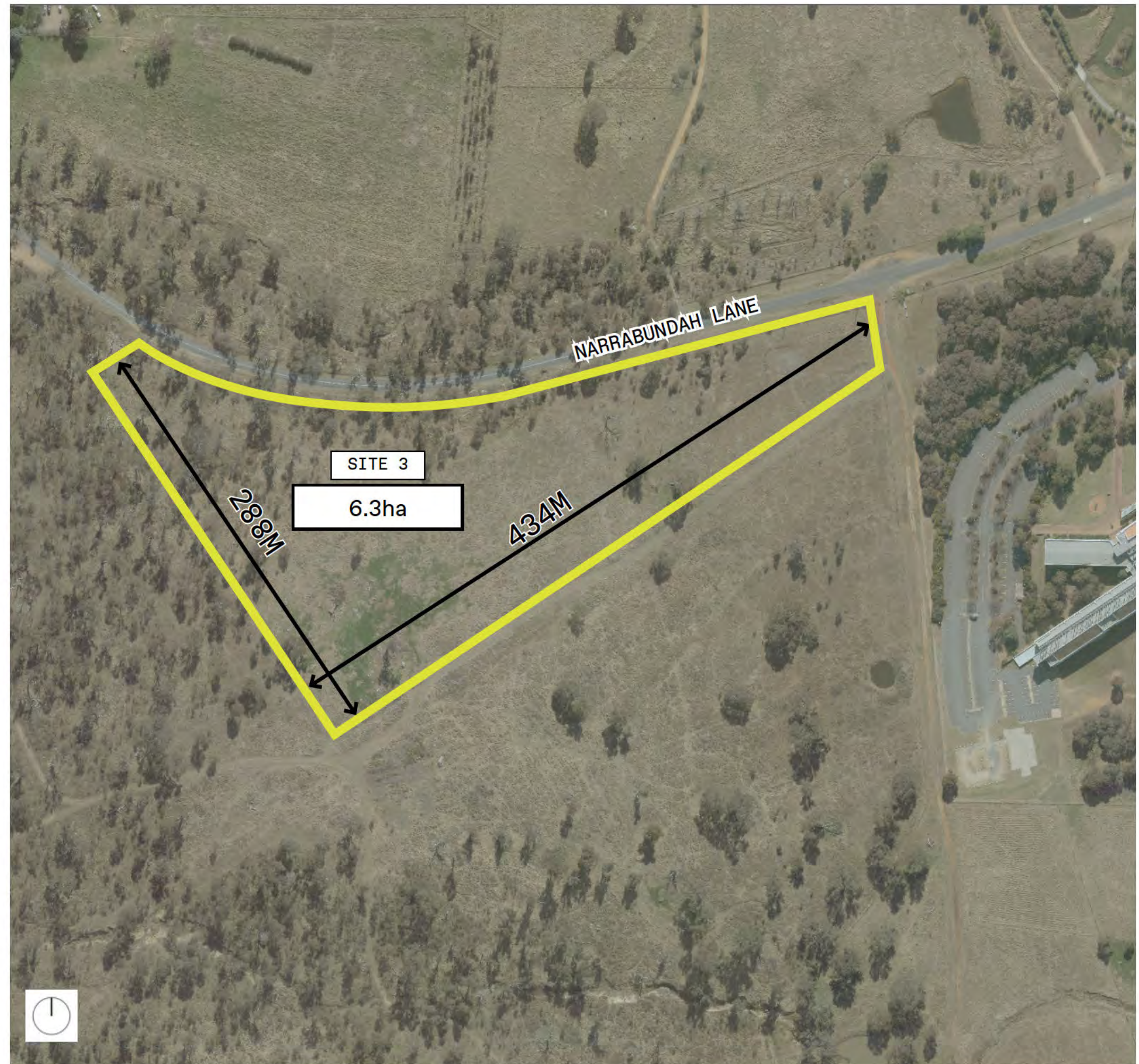
Context

Site 3 is located at Block 12 Section 102 Symonston fronting Narrabundah Lane.

Town planning advice from Planit and a preliminary desktop site study has revealed the following:

SITE 3

- Block area 63,000m²
- Land Use Zone: NUZ1:Broadacre
- Current ownership: unleased Territory land in the custodianship of EPSDD Parks and Conservation
- Current site use: NIL
- The site is within the Eastern Broadacre Strategic Assessment area, so decisions about the use of the land may not be possible until this assessment is complete
- Hospital is not a permitted use in the NUZ1 Broadacre zone unless it can be defined as residential care accommodation or complementary use, an amendment to the Territory Plan would be required.
- Site Adjacencies: Agricultural land / Callum Brae Nature Reserve/ Department of Health government offices
- The block is within the bushfire prone area
- The block has potential threatened woodland and protected plants
- The block is outside the 1% AEP Flood Model extent
- There are no nominated, provisional or registered Heritage values on site.
- There are no registered trees on the site.
- There are trees that may meet the threshold for protection under the Urban Forest Act.
- The site is not on the Register of Contaminated sites



— SITE BOUNDARY

Site 3

Context - Site Photos



Site conditions

Development constraints

TOPOGRAPHY

INFORMATION FROM ACTMAPI

The topography rises approximately 14 metres from the Narrabundah Lane eastern frontage across to the south-west boundary of Block 12.

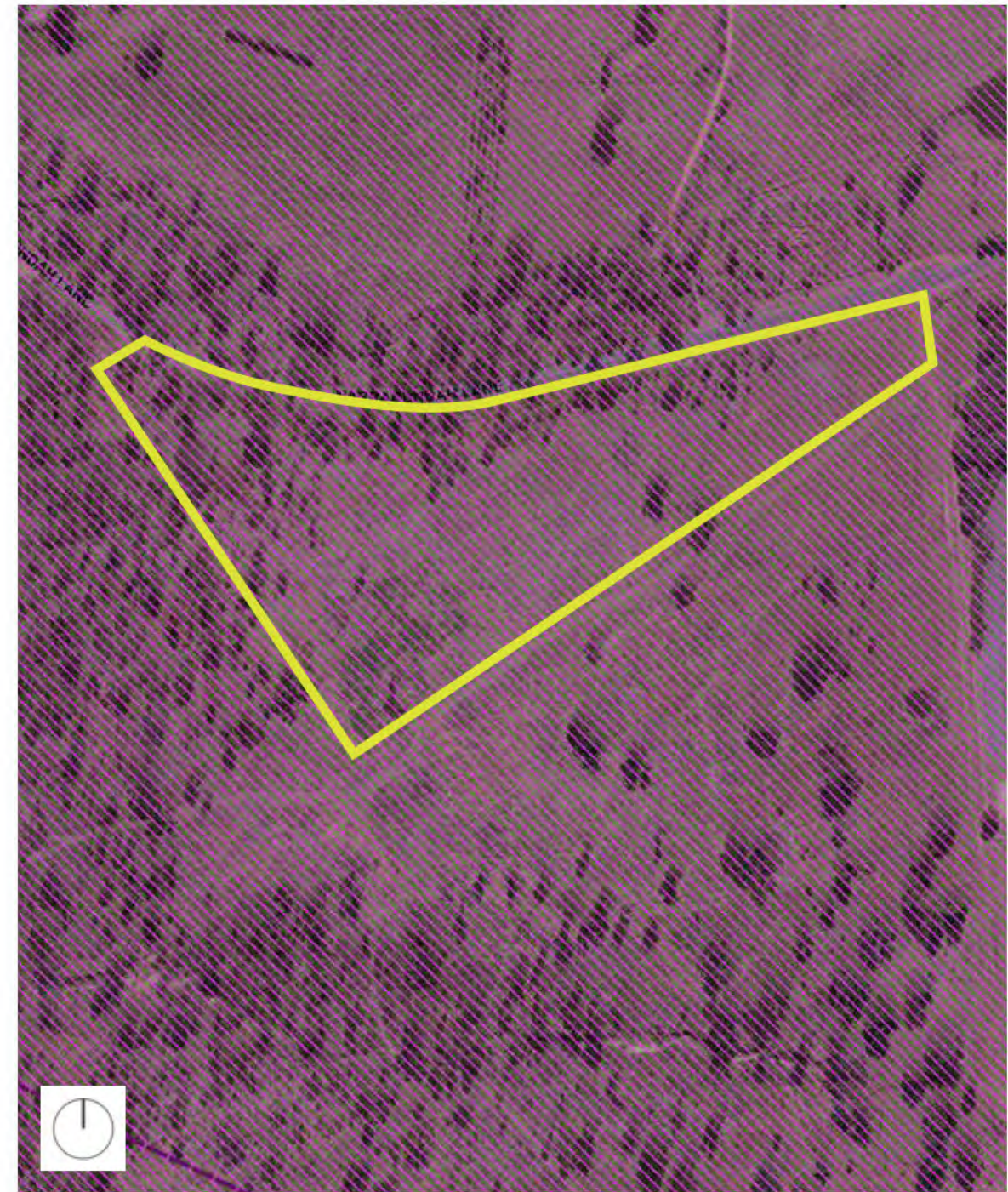


- SITE BOUNDARY
- 1 METRE CONTOURS

TERRITORY PLAN LAND USE ZONES

INFORMATION FROM ACTMAPI

The site is unleased Territory land zoned NUZ1 Broadacre in the custodianship of EPSDD Parks and Conservation Services.



- SITE BOUNDARY
- NON URBAN - NUZ1 - BROADCARE

Site conditions

Development constraints

BIODIVERSITY

THREATENED PLANTS AND ECOLOGICAL COMMUNITIES

INFORMATION FROM ACTMAPI

Within the proposed site there are areas identified as containing threaten plant species. This has been identified as potentially threatened woodland, native grasslands and exotic grasslands. A ecology report is required to further understand what restrictions this may place on site usage.

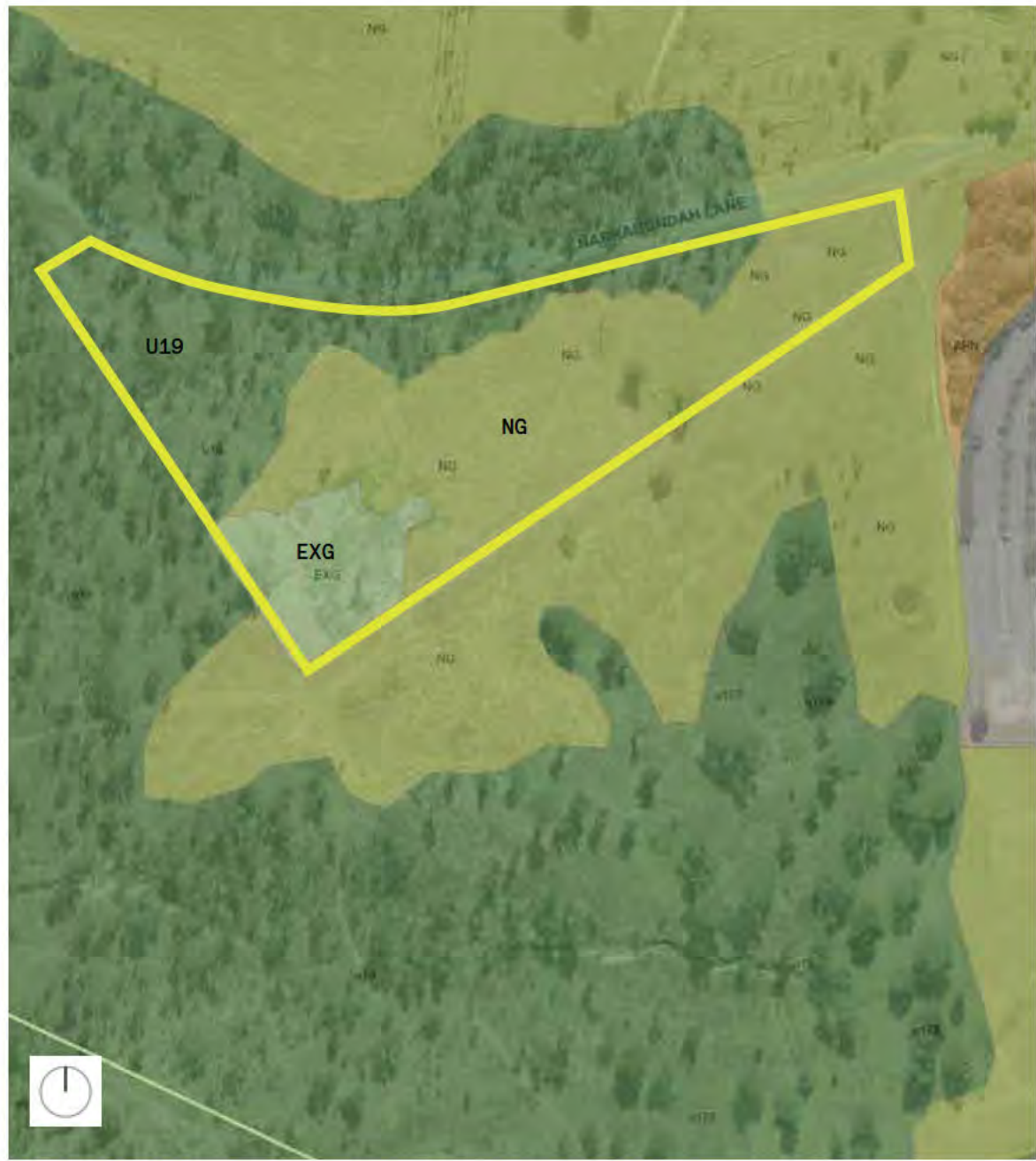


- | | | | |
|--|------------------|--|-------------------------------|
| | RARE PLANTS | | POTENTIAL THREATENED WOODLAND |
| | EXOTIC GRASSLAND | | NATIVE GRASSLAND |

VEGETATION COMMUNITIES

INFORMATION FROM ACTMAPI

Although no registered trees are noted on site, trees that may meet the threshold for protection. Areas of the nominated site may contain Blakely's red gum, exotic grasslands and native grasslands. The ecological values of the site will need to be considered in any planning for development. An ecology report will be required.



- | | | | | | |
|--|---|--|-------------------------------|--|---------------------|
| | U19 BLAKELY'S RED GUM - YELLOW BOX TALL GRASSY WOODLAND | | EXG EXOTIC GRASSLAND | | NG NATIVE GRASSLAND |
| | APN AMENITY PLANTING NATIVE | | URB URBAN AND DEVELOPED AREAS | | |



BLAKELY'S RED GUM (EXAMPLE)



EXOTIC GRASSLANDS (EXAMPLE)



NATIVE GRASSLANDS (EXAMPLE)

Site conditions

Development constraints

BUSH FIRE PRONE AREA

INFORMATION FROM ACTMAPI

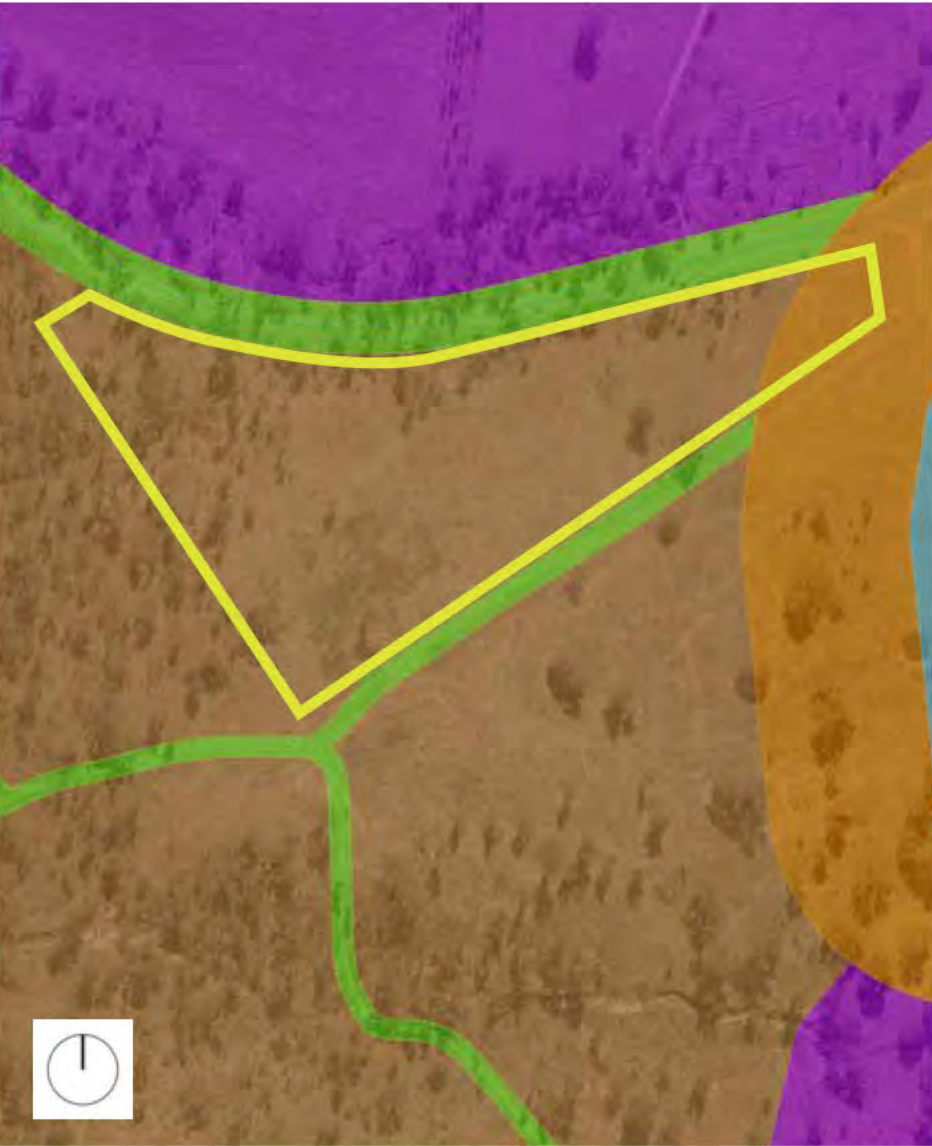
The following mapping studies indicate the site is within a bush fire prone area. Further assessment and advice is required from a bush fire consultant to understand any potential site restrictions.



BUSH FIRE PRONE AREA

BUSH FIRE MANAGEMENT ZONES

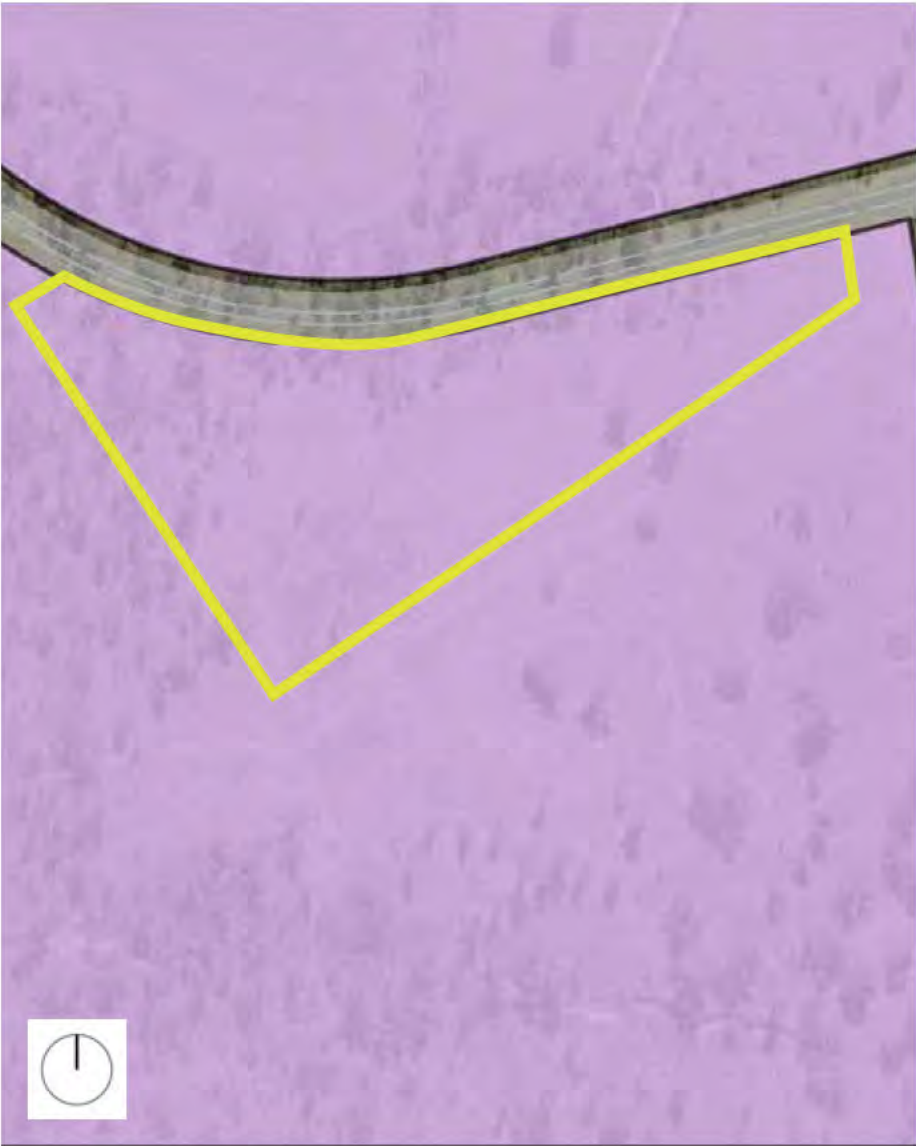
INFORMATION FROM ACTMAPI



- SFAZ AGRICULTURAL
- OUTER ASSET PROTECTION ZONE
- INNER ASSET PROTECTION ZONE
- SFAZ ACT GOVERNMENT
- LANDSCAPE FIRE MANAGEMENT ZONE

BUSH FIRE ABATEMENT ZONE

INFORMATION FROM ACTMAPI



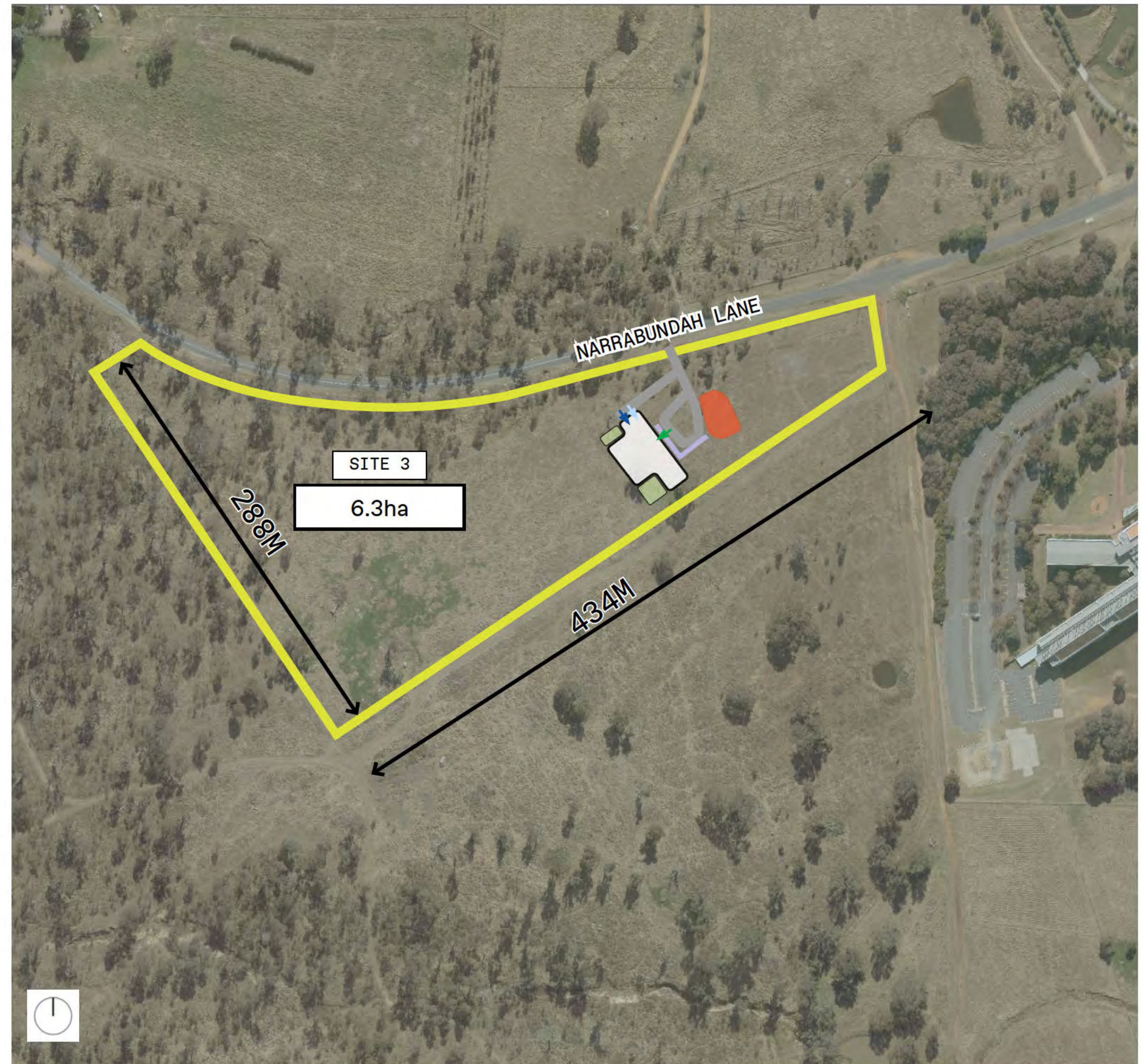
BUSHFIRE ABATEMENT ZONE

Site 3

Context

Site 3 presents a large site area with many available options for siting. The area proposed has been selected for the following reasons:

- Minimise site usage to enable this site to be used for subsequent facilities as required.
- Easy access from Narrabundah Lane to minimise quantity of roads.
- Enables future expansion to both the east and west.
- Potential for outlook over neighboring grassland for patient bedrooms.
- Sufficient green space around the building to create garden and buffering from the road and neighbouring properties.



— SITE BOUNDARY

Site 3

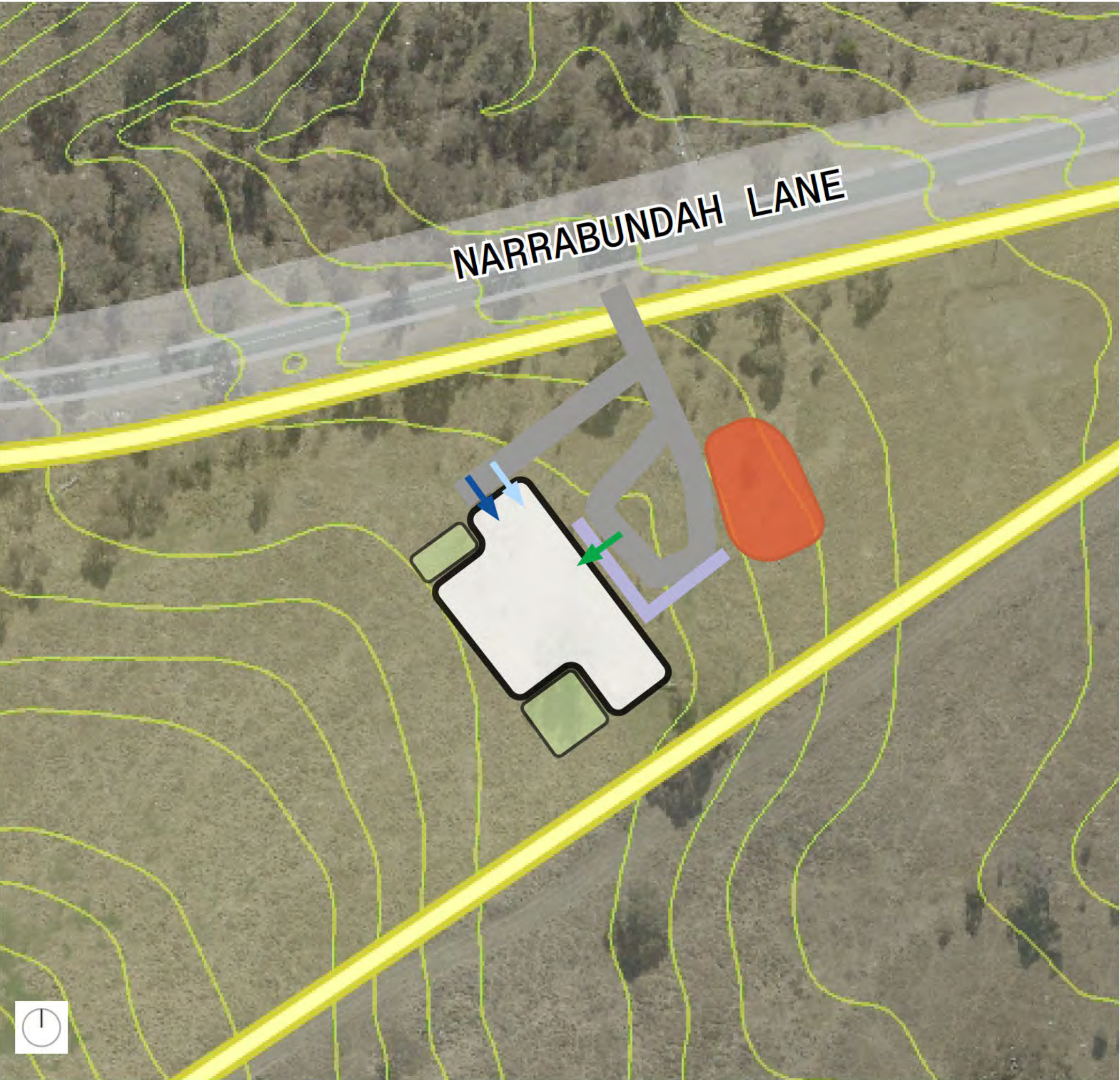
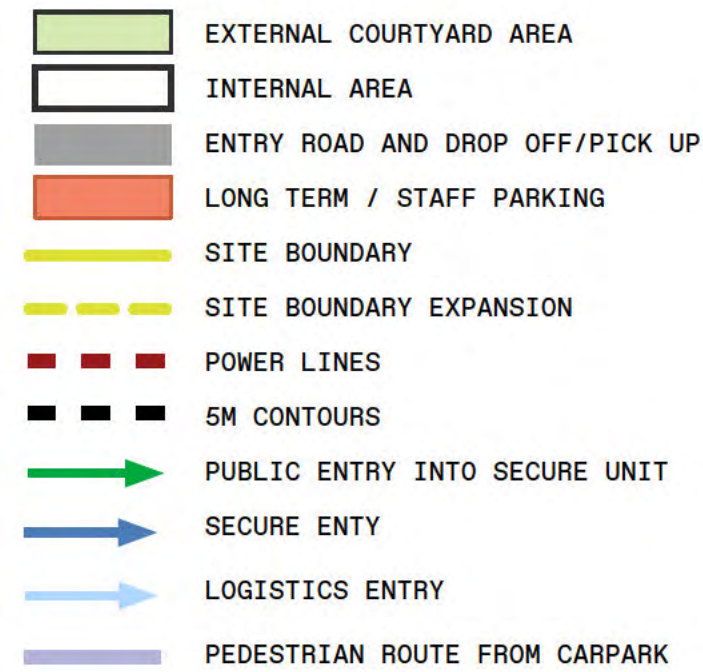
Context

In this option, the proposed mental health facility is located to the eastern portion of the site. The position has been selected to work in within the existing topography.

The benefits of this location is as follows:

- Establishment of logistic and public entry road.
- Large site with numerous opportunities for siting.
- Potential for outlook over neighboring grassland for patient bedrooms.
- Enables future expansion to the west.

This option was discounted by ACT Health and MPC thus no further studies are required for this location.



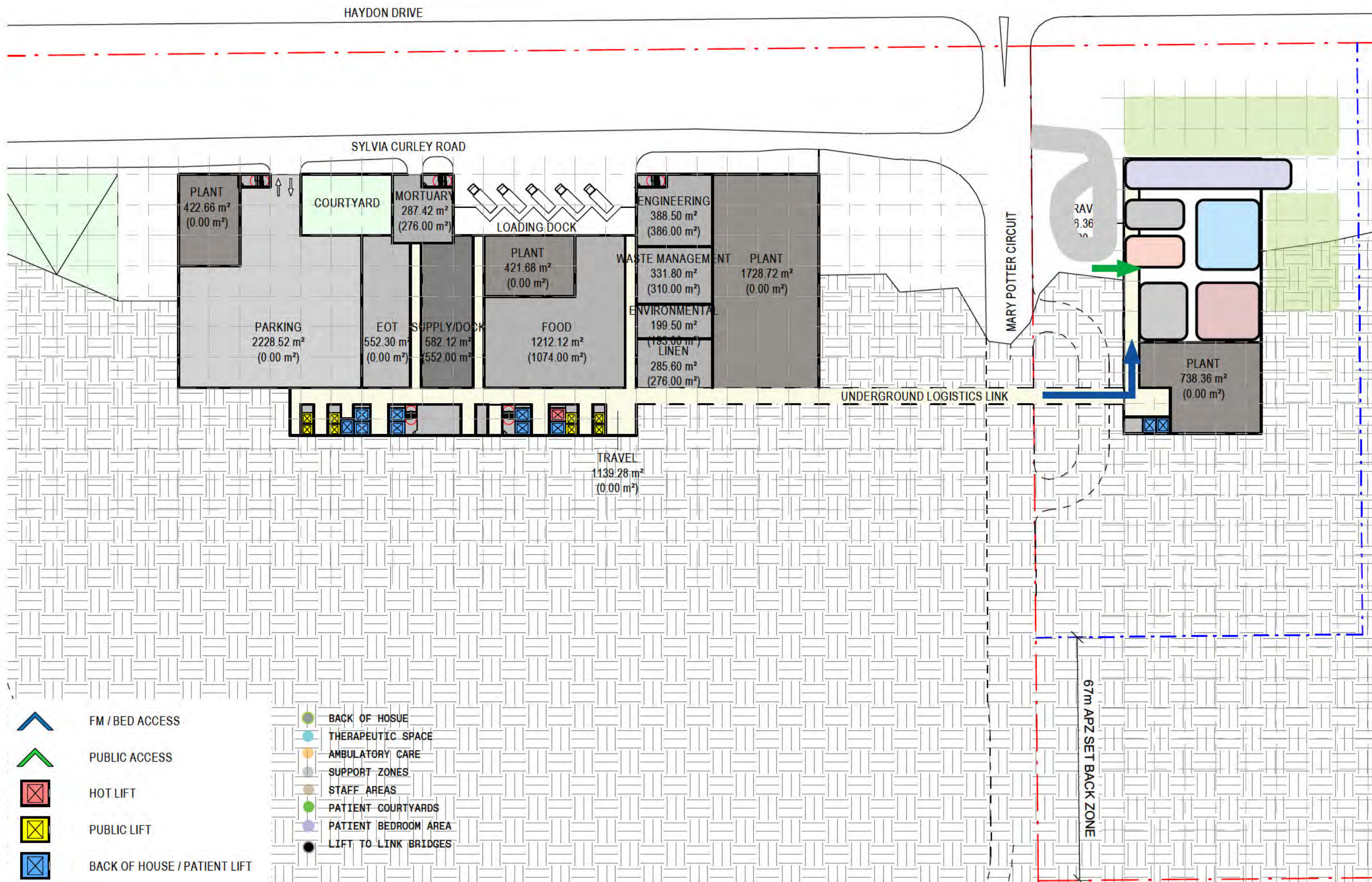
Appendices

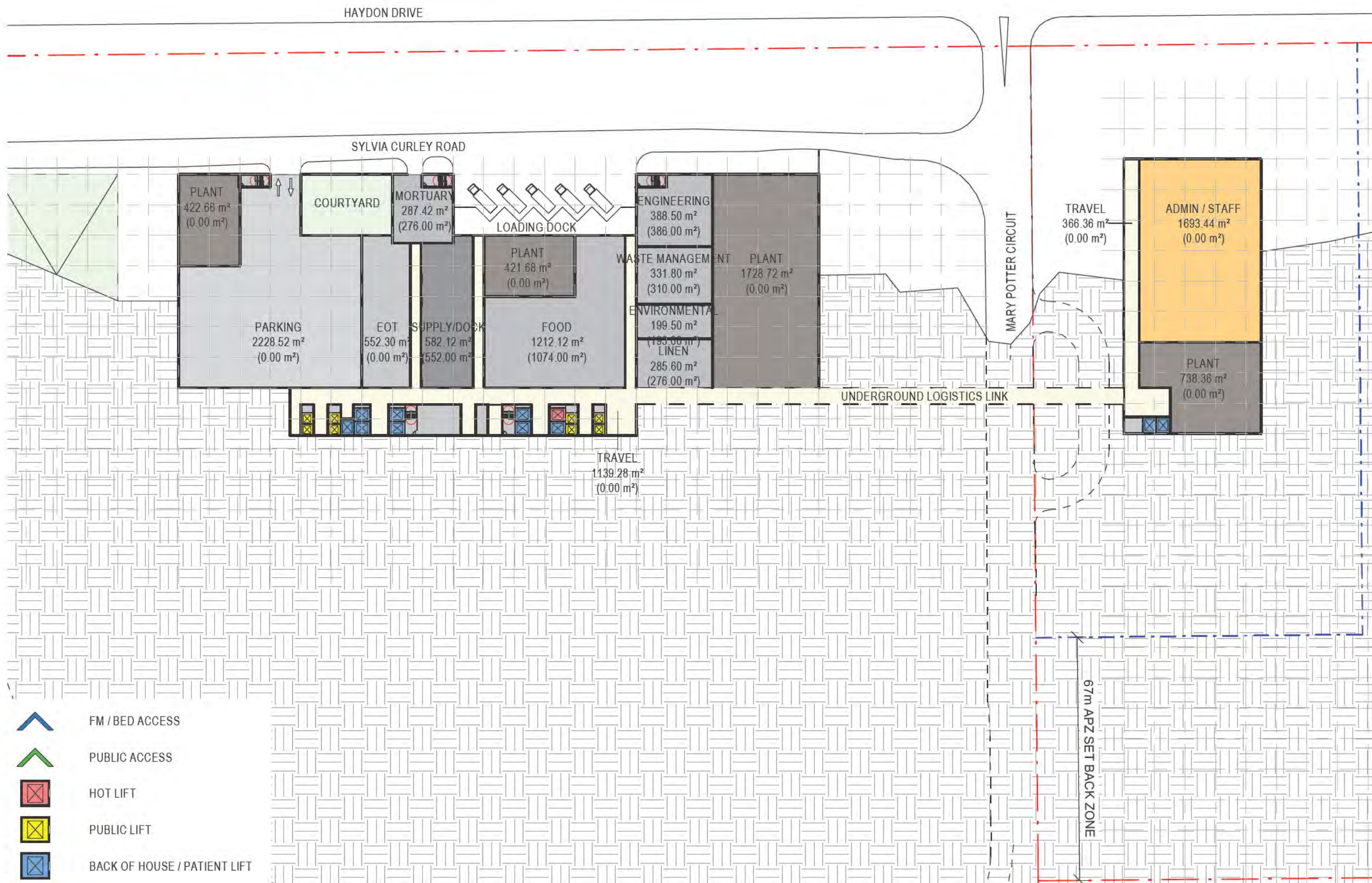
04

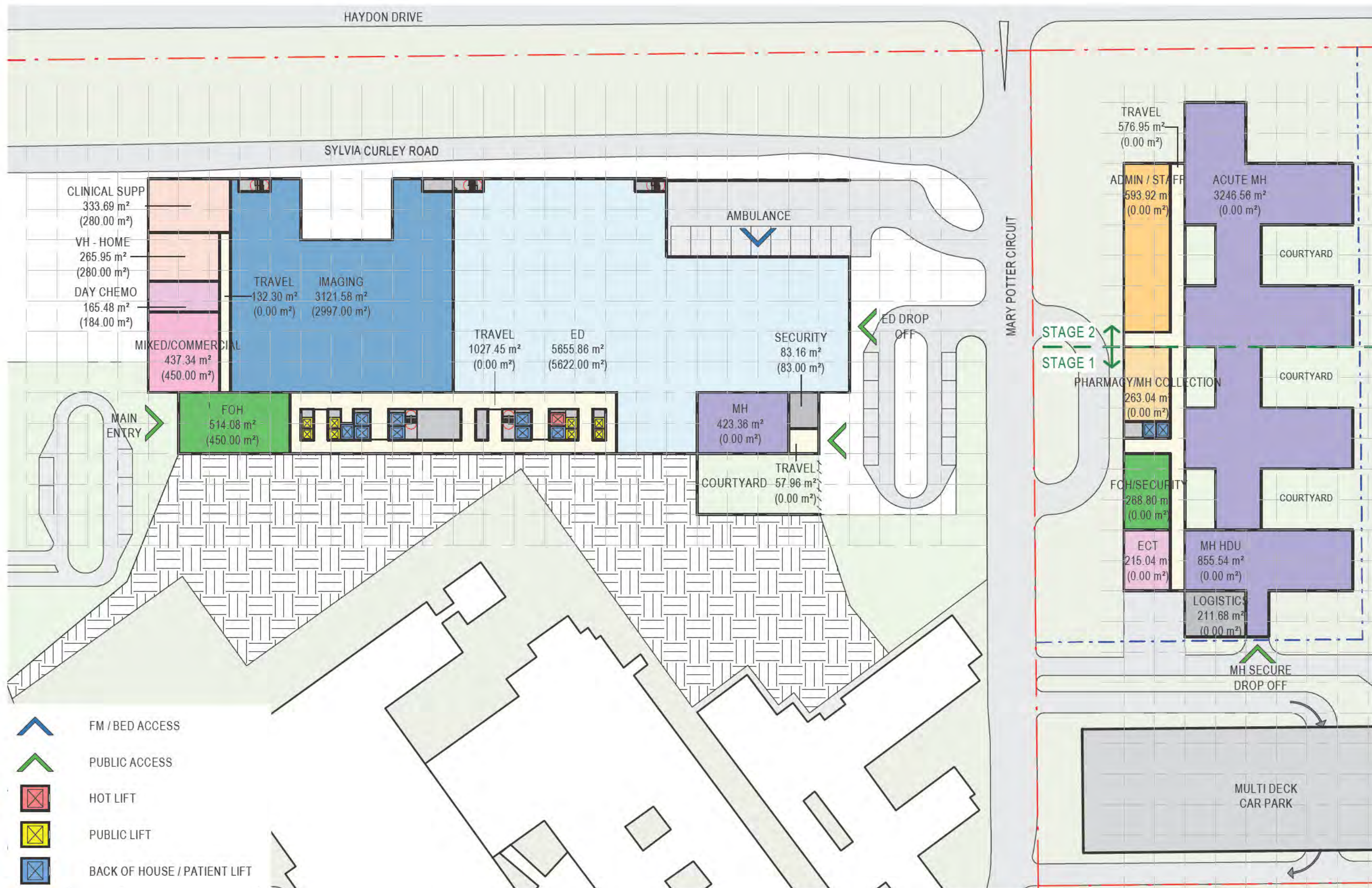
Appendix 1 - Mental Health Site - Concept Design, Northside Hospital BVN

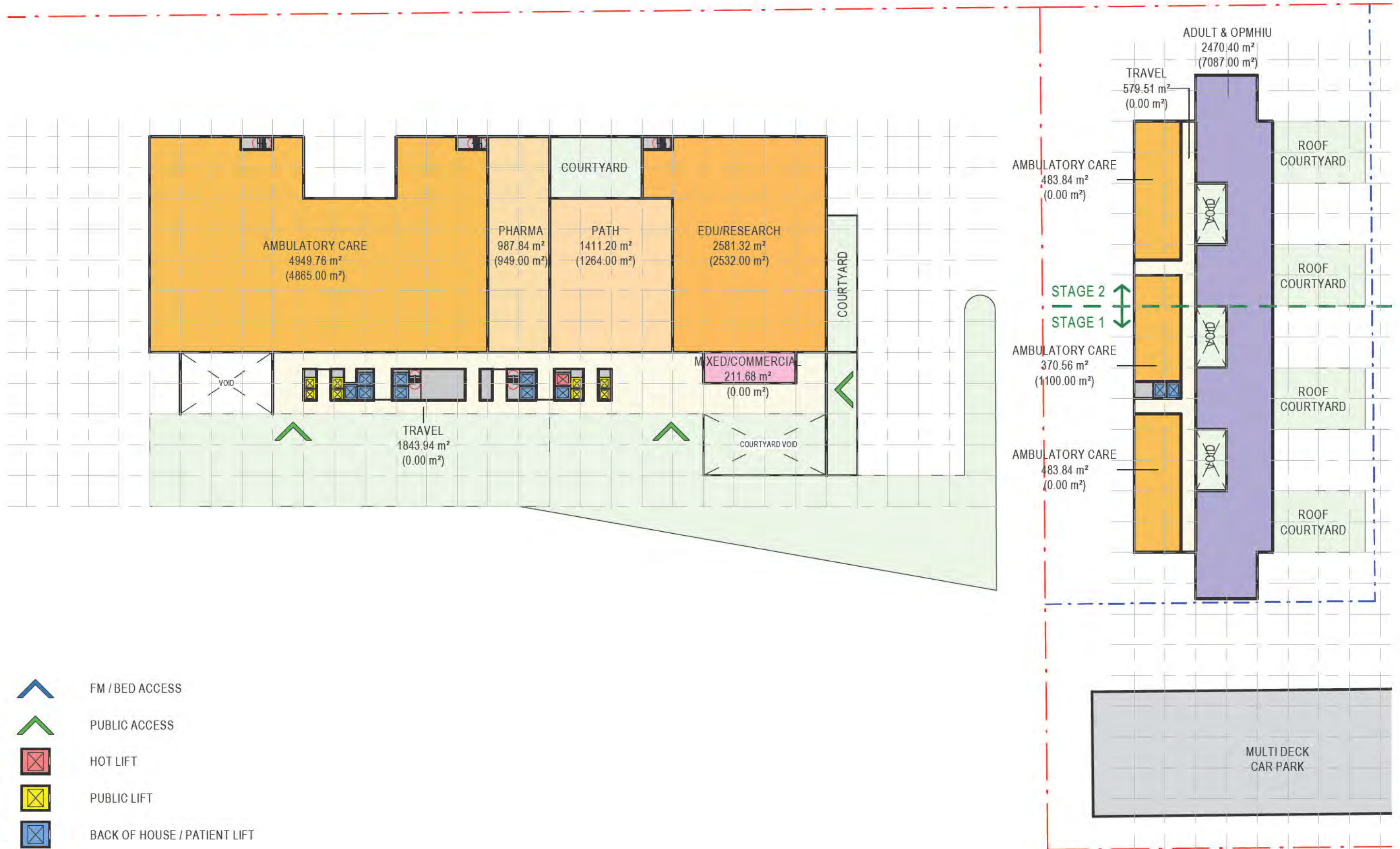
Appendix 1 - Mental Health Site - Concept Design, Northside Hospital BVN











Appendix 2 - Planning Report

PLANIT



3rd March 2024

Alexina Spinks
Project Manager
Arup
By email: alexina.spinks@arup.com

NHEW - Workstream 2: Symonston sites Gawanggal Mental Health Unit

Dear Alexina,

Introduction

This letter provides a planning summary for the Symonston sites being considered for Workstream 2 of the Northside Hospital Enabling Works for the Gawanggal Mental Health Unit. The purpose of this letter is to identify the important planning considerations for the sites identified in Symonston.

We understand that ACT Health are seeking a permanent relocation for the Gawanggal Mental Health Unit which is a 10-bed community rehabilitation and reintegration unit which supports people to transition back into the community following inpatient mental health care. The facility provides ongoing medium-term treatment in a safe inpatient environment where patients develop the skills of daily living. The unit has access to a variety of health care professionals that work together to support the care and recovery of patients.

Site 1: Blocks 15, 16 and 17 Section 49 Symonston

Introduction

We understand that ACT Health are seeking advice about the potential opportunity to utilise Block 15 Section 49 along with part of Block 16 Section 49 (Dhulwa) or parts of the surrounding Block 17 Section 49 for the development of a new Gawanggal Mental Health Unit. This advice focusses on Block 15, but also considers the planning opportunities for utilising blocks 16 and 17 (or parts thereof).

Site Details

Block 15 Section 49 Symonston is an irregular shaped block fronting Mugga Lane (20 Mugga Lane) which is the site of the former Quamby Youth Detention Centre (1962-2008) and is understood to now be used by emergency services for training purposes. It has an area of 12,572m².

Block 16 Section 49 Symonston is an irregular block fronting Mugga Lane (with a street address at 30 Mugga Lane). It is developed as the Dhulwa Secure Mental Health Unit which provides a 25 bed facility with 24 hour treatment and care for adults with complex mental health needs. The block has an area of 2.788 hectares.



Figure 1: Sites; block 15 outlined in blue, block 16 outlined in red, block 17 is adjacent to these blocks

Land Tenure

Block 15 is unleased Territory land in the custodianship of Justice and Community Services (JACS).

Block 16 is held under an Executive Lease to the Australian Capital Territory for any purpose permitted pursuant to the Territory Plan. The block 16 lease includes an easement for access for the benefit of block 15. The lease states that no buildings, structures or vegetation are to be built or placed on any part of the easement.

Block 17 is unleased Territory land in the custodianship of EPSDD Parks and Conservation.

District Strategy

The ACT District Strategies are policy documents which provide the vision to manage growth and change in the ACT over the next 15 years and seek to deliver the directions of other key ACT policy documents. They sit below the ACT Planning Strategy and provide guidance for future change in each of the urban districts.

In relation to these sites being considered in Symonston, the East Canberra District Strategy does not identify anything specific to this site in future. It is not identified as an area that is subject to change in the future.

The East Canberra District Strategy identifies the sites being within the Eastern Broadacre Strategic Assessment Area, but this is not reflected in the Eastern Broadacre Investigation Zone map on the ACT government website. Strategic Planning have confirmed that the sites are not within the Eastern Broadacre investigation area.

EPBC Consideration

The *Environment Protection and Biodiversity Conservation Act 1999* (EPBC Act) is the Commonwealth Government's primary legislation for the protection of matters of national environmental significance (MNES). It provides a legal framework to protect and manage nationally and internationally important flora, fauna, ecological communities and heritage places.

EPBC matters need to be considered prior to local planning matters as decisions under the EPBC Act can affect local planning pathways. Approvals under the EPBC Act are additional to any approvals required under Territory Legislation.

The site and its surrounds contain many trees which may have potential to provide habitat or values for matters which could be protected under this Act, it is recommended that an ecological survey and advice from an ecologist is sought to determine the potential requirement for consideration of matters which may require referral or assessment under the EPBC Act.

National Capital Plan (NCP)

The National Capital Plan (NCP) secures the Australian Government's continuing interest to ensure that Canberra and the Territory are planned and developed in accordance with their national significance. The NCP prevails over the Territory Plan, and the Territory Plan cannot be inconsistent with the NCP.

The NCP maintains a broad oversight of planning in the Territory and importantly an interest in the planning, design and development of those areas having the special characteristics of the National Capital.

The NCP identifies the sites as being within the Broadacre area identified in the NCP. In the Broadacre areas Community Facility Use is permitted.

In the NCP the definition of Community Facility includes Hospital, Health Centre and Institutional Use among other uses.

In the NCP, Hospital means:

A building or place used for the medical care (including diagnosis, preventative care and counselling) of in-patients whether or not out-patients are also provided with care or treatment, and may include associated residential accommodation.

Institutional Use means:

The use of land as a benevolent home, convalescent home, hospital, nursing home, aged persons home, home for persons who are physically or mentally handicapped, or a remand, penal or reformatory establishment.

Health Centre means:

A building or place used for the medical care (including diagnosis, preventative care and counselling) of out patients only and may include medical or dental clinics, family planning clinics, first aid station or other professional or paramedical health care services.

The uses that would support a mental health facility are therefore permitted in the Broadacre areas in the NCP.

Planning Jurisdiction

The subject area is not Designated Land or National Land, so the blocks are Territory Land where the ACT Government Environment, Planning and Sustainable Development Directorate (EPSDD) are the relevant planning authority. Approvals would be assessed against the requirements of the *Planning Act 2023*.

The boundary of the Designated area is located immediately to the north and further to the west within Block 17 Section 49 Symonston. The designated area is subject to planning requirements in the NCP and the NCA is the relevant planning authority for the Designated area. Proposals in Designated Area are subject to works approval from the National Capital Authority.

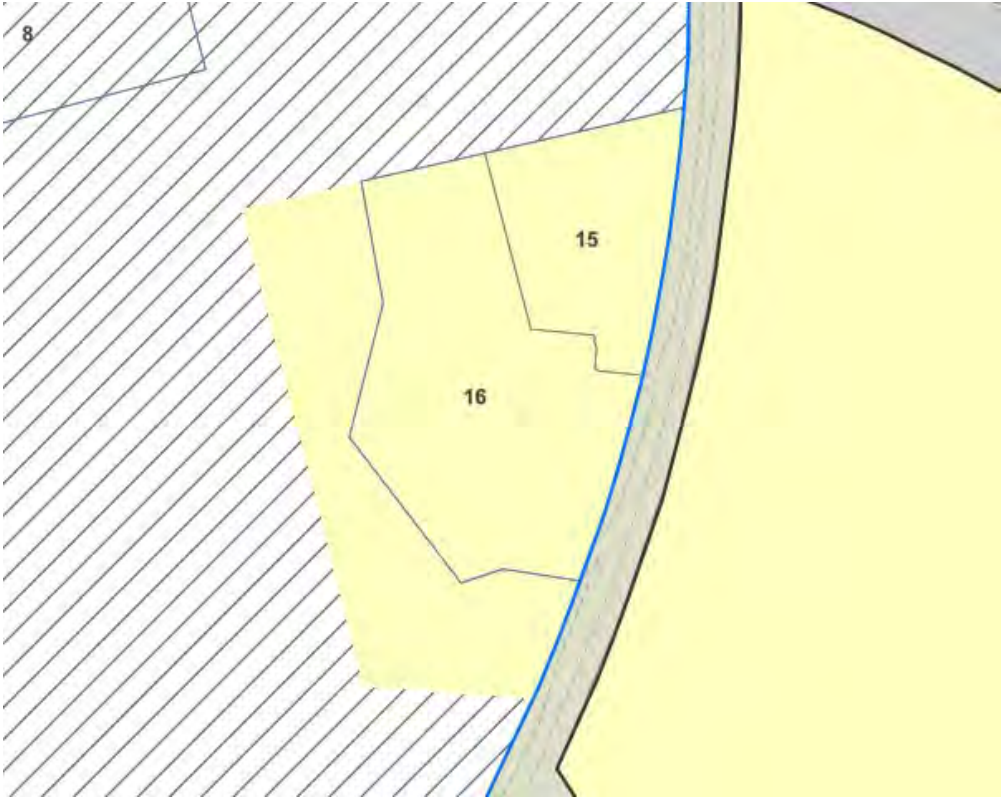


Figure 2: Designated Area (grey hatch) boundary to the immediate north and further to the west of the sites (ACTmapi).

Planning Act 2023

Definition of Development

Under the Planning Act 2023 (s14) the definition of Development includes (among other activities):

- (a) building, altering or demolishing a building or structure on the land;
- (b) undertaking earthworks or other construction work on or under the land;
- (c) undertaking work that would affect the landscape of the land;
- (d) using the land, or a building or structure on the land;

The main types of development are:

- Assessable development which needs development approval and includes significant development.
- Prohibited development which is unlawful unless approval is allowed under Division 7.3.1 (such as an authorised use, for example).
- Exempt development which does not need development approval.

Works for a new Mental Health facility would constitute development and require development approval.

Significant Development

Significant development is a form of assessable development that warrants a higher level of assessment.

Development is significant if it requires any of the following (s94):

- (a) a subdivision design application (a subdivision development proposal also includes consolidation, creation or removal of roads, or landuse zoning etc) (s43) (If subdivision or consolidation are proposed the proposal would be a significant development.
- (b) consultation with the design review panel (s100) as a prescribed development proposal which includes:
 - a building with 5 or more storeys
 - a proposal to increase the floorspace of a shop by more than 2,000m² if the shop is located within certain zones (not applicable – a proposal of this type should not require consultation with the Design Review Panel)
- (c) an environmental impact statement (EIS) (s105) (refer to discussion below)

Environmental Impact Statement

An EIS is required for a development proposal if (s105):

- (a) prescribed by regulation (refer to discussion below)
- (b) the Minister makes a Declaration (s106) (not applicable)
- (c) The Commonwealth Minister for the EPBC Act advises the proposal is a controlled action but may be assessed under the Act because of a bilateral assessment agreement (unlikely to be applicable, but may be relevant if likely to be significant impacts to EPBC listed matters).
- (d) The Health Minister makes a Declaration during notification of the DA (not applicable).

However, an EIS is not required if an Environmental Significance Opinion (ESO) is given for the proposal.

Development proposals that require an EIS are identified in Schedule 1 of the Planning (General) Regulation 2023 (s12). There are 25 items identified; items 1-15 are for specific project types such as waste facilities, infrastructure projects, airports and the like which would not be relevant.

Items 16-25 are for areas and processes which can be more broadly applicable and are listed below:

- 16. significant impacts on listed species or ecological communities (may be applicable but can be negated if an ESO is provided)
- 17. clearing more than 0.5 ha of native vegetation (may be applicable, but can be negated if an ESO is provided)
- 18. development in a reserve that is not minor public works (not applicable – the sites are not in a reserve)
- 19. impacts on water supply catchment (not applicable)

- 20. significant water extraction (not applicable)
- 21. significant impact on heritage place or objects (not applicable – sites do not contain listed heritage objects or places)
- 22. work on research sites outside the urban area (not applicable)
- 23. work on sites that are on the register of contaminated sites (not applicable)
- 24. annual greenhouse gas emissions exceeding 250t (not applicable)
- 25. proposal including key threatening process under the Nature Conservation Act, which includes the loss of mature native trees and/or habitat fragmentation. (note that this is a new requirement under the *Planning Act 2023* and may require clarification from the Conservator if any mature native trees are proposed for removal – (may be applicable but can be negated if an ESO is provided))

Consideration would need to be made to potential ecological values of trees or habitat on the site (and surrounds) and the development footprint to determine whether an ESO would be required in relation to the items identified as potentially being applicable. Impacts to trees and habitat should be avoided where possible.

Territory Priority Project

The new Planning Act 2023 introduces Territory Priority Projects (TPP) which means:

- (a) a development proposal declared to be a territory priority project under section 218; or
- (b) a development proposal related to light rail.

Declaration of a TPP is jointly undertaken by the Chief Minister and Minister if they are satisfied that the proposal:

- (a) would achieve a major government policy outcome that is of significant benefit to the people of the ACT; and
- (b) would substantially facilitate the achievement of the desired future planning outcomes set out in the planning strategy, a relevant district strategy, the territory plan or any relevant zone; and
- (c) is for significant infrastructure, or significant facilities, that are of significant benefit to the people of the ACT; and
- (d) has been the subject of sufficient consultation.

The proposed declaration must be notified for at least 15 working days and public comments can be made. A TPP declaration must be presented to the Legislative Assembly.

A project must be identified as a Territory Priority Project prior to a development application being lodged. TPPs are decided by the Planning Minister and are exempt from third party appeal in the ACAT.

The TPP process might be relevant for projects associated with the new Northside Canberra Hospital Redevelopment. While it would involve additional work in the early stages of the project, including community engagement, it could reduce the risk of delays associated with third party appeals.

Consultation

Mandatory pre-DA consultation is no longer required under the Planning Act 2023, but consultation with nearby lessees and the local community council would be appropriate prior to any DA.

National Capital Design Review

A development proposal for a building with 5 or more storeys or a proposal to increase the floorspace of a shop by more than 2000m² and that is located within residential, commercial community facility or parks and recreation zone is required to be presented to the National Capital Design Review Panel (NCDRP).

A development for a new mental health facility would not be expected to trigger design review.

Third Party ACAT Review

Schedule 6 of the Planning Act 2023 identifies matters exempt from Third Party ACAT review.

Development for a new mental health facility in this location would not be exempt from Third Party Review unless the project was considered a Territory Priority Project.

Section 186 Considerations when deciding a Development Application

Section 186 of the Planning Act includes the considerations to be made by the Territory Planning Authority when deciding DAs, these include:

- if the site of the proposed development adjoins another zone—whether the development proposal achieves an appropriate transition between the zones;

The site is adjacent to land zoned NUZ1 Broadacre to the west on Block 16 Section 49 and Mugga Lane and Blocks to the east are also zoned NUZ1 Broadacre. Block 17 Section 49 directly to the north is within the designated area under the NCP.

- the suitability of the proposed development in the context of the site and the site surrounds, including the permissible uses for those areas;

Any development has to be considered suitable for the site and its surrounds, this includes that the use is permissible on the land.

Territory Plan 2023

The blocks are zoned NUZ1 Broadacre.

Permissible uses

Block 15 and 17 Section 49 Symonston

Permissible uses in the NUZ1 Broadacre zone that may be relevant include:

- Residential care accommodation
- Health facility
- Complementary use
- Hospital

Advice from the Territory Plan team in EPSDD is that a ‘mental health facility’ would fall under the definitions of either hospital or health facility, depending on whether it was for in-patients or not. As the use is understood to be for in-patients, health facility would not be relevant as the definition of health facility is that it is for outpatients only:

Health facility means the use of land for providing health care services (including diagnosis, preventative care, or counselling) or medical or surgical treatment to out-patients only.

Mental health facility was defined in the old Territory Plan, 2008 as:

Mental health facility has the same meaning as in the Mental Health (Treatment and Care) Act 1994 and this definition is only to be used for the Symonston site as defined in MT4 of the Symonston Precinct Map.

Mental health facility is not defined in the Territory Plan, 2023.

Hospital means the use of land for the medical care (including diagnosis, preventative care, and counselling) of in-patients, whether or not out patients are also provided with care or treatment and may include associated residential accommodation.

If the model of care is focused on medical treatment, it is considered the appropriate use would be for hospital which is not a permissible use in the zone and would therefore be prohibited. Alternatively, if the model of care was not to provide specific medical treatment but was providing care in a residential context, residential care accommodation may be appropriate:

residential care accommodation means the use of land by an agency or organisation that exists for the purposes of providing accommodation and services such as the provision of meals, domestic services and personal care for persons requiring support. Although services must be delivered on site, management and preparation may be carried out on site or elsewhere. Example uses are nursing home, hospice, supported dwelling, convalescent home.

If the use and model of care can be demonstrated to fit the definition of residential care accommodation, where the focus is not on medical care, then this use would be permissible in the zone.

Complementary use means the use of land for a purpose that is not otherwise defined in the Territory Plan but does not have a greater impact on the land than a use permitted in that zone.

If the use is not considered to be otherwise defined in the Territory Plan, complementary use could be considered. For example, if it were argued that this was a ‘mental health facility’ which is not defined in the *Territory Plan 2023*, it could potentially be considered as a complementary use provided the use does not have a greater impact on the land than a use permitted in the zone (such as residential care accommodation).

But clarification on this should be sought, advice provided from the Territory Plan team is that the use would be best considered as hospital (which is prohibited on Block 15). But there is precedent in the old Territory Plan for the separate definition of mental health facility on the adjacent Block 16.

In summary, on Blocks 15 and 17, the use would only be permissible if it can be defined either as a complementary use or as residential care accommodation, alternatively an amendment to the Territory Plan would be required to facilitate the use.

Block 16 Section 49 Symonston

Block 16 Section 49 Symonston is the site of the Dhulwa Mental Health Facility. This block has an additional assessable development for ‘mental health facility’ included in the East Canberra District Policy. As the proposed development is for a mental health facility, this would be permissible on Block 16 as an authorised use, permitted in the District Policy and therefore Block 16 could be developed for a new mental health facility.

Overlays

There are no applicable overlays on Blocks 15 and 16. Part of Block 17 has a Pc nature reserve and public land overlay, but the overlay area is approximately 275m to the west of block 16.

East Canberra District Policy

There are no additional assessable or prohibited development listed in the East Canberra District Policy for Blocks 15 and 17 Section 49 Symonston.

Block 16 Section 49 Symonston has an additional assessable development for ‘mental health facility’.

There are no additional assessment requirements that apply to the Block in this Policy.

Non-Urban District Policy

The site is within the area subject to the East Canberra District Policy and therefore the Non-Urban District Policy is not considered relevant.

Non-Urban Zones Policy

Policy Outcomes

The policy outcomes for the NUZ1 – Broadacre Zone are:

1. Provide for, in a predominantly rural landscape setting, a range of uses which require larger sites and/or a location outside urban area.
2. Provide for activities requiring clearance zones or protection from conflicting development.
3. Promote development that does not adversely impact or visually intrude on the landscape and environmental quality of the locality.
4. Limit, where appropriate, development of uses that undermine the future use of land which may be required for urban and other purposes.

Development must respond to these policy outcomes through a demonstrated response to the Assessment Outcomes in the Non Urban Zones policy listed below.

Assessment Outcomes

Development proposals in the Non-urban zone must demonstrate that they are consistent with the assessment outcomes stated below. In demonstrating compliance with the assessment outcomes, consideration is to be given to any relevant design guides and may be given to planning technical specifications which may serve as a benchmark.

Specifications have been referred to where they are relevant below, noting that it is not compulsory to respond to the Technical Specifications.

Urban Structure and Natural Systems

1. Biodiversity connectivity is maintained across the landscape.

To respond to this the design should attempt to retain trees, particularly mature native trees and other regulated trees on the block (trees 8m or taller, canopy of 8m wide, circumference of 1m) and improve and enhance the biodiversity connectivity on the site and surrounds.

The sites are shown in ACTmapi to be part of the urban ACT Ecological Network.

2. Loss of native habitat and biodiversity is avoided and/or minimised.

As per above aim to retain native trees and habitat if they are present and provide landscaping that incorporates native species for habitat values, ACTmapi indicates the sites may contain threatened woodland.

3. The health and functionality of waterways and catchments is maintained, including through application of water sensitive urban design principles.

Application of WSUD features in design such as rainwater tanks or reuse and reduction measures. The site does not have a creek or waterway.

Site and Land Use

4. The functionality and usability of the development is appropriate for its intended purpose/use.

The development should be designed to function appropriately for its intended use.

5. The proposed use and scale of development are appropriate to the site and zone.

The use must be permissible in the zone, there are a limited number of permissible uses on Block 15 that would be appropriate. The scale of development should also be appropriate to the context of the zone and the surrounding developments, so within a rural landscape setting. The broadacre areas are intended to provide for future urban development, but also are for the siting of activities requiring clearance zones or protection from conflicting development.

6. Adverse impacts of development on surrounding uses (both within a site and on adjoining sites) is minimised.

Provide appropriate amount of parking, separation from adjacent uses etc.

Access and Movement

7. The functionality and layout of the development is accessible and adaptable, while achieving good connections with the surrounding area. This includes consideration of passive surveillance and active travel. [Specification available]

Provide accessible access and parking spaces, provide priority to pedestrians, ensure roads can accommodate any traffic generated by development.

Public Space and Amenity

8. The development achieves reasonable solar access and microclimate conditions to public areas and streets to support their use by the community.

Ensure that open spaces and rooms within the development have good solar access. Good street appeal and interface with surrounding spaces.

9. Any advertising or signs are suitable for their context and do not have a detrimental impact on the surrounding area (for instance due to size or light emission). [Specification available]

Any signage is appropriate and not repetitive or overly illuminated.

Built Form and Building Design

10. The height, bulk and scale of the development is appropriate, noting the desired zone policy outcomes. [Specification available]

The specification is that building height is not more than 2 storeys, but consideration could be made to slightly taller development on its merit.

Sustainability and Environment

11. Roofed areas and hard surfaces aim to reduce urban heat island effects, minimise stormwater run-off and maintain ecosystem services. This includes consideration of water sensitive urban design measures. [Specification available]

Specification requires that generally 20% of the site area to be permeable and that Development complies with the ACT Practice Guidelines for Water Sensitive Urban Design Module 2: Designing Successful WSUD Solutions in the ACT.

12. Threats to biodiversity such as noise, light pollution, invasive species incursion or establishment, chemical pollution, or site disturbance are avoided or minimised through good design.

Design needs to consider minimising any threats to biodiversity.

13. Minimise cut and fill to protect natural hydrological function and limit soil erosion and site disturbance. [Specification available]

Consider cut/fill requirements to minimise, provide erosion and sediment control plans.

14. The development considers, addresses and mitigates site constraints and environmental risks, including natural features, topography, noise, bushfire, flooding, contamination, air quality or hazardous materials are appropriately considered for the site [Specification available]

Noise – use is not a noise generating use, road traffic noise may need to be considered.

Bushfire – site is in the bushfire prone area so must comply with the ACT Bushfire Management Standards and a bushfire assessment would be required.

Flooding – site is not subject to 1 in 100 year flooding.

Contamination – The sites are not on the Register of Contaminated sites, but an investigation would be appropriate to ensure there is no contamination from previous uses.

Hazardous Materials – A hazardous materials assessment should be undertaken of existing buildings prior to demolition.

Stormwater – measures for retention and detention and quality may be required.

Natural features – trees and potential habitat.

Parking, Services and Utilities

15. The development provides appropriate end of trip facilities.

An assessment on the need for end of trip facilities should be included based on the number of staff and visitors and suitable end of trip facilities should be provided.

16. Vehicle and bicycle parking, access and egress sufficiently caters for the development while permitting safe and legible movement for all users (including pedestrians) and minimising visual impacts from the street or public space. This includes consideration of parking dimensions, the number of spaces provided, vehicle manoeuvrability and access routes [Specification available]

Appropriate amount of parking and vehicle manoeuvring should be provided on site subject to an individual assessment based on the staff, visitor and client ratios.

17. Waste is appropriately managed on site without having a detrimental impact on the surrounding area. [Specification available]

Development must provide for waste management in accordance with TCCS requirements.

18. The site is appropriately serviced in terms of infrastructure and utility services and any associated amenity impacts are minimised. [Specification available]

Services provided in accordance with utility provider requirements. All works associated with demolition comply with utility asset access and protection requirements.

Assessment Requirements

Assessment requirements set the mandatory development controls within specific zones or for specific development types. There are no relevant assessment requirements for development in this zone.

Subdivision Policy

The Subdivision Policy applies to development proposing subdivision, including unit title subdivision, boundary adjustments, consolidations and the creation of new blocks.

If subdivision or consolidation is proposed, this Policy will need to be addressed.

Similar to the Non-Urban Zones Policy there are Policy Outcomes, Assessment Outcomes and Assessment Requirements, that must be met.

Policy Outcomes

The policy outcomes for subdivision are:

1. An orderly pattern of subdivision which responds to its surrounds, zone outcomes and environmental features.
2. Functional and useable parcels of land that are well connected and serviced to relevant utilities, infrastructure and public spaces.
3. High quality social, planning and environmental outcomes.
4. Land that offers excellent future development opportunities suitable for the existing or proposed zone.

Development must respond to these policy outcomes through a demonstrated response to the Assessment Outcomes in the subdivision policy listed below.

Where land is unleased Territory land such as blocks 15 and 17, boundary adjustments can be made by the Territory Planning Authority. Blocks can also be created from unleased Territory land for the Territory by the Territory Planning Authority as a subdivision design application.

Assessment Outcomes

There are 24 assessment outcomes for subdivision, similar to the non-urban zones policy above.

Assessment Requirements

Mandatory requirements in the policy that may be relevant include:

1. Blocks within a bushfire prone area are not developed where the bushfire attack level is greater than BAL 29 for subsequent buildings.
4. Subdivision is only permitted where it is demonstrated that any residual block can accommodate another assessable development designed in accordance with the relevant provisions of this Policy and any district or zone policy.

Non Urban Zones Technical Specifications

The primary assessment consideration for a development application is the assessment outcomes in the Non-urban zones provided above. In demonstrating compliance with the assessment outcomes, consideration maybe given to the relevant planning technical specifications which may serve as a benchmark. While all assessment outcomes are to be met, not all outcomes are covered by a specification.

The technical specifications do not have to be complied with but are considered a possible solution or to provide guidance on certain aspects.

These have been referenced above where relevant. They provide a baseline which would be relevant to adopt for a conservative test fit scenario.

Design Guides

Design guides sit outside the Territory Plan but must be considered by proponents for certain development types and sites.

The design guides should be considered at the early concept design stage of any proposal.

The current design guides are (noting that more may be developed in future):

- [Biodiversity Sensitive Urban Design Guide](#) - this applies to sites over one hectare, Future Urban Areas, non-urban zones and PRZ1 Urban Open space, so would apply to blocks in the non-urban zone if the development includes an increase in impermeable surfaces of greater than 500m². Depending on the amount of permeable surfaces demolished and re-built on the site, this guide may or may not be applicable.
- [Housing Design Guide](#) - applies to all residential development except single dwellings - If the development is defined as *residential care accommodation*, and is not within a single dwelling, this design guide would apply.

- [Urban Design Guide](#) -applies to development of precinct scale with a site area larger than 1 hectare, combined GFA exceeding 10,000 sqm, more than 1000 sqm of public or common space, or proposals that need to seek advice from the design review panel – so it should not apply as while the development is on a block larger than 1 hectare, the development would not be of precinct scale.

Biodiversity Sensitive Urban Design Guide (BSUD)

This design guide provides guidance on biodiversity and ecological design matters. The guide is structured around four themes that align with the assessment outcomes in the Territory Plan.

The basic process recommended in the guide is as follows:

Step 1: Identification of site and surrounding Biodiversity values, assess ecological connectivity and assess threats to Biodiversity.

Step 2: Identify Site Specific Biodiversity Objectives that conserve Biodiversity values.

At each site, depending on scale, context, and the results of Step 1, the themes and design elements identified below should each be explicitly considered, and site-specific objectives based on each should be developed as relevant.

The guide states that in most cases an experienced local ecologist will be required to advise on the biodiversity values and outcomes and how design can meet the requirements. The process may require iterative review and modification to ensure that the design meets best-practice guidance on achieving the biodiversity outcomes.

The guideline states that for a site with no waterways, functional ecosystems, or high conservation value features, few of the following design elements may be relevant. In such instances the effect of development on values surrounding the site (such as connectivity between core habitat areas, or water quality outcomes in the broader catchment) is encouraged to be considered. The outcomes and elements that need to be considered are identified in the image below.



Step 3: Design to achieve site specific biodiversity outcomes.

Development would need to include an ecological and tree assessment to identify ecological values and then any design would need to consider and respond to these assessments. ACTmapi indicates that the sites contain potential threatened woodland.

A development application would need to provide a response to all the relevant BSUD outcomes identified in the Guide, such as retaining trees and habitat, using native species of trees or plants in landscaping and providing habitat and connectivity to the surrounding land would need to be considered.

Housing Design Guide

Residential development, excluding single dwelling housing and secondary residences are required to consider and provide a design response to the Housing Design Guide. If development is considered to be for residential care accommodation a response to this guide would need to be provided.

The Housing Design Guide requires a design response to a variety of factors as indicated by the Table of Contents from the guide provided below.

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Other considerations

ACTMapi identifies the following:

- The blocks are within the bushfire prone area, therefore development for a new mental health facility would be expected to be considered a sensitive use development and required to meet the ACT Bushfire Management Standards 2023 for sensitive use developments and require approval from ESA Commissioner. Advice from a bushfire consultant would be required to identify the necessary Asset Protection Zone requirements etc.
- The blocks are outside the 1% AEP Flood Model extent.
- There are no nominated, provisional or registered Heritage values on the sites, but areas that have not previously been developed (Block 17) may require heritage assessment to determine whether there are any heritage objects or places in areas proposed for work.
- There are no registered trees on the site.
- There are trees that may meet the threshold for protection under the Urban Forest Act.
- There is an easement for access in Block 16 which provides that the Lessee shall at all times permit the Lessee of Block 15 to pass and repass through the easement and no buildings or structures can be built within the easement.
- Blocks 15, 16 and 17 are all identified as having potential threatened woodland.
- Block 17 has potential for rare invertebrates.

Summary

Blocks 15, 16 and (part) 17 Section 49 Symonston are all Territory land zoned NUZ1 Broadacre. Block 15 is currently unleased land in the custodianship of JACS, Block 17 is unleased land in the custodianship of EPSDD Parks and Conservation Services. Block 16 is held under an Executive Lease to the Australian Capital Territory.

All the sites are shown as having potential threatened woodland, and so trees and ecological values of the site need to be considered in any planning for development, and BSUD requirements would need to be incorporated into design.

The sites are all in the bushfire prone area and would need to meet the ACT Bushfire Management Standards 2023 for sensitive use developments and require approval from ESA Commissioner. Advice from a bushfire consultant is required.

Clarification of the definition and permissibility of the proposed use needs to be undertaken and it is recommended that ACT Health seeks formal advice from the Territory Planning Authority as the permissibility of the use on these sites is ambiguous.

A 'Mental health facility' for in-patients is generally considered to fall under the definition of *hospital* however hospital is a prohibited use within the NUZ1 Broadacre zone.

Development of this type of facility would only be considered permissible on Blocks 15 or 17 if it is determined that the use (model of care) can either be defined as *residential care accommodation* or *complementary use*, otherwise an amendment to the Territory Plan would be required.

Consideration could be made to utilising the adjacent Block 16 Section 49 Symonston which is the site of the Dhulwa Mental Health Facility. This block has an additional assessable development for 'mental health facility' included in the East Canberra District Policy. Therefore, a new development for a 'mental health facility' would be permissible on Block 16, albeit 'mental health facility' use is not defined in the current Territory Plan.

As blocks 15 and 17 are unleased land, there may be an opportunity to consolidate blocks, adjust the block boundaries or create a new block.

There are very few specific planning controls for the Broadacre zone in the new Territory Plan, so providing the use is permissible, it would need to respond to the assessment outcomes in the Non Urban Zones Policy, and would be assessed on its merits against the identified policy outcomes.

Site 2: Block 12 Section 102 Symonston

Site Details

Block 12 Section 102 Symonston is an irregular block 6.3 hectares in area fronting Narrabundah Lane. It is currently undeveloped containing grassland and a number of trees.

The block is predominantly bound by Block 11 Section 102 Symonston to the south and west by Callum Brae Nature Reserve.

Aerial photography suggests that the block was once an equestrian facility.

Land tenure

The site is unleased Territory land in the custodianship of EPSDD Parks and Conservation.

District Strategy

The ACT District Strategies are policy documents which provide the vision to manage growth and change in the ACT over the next 15 years and seek to deliver the directions of other key ACT policy documents. They sit below the ACT Planning Strategy and provide guidance for future change in each of the urban districts.

This site is identified as within the Eastern Broadacre Study area which is in the process of a Strategic Assessment under part 10 of the EPBC Act. The Strategic Assessment process will make decisions about land that is potentially available for development and land that will be reserved under the EPBC Act.

The site is identified in the District Strategy as within a Category 3 change area (change could happen within 0-15 years). It is understood that following completion of the Strategic Assessment this site may be subject to rezoning or redevelopment opportunities for industrial or employment land. However the completion of this process is still some time away.

EPBC Consideration

The *Environment Protection and Biodiversity Conservation Act 1999* (EPBC Act) is the Commonwealth Government's primary legislation for the protection of matters of national environmental significance (MNES). It provides a legal framework to protect and manage nationally and internationally important flora, fauna, ecological communities and heritage places.

EPBC matters need to be considered prior to local planning matters as decisions under the EPBC Act can affect local planning pathways. Approvals under the EPBC Act are additional to any approvals required under Territory Legislation.

The site is within the Eastern Broadacre Strategic Assessment Study area, this is an area identified for potential future employment, industrial and related uses. The Eastern Broadacre area extends from the Majura Valley to Hume and includes part of Symonston and the Jerrabomberra Valley. A Strategic Assessment is being undertaken under the EPBC Act to assess impacts to MNES over the whole area. This process is on-going, ecological investigations would have been undertaken, or are on-going and the ACT Government is in the process of preparing a program and assessment documentation to provide to the Commonwealth.

The site and its surrounds contain trees which may have potential to provide habitat or values for matters which could be protected under this Act. Therefore ecological advice would be required to determine the potential requirement for consideration of matters which may require referral or assessment under the EPBC Act. ACTmapi indicates the site may contain Hoary Sunray (*Leucochrysum albicans*) (listed as endangered under the EPBC Act). Given the environmental values and that the site is adjacent to an existing nature reserve, it is possible that Block 12 will be identified as an environmental offset area to facilitate development on other lands within the Eastern Broadacre Area.

The Strategic Planning team at EPSDD are working on the Strategic Assessment and enquiries could be made to determine whether data from ecological assessments undertaken as part of the Strategic Assessment work could be provided to ACT Health.

National Capital Plan (NCP)

The National Capital Plan (NCP) secures the Australian Government's continuing interest to ensure that Canberra and the Territory are planned and developed in accordance with their national significance. The NCP prevails over the Territory Plan, and the Territory Plan cannot be inconsistent with the NCP.

The NCP maintains a broad oversight of planning in the Territory and importantly an interest in the planning, design and development of those areas having the special characteristics of the National Capital.

The NCP identifies the sites as being within the Broadacre area identified in the NCP. In the Broadacre areas Community Facility Use is permitted and as per the other sites in Symonston considered above, the uses that would support a mental health facility are permitted in the Broadacre areas in the NCP.

Planning Jurisdiction

The subject area is not Designated Land or National Land, so the block is Territory Land where the ACT Government Environment, Planning and Sustainable Development Directorate (EPSDD) are the relevant planning authority. Approvals would be assessed against the requirements of the *Planning Act 2023*.

Planning Act 2023

The considerations under the Planning Act, 2023 as provided above, would also apply to this site for the proposed use.

Work for a new mental health facility would be considered development and require development approval.

Development would be considered significant if an EIS is required. It is not considered that design review would be required.

Significant Development

Development is significant if it requires any of the following (s94):

- (a) a subdivision design application (a subdivision development proposal also includes consolidation, creation or removal of roads, or landuse zoning etc) (s43) (unlikely to apply unless subdivision or consolidation are proposed).
- (b) consultation with the design review panel (s100) as a prescribed development proposal which includes:
 - a building with 5 or more storeys
 - a proposal to increase the floorspace of a shop by more than 2,000m² if the shop is located within certain zones (not applicable – a proposal of this type should not require consultation with the Design Review Panel)
- (c) an environmental impact statement (EIS) (s105) (refer to discussion below)

Environmental Impact Statement

An EIS is required for a development proposal if (s105):

- (a) prescribed by regulation (refer to discussion below)
- (b) the Minister makes a Declaration (s106) (not applicable)
- (c) The Commonwealth Minister for the EPBC Act advises the proposal is a controlled action but may be assessed under the Act because of a bilateral assessment agreement (unlikely to be applicable, but may be relevant if likely to be significant impacts to EPBC listed matters).

- (d) The Health Minister makes a Declaration during notification of the DA (not applicable).

However, an EIS is not required if an Environmental Significance Opinion (ESO) is given for the proposal.

Development proposals that require an EIS are identified in Schedule 1 of the Planning (General) Regulation 2023 (s12). There are 25 items identified; items 1-15 are for specific project types such as waste facilities, infrastructure projects, airports and the like which would not be relevant.

Items 16-25 are for areas and processes which can be more broadly applicable and are listed below:

16. significant impacts on listed species or ecological communities (may be applicable, but can be negated if an ESO is provided)
17. clearing more than 0.5 ha of native vegetation (may be applicable, but can be negated if an ESO is provided)
18. development in a reserve that is not minor public works (not applicable – the site is not in a reserve)
19. impacts on water supply catchment (not applicable)
20. significant water extraction (not applicable)
21. significant impact on heritage place or objects (not applicable – the site does not contain listed heritage objects or places)
22. work on research sites outside the urban area (not applicable)
23. work on sites that are on the register of contaminated sites (not applicable)
24. annual greenhouse gas emissions exceeding 250t (not applicable)
25. proposal likely to result in a key threatening process under the Nature Conservation Act, which includes the loss of mature native trees and/or habitat fragmentation. (note that this is a new requirement under the *Planning Act 2023* and may require clarification from the Conservator if any mature native trees are proposed for removal – (may be applicable, but can be negated if an ESO is provided))

Consideration would need to be made to potential ecological values of trees or habitat on the site (and surrounds) and the development footprint to determine whether an Environmental Significance Opinion would be required in relation to any of the potentially applicable items. Noting that impacts to trees and habitat should be avoided where possible.

It is noted that ACTmapi identifies a number of potential values on the site including:

- Native grassland
- Potential threatened woodland
- Threatened, protected and rare plants

Territory Priority Project

As per above, the TPP process might be relevant for projects associated with the new Northside Canberra Hospital Redevelopment.

Consultation

Mandatory pre-DA consultation is no longer required under the Planning Act 2023, but consultation with nearby lessees and the local community council would be appropriate prior to any DA.

National Capital Design Review

A development for a new mental health facility would not be expected to trigger design review.

Third Party ACAT Review

Development for a new mental health facility in this location would not be exempt from Third Party Review unless the project was considered a Territory Priority Project.

Section 186 Considerations when deciding a Development Application

Section 186 of the Planning Act provides considerations when deciding DAs, these include:

- if the site of the proposed development adjoins another zone—whether the development proposal achieves an appropriate transition between the zones;

All the adjoining land is all zoned NUZ1 Broadacre and therefore no demonstration of transition between zones would be required.

- the suitability of the proposed development in the context of the site and the site surrounds, including the permissible uses for those areas;

Any development has to be considered suitable for the site and its surrounds this includes that the use is permissible on the land.

Territory Plan 2023

The block is zoned NUZ1 Broadacre.

Permissible uses

As above, permissible uses in the NUZ1 Broadacre zone that may be relevant include:

- Residential care accommodation
- Health facility
- Complementary use

Advice from the Territory Plan team in EPSDD is that a ‘mental health facility’ would fall under the definitions of either hospital or health facility, depending on whether it was for in-patients or not. However, Hospital is not a permitted use in the zone and the use would not fit under the definition of health facility. Mental health facility is not defined in the Territory Plan, 2023.

Clarification of the definition and permissibility of the proposed use would need to be undertaken and formal advice sought from the Territory Planning Authority as the permissibility of the use is ambiguous. Refer to discussion above.

Overlays

There are no applicable overlays on the Block.

East Canberra District Policy

There are no additional assessable or prohibited development listed in the East Canberra District Policy for Block 12 Section 102 Symonston.

There are no additional assessment requirements that apply to the Block in this Policy.

Non-Urban District Policy

The site is within the area subject to the East Canberra District Policy and therefore the Non-Urban District Policy is not considered relevant.

Non-Urban Zones Policy

The policy outcomes and assessment outcomes for development are the same on this Block as provided above for the other Broadacre blocks in Symonston and there are no mandatory assessment requirements that apply to this site.

The following site constraints and features are relevant to Block 12 Section 102 Symonston:

Noise – road traffic noise is unlikely to be a consideration on Narrabundah Lane.

Bushfire – the site is in the bushfire prone area so must comply with the ACT Bushfire Management Standards and a bushfire assessment would be required.

Flooding – site is not subject to 1 in 100 year flooding.

Contamination – The site is not on the Register of Contaminated sites, but a preliminary site investigation would be appropriate to ensure that there is no contamination from previous uses.

Natural features – the site contains trees and potential threatened species and habitat.

Subdivision Policy

The Subdivision Policy applies to development proposing subdivision, including unit title subdivision, boundary adjustments, consolidations and the creation of new blocks.

If subdivision or consolidation is proposed, this Policy will need to be addressed. Details are included above.

Design Guides

As for the sites above, as the site is within the NUZ1 Broadacre zone, a non-urban zone, the Biodiversity Sensitive Design Guide would be required to be considered for development on the site. Details on the BSUD Guide are included above.

If the use is determined to be for residential care accommodation a development proposal would need to provide a response to the Housing Design Guide.

Other considerations

ACTMapi identifies the following:

- The block is within the bushfire prone area, therefore development for a new mental health facility would be expected to be considered a sensitive use development and required to meet the ACT Bushfire Management Standards 2023 for sensitive use developments and require approval from ESA Commissioner. Advice from a bushfire consultant would be required to identify the necessary Asset Protection Zone requirements etc.
- The block is outside the 1% AEP Flood Model extent.
- There are no nominated, provisional or registered Heritage values on site.
- There are no registered trees on the site.
- There are trees that may meet the threshold for protection under the Urban Forest Act.
- Potential ecological values include:
 - Native grassland
 - Potential threatened woodland
 - Threatened, protected and rare plants

Summary

Block 12 Section 102 Symonston is unleased Territory land zoned NUZ1 Broadacre in the custodianship of EPSDD Parks and Conservation Services.

The site is within the Eastern Broadacre Strategic Assessment area, so decisions about the use of the land may not be possible until this assessment is complete.

The block is identified as having potential for threatened woodland and protected plants therefore the ecological values of the site need to be assessed in any planning for development, and the Biodiversity Sensitive Urban Design requirements would need to be incorporated into design.

The site is in the bushfire prone area and would need to meet the ACT Bushfire Management Standards 2023 for sensitive use developments and require approval from ESA Commissioner. Advice from a bushfire consultant is required.

Clarification of the definition and permissibility of the proposed use needs to be undertaken and formal advice from the Territory Planning Authority on this is recommended to ensure the use would be permissible. Hospital is not a permitted use in the NUZ1 Broadacre zone, and this is considered to be the appropriate terminology for the use. So unless it can be defined as residential care accommodation or complementary use, an amendment to the Territory Plan would be required.

There are very few specific planning controls for the Broadacre zone in the new Territory Plan, so providing the use is permissible, it would need to respond to the assessment outcomes in the Non Urban Zones Policy, and would be assessed on its merits against the identified policy outcomes.

Closing

This summary is valid at the date of writing, and I trust that this meets your requirements. If you have any questions, please contact me via e-mail or telephone (0402 062 627).

Sincerely



Hope Watson RPIA
Environmental and Town Planner

Appendix 3 - Schedule of Accommodation Johnstaff

CANBERRA NORTHSIDE SECURE MENTAL HEALTH
SCHEDULE OF ACCOMMODATION - DRAFT

Date 05/02/2024

SPACE	QTY	AREA	TOTAL AREA	NOTES	REFERENCE
SECURE MENTAL HEALTH - GAWANGGAL					
Entry					
Airlock - Entry	1	10	10	Custodial door programming not required, but should function as an informal airlock (two sets of doors). Size can be reduced as medical beds not expected. Reduced size for bed count and advice from users that visitors to unit are minimal BCA/DDA review required Optional	AusHFG
Waiting	1	10	10		AusHFG
Toilet - Accessible	1	6	6		AusHFG
Property Bay - Visitors	1	2	2		AusHFG
Lounge - Patient/Family/Carer	1	15	15		AusHFG
Pod A (2 beds)					
1 Bedroom – Mental Health, Accessible	2	17	33		AusHFG
Ensuite - Mental Health - Accessible	2	7	14		AusHFG
Living/Dining	1	25	25	Includes kitchenette	AusHFG
Pod B (2 beds)					
1 Bed Room - Mental Health	2	16	32	Increased area for larger than standard wardrobe, TVs and additional storage for longer stay consumers	AusHFG
Ensuite - Mental Health	2	5	10	All private ensuites recommended in Rehabilitation Unit.	AusHFG
Living/Dining	1	25	25	Includes kitchenette	AusHFG
Pod C (6 beds)					
1 Bed Room - Mental Health	6	16	96	Increased area for larger than standard wardrobe, TVs and additional storage for longer stay consumers	
Ensuite - Mental Health	6	5	30	All private ensuites recommended in Rehabilitation Unit.	AusHFG
Lounge/Dining	1	60	60	Combination and split can change in future design as long as total of lounges + dining + multifunction = 100'	AusHFG
Kitchen - Mental Health	1	16	16	Includes pantry (x2 domestic fridges) due to self-catering model	AusHFG
Sensory Modulation Room	1	12	12	Confirmed requirement by PUG (1 only)	AusHFG
Toilet - Accessible	1	6	6	For consumer use, close to activity and outdoor areas. BCA review required.	AusHFG
Shared Support (all pods)					
Staff/Consumer Interface	1	14	14	Base for staff/consumer engagement,open layout preferred. Accounts for up to 3 staff.	AusHFG
Interview Room - Mental Health	1	14	14	1 interview/consult room per 5 beds	AusHFG
Consult Room	1	14	14	1 interview/consult room per 5 beds	AusHFG
Office - Single Person, 9m2	2	9	18	Unit manager and CNC	AusHFG
Clean Utility/ Medication Room	1	16	16	Includes space for resuscitation trolley (1.5m2) and electronic medication requirements.	AusHFG
Bay - Linen (clean)	1	2	2		AusHFG
Bay - Linen (dirty)	2	1	1	Recessed off corridor, for consumer access	AusHFG
Bay – Meal Trolley	1	4	4	For occasional meal deliveries, TBC requirements following Back of House input and site selection	AusHFG
Cleaner's Room	1	5	5		AusHFG
Dirty Utility, Sub	1	8	8		AusHFG
Disposal Room	1	8	8		AusHFG
Store - Equipment	1	12	12		AusHFG
Bay - Handwashing, Type B	3	1	3	Reduced for bed count	AusHFG
Bay - Telephone	1	1	1	1 per pod	AusHFG
Laundry - Mental Health	2	6	12	Optional, recessed off corridor for consumer access	AusHFG
Multifunction Group Room	1	30	30	1 per 4-6 beds	AusHFG
Activity / Therapy Room	1	20	20		AusHFG
Indoor Exercise Room	1	22	22	PUG direction: group sizes approx 7 people. Consider locating with pod C living/dining for greater options	AusHFG
Store - Patient Property	1	8	8	Gym equipment. PUG: include, especially if not on Dhulwa site	AusHFG
Staff Zone					
Office - Shared, 12m2	2	12	24	Decreased due to bedbase	
Office - Workstation	13	4	57	Medical, and other as needed e.g. CNC/CNE	AusHFG
Staff Room	1	20	20	Assumes all FTE Gawanggal + 40% of shared roles. Applied 80% occupation rate for total FTE.	AusHFG
Meeting room	1	20	20		AusHFG
Property Bay - Staff	2	3	6	For 10-15 people, located with access for consumers also for handover/MDT	AusHFG
Toilet - Staff	1	3	3		AusHFG
Shower - Staff - combined shower toilet	1	4	4	BCA/DDA review required	AusHFG
Toilet-Staff,Accessible	1	6	6	BCA/DDA review required	AusHFG
Back of House					
Allowance - External Loading Area	1	1	100	BCA/DDA review required	AusHFG
				Allowance, TBC model	AusHFG

AREA : SUB TOTAL			854
Circulation	0		273
GDA (Rooms + Circ)	1128		
Engineering	0		316
GBA (GDA + Engineering)	1444		
Planning Contingency	0		144
AREA : TOTAL			1588

OUTDOOR AREAS			
Courtyard			
Courtyard - Outdoor Dining, Activities	1	40	40
Courtyard - Outdoor Dining, Activities	1	60	60
Courtyard - Staff	1	20	20
AREA - OUTDOOR : SUB TOTAL			120
AREA : TOTAL			1708

Shared with pod A and B. Decreased size due to bed base (proratad).		AusHFG
Pod C. BBQ area (near ADL kitchen), tables and chairs, sink, exercise area and walking paths. Decreased size due to bed base (proratad)		AusHFG
		AusHFG

Appendix 4 - Services Engineering Report

ARUP

Due Diligence

Scope of Assessment

This due diligence assessment focuses on identifying the engineering constraints and opportunities associated with two sites that are currently being considered for the relocation of the Gawanggal secure mental health unit. The two sites are:

- Symonston Block 15, Section 49 (and surrounding area) (Site 2)
- Symonston Block 12, Section 102 (Site 3).

While the two sites are both located within the suburb of Symonston, the due diligence assessment has treated them independently (except for the geotechnical assessment) to better reflect their differing characteristics.

A third site (Site 1) within the North Canberra Hospital campus has also been considered as part of the architectural test fit. However, as this site has previously been assessed by the Technical Advisor, no further documentation has been provided here.

The desktop due diligence assessment includes:

- Desktop study of available services, topographic, flooding, geotechnical and contamination information
- Documentation of findings in this Due Diligence Report.

The following sources of information were reviewed as part of the due diligence assessment.

Source	Type	Date accessed
Topography		
ACTmapi Viewer	Aerial Imagery	December 2023
ACT Government ProjectWise, TCD Grid Inventory	TCD Grid	December 2023
Elvis – Elevation and Depth – Foundation Spatial Data	Digital Elevation Model – DEM	December 2023
Services		
Before You Dig Australia (BYDA)	Underground services data	December 2023
Geotechnical		
Abell, 1992. Canberra 1:100,000 scale geological map, 8727. 1st Edition	Geological map	January 2024
Jenkins, 2000. Soil Landscapes of the Canberra 1:100,000 Sheet map and report, Department of Land and Water Conservation	Soil landscape map and report	January 2024
Muller et al. 2017. Hydrogeological Landscapes of New South Wales and the Australian Capital Territory, Office of Environmental and Heritage	Hydrogeological landscape map and report	January 2024
ACT Groundwater Abstraction Bores	ACT Government Online Maps and Apps (ACTmapi)	January 2024
Bureau of Meteorology, Groundwater Dependent Ecosystems Atlas	Bureau of Meteorology online atlas web viewer	January 2024
Proposed Secure Mental Impatient [sic] Unit. Block 11 Section 49 Symonston Act. Geotechnical Investigation Report. February 2014.	ACT Geotechnical Engineers Pty Ltd	January 2024
Contamination		
Lotsearch LS050983_EP - 2 Mugga Lane, Symonston, ACT 2609	Contaminated land register, aerial imagery, EPA Authorisations, Planning Constraints	December 2023
Lotsearch LS050984_EP - 94 Narrabundah Lane, Symonston, ACT 2609	Contaminated land register, aerial imagery, EPA Authorisations, Planning Constraints	December 2023
Noise		
ACT Noise Zone Map	ACT Government Online Maps and Apps (ACTmapi)	January 2024
Existing site map	Google maps	January 2024

Site 2

Site Overview

Site 2 refers primarily to the site managed by the Justice and Community Services (JACS) Directorate at 20 Mugga Lane, Symonston Block 15, Section 49. However, the full study area extends to the surrounding sites:

- 30 Mugga Lane, Symonston Block 16, Section 49 – Dhulwa Secure Mental Health Unit, operated by Canberra Health Services
- Adjacent areas of Mount Mugga Mugga Nature Reserve, Symonston Block 17, Section 49

Symonston is largely a light industrial and agricultural suburb located in south Canberra. North Canberra Hospital is located approximately 11.5 km north-northwest of Site 2, on the opposite side of Lake Burley Griffin and central Canberra. However, Canberra Hospital is located approximately 3 km west of Symonston in the Woden Valley and is accessible via a major arterial, Hindmarsh Drive, to the north of Mount Mugga Mugga.



Figure 1: Photo taken from Mugga Lane, looking southwest along boundary fence of the JACS site and Dhulwa towards Mount Mugga Mugga (10 January 2024)

Topography

Site 2 is located 1 km to the east of Mount Mugga Mugga, which peaks at approximately 800 m above Australian Height Datum (AHD). Within the study area, the site slopes from around 640 m AHD at the western boundary of Dhulwa down to around 624 m where the JACS site fronts Mugga Lane, as illustrated in Figure 2. A retaining wall along the rear of the Dhulwa site is visible from Mugga Lane, providing evidence of some levelling and earthworks.

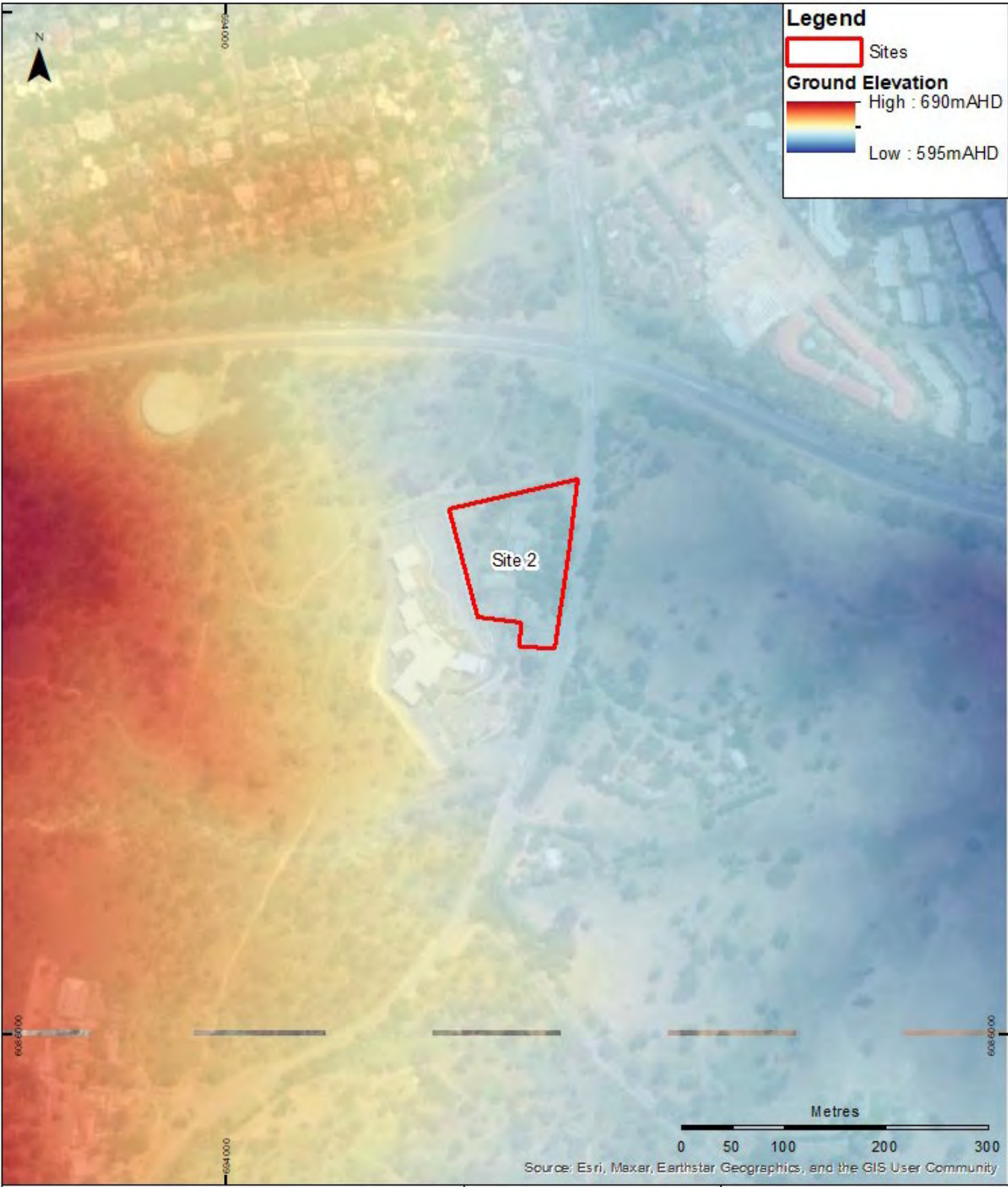


Figure 2: Topography, Site 2 (centred on Symonston Block 15, Section 49)

Flooding

The site is both located away from any mapped watercourses or identified flooding due to its location relatively high in the catchment. The available LiDAR information indicates that the site is situated between two minor watercourses. However overland flow may nonetheless cross the site from the upstream external catchment area (7 ha) directly to the west of the site (refer Figure 11). Overland flows may also be generated within the adjacent external catchment areas to the north (13.7 ha) and south (22.3 ha) of the site.

It is recommended that the building floor levels be outside the 1% AEP local overland flow extents (with a suitable freeboard) to ensure safe occupation of the building. Consideration should also be given to rarer events such as the Probable Maximum Precipitation (PMP) storm, and ensuring flows associated with these extreme events can be managed.

Overland flow paths will need to be maintained to ensure that stormwater flow can either bypass the site or be conveyed through the site in a safe manner. Bypassing these overland flow paths can be done with conventional drainage assets, such as pipes, channels or swales. It may also present landscaping opportunities using natural channel design principals to enhance the area.



Figure 3: Existing flow paths through the potential mental health site

With appropriate controls in place, the flood risk can be managed. These controls are expected to include:

- Consideration of a range of storm events, including extreme events.
- Preservation of the overland flow paths to ensure that the flow can bypass the site.
- Consideration of flooding as part of the emergency response plan.
- Habitable areas outside the 1% AEP stormwater extents, and with suitable refuge outside the extent the PMP stormwater extent.

An emergency response plan that addresses flooding or severe storm events should be considered for the site.

Noise and vibration

The Symonston Block 15, Section 49 site is bounded by Mugga Lane to the east, Hindmarsh Drive to the north, and greenfield to the west and south.

The nearest off-site land uses potentially affected by noise from site development are the low-level residential dwellings along Mugga Lane (approximately 150 m east) and the townhouses on the opposite side of the Hindmarsh Drive (approximately 250 m northeast).

It is anticipated that the noise and vibration that would be generated by future facility operations would not have an adverse impact to the nearest sensitive receivers due to the distances of the receivers from the facility.

However, it is recommended that further noise assessments on potential noise impacts from the following be undertaken if the site is selected:

- Aircraft movements from Canberra airport
- Road traffic movements and vehicle noise along Mugga Lane and Hindmarsh Drive.

The findings from these assessments may influence the building envelope design for the mental health facility.

Contamination

The purpose of this contamination due diligence assessment is to summarise the desktop findings and identify contamination risks (if any) that may impact the feasibility of further development on the site. The due diligence assessment is limited to details provided within the Lotsearch report.

For the purposes of the Lotsearch request, the contamination desktop due diligence centres on Symonston Block 15, Section 49, though the buffer area includes the surrounding blocks.

Site history

Based on the Lotsearch Report, the findings of a number of database searches potentially indicating contamination at the Site are summarised within Table 1.

Table 1: Potentially contaminating activities identified from Lotsearch report

Database	Description
ACT EPA contaminated sites management database and geographic information system (refer Lotsearch report)	The search indicated that the Site is or was occupied by community facilities. As noted within the search: <i>"Community facilities prior to the introduction of natural gas to the ACT in the 1980's, utilised boiler heating or similar systems. These systems were generally fuelled by diesel or heating oil which was mainly stored in underground fuel storage tanks."</i> In summary, underground fuel storage is listed as an activity associated with potential land contamination at the Site.
ACT EPA Register of Contaminated Sites database	The Precinct, a cluster of residential properties undergoing redevelopment 405 m to 750 m northwest of the Site, are listed as either current or former Contaminated Sites on the EPA Register.
National Waste Management Site Database (waste management and liquid fuel facilities)	None identified within 1000 m of Site.
Defence PFAS Investigation and Management Program Management Sites	None identified within 1000 m of Site.
Airservices Australia National PFAS Management Program	None identified within 1000 m of Site.
Defence Controlled Areas	None identified within 1000 m of Site.
Defence 3 Year Regional Contamination Investigation Program	None identified within 1000 m of Site.
National Unexploded Ordnance (UXO) Register	None identified within 1000 m of Site.
EPA Authorisations: Activity 7, Placement of soil on land	Remondis Australia Pty Ltd is listed as having a current EPA Authorisation allowing the placement of soil on land (ID 1234) 761 m south west of the Site. Canberra Contactors Pty Ltd (ceased) and Dale & Hitchcock Civil Engineering and Landscaping (expired) are listed for the same authorisation and location. This EPA Authorisation currently allows Remondis Australia Pty Ltd to conduct the following activity: <i>"the acceptance of more than 100m3 of soil for placement on land by a lessee (or for land under a land sublease, the sublessee) or occupier of the land if the land is in—</i> <i>(a) an area identified in the territory plan as land in any of the following zones: Broadacre; Rural; Hills, Ridges and Buffer; River Corridor; Mountains and Bushland; or</i> <i>(b) an area identified in the territory plan as an area where plantation forestry is permitted subject to development assessment; or</i>

Database	Description
	<i>(c)an area identified in the national capital plan as any of the following: Broadacre Areas; Rural Areas; Hills, Ridges and Buffer Spaces; River Corridors; Mountains and Bushland"</i>
EPA Agreements: Management of Contaminated Land	Education and Training Directorate located 623 m north of the Site is listed as having a current EPA Agreement for Management of Contaminated Land (ID 2017-001)
Historical business directories	Plant hire services and a butcher (road match only – specific addresses unknown)
Dry Cleaners, Motor Garages & Service Stations 1950-1991 business directories	Motor garage / BP service station 296 m from Monaro Court (road match only – specific addresses unknown)
Notes: PFAS: Per- and Poly-fluoroalkyl substances EPA: Environment Protection Authority	

A review of historical aerial imagery and maps was also undertaken for the Site, encompassing maps and imagery of the Site from as early as 1914 (first historical map) and 1944 (first historical aerial imagery). A summary of the findings is as follows:

- The Site appeared undeveloped, vacant grassland/bushland until circa 1967, when a portion of the Symonston Correctional Centre (a building and associated driveway) appeared within the Site. A number of rural properties were present to the southeast of the Site from earliest aerial imagery in 1944.
- By 1960, an above ground storage tank (AST) labelled 'Reservoir' (likely a water tank) was evident northwest of the Site along with an unsealed road.
- By 1967, Mugga Lane had been upgraded along with Hindmarsh Drive. Low density residential developments were apparent beyond Hindmarsh Drive to the north.
- Two quarries were visible in the 1987 historical map, however they were a significant distance from the Site (approximately 1 km southwest and 1.6 km south).
- By 1992, seven additional buildings had been constructed within the Symonston Correctional Centre, along with landscaping, paths, a carpark and sports courts, with the front portion of the Site in the same configuration as current day.
- Between 2004 and 2009 a number of additional buildings were constructed, as well as landscaping, paths and carparks at the rear and to the south of the Site, that appeared to be associated with the Symonston Correctional Centre.
- By 2015 the land to the rear and to the south of the Site was cleared (including two buildings within the Site boundary). In 2017, the Dhulwa Mental Health Unit was developed in that area, with four large structures, a carpark and landscaping in the same configuration as current day.

Potential sources of contamination

Based on the findings of this high-level review, several potential contamination risks have been identified that may impact on the development of the site. An initial risk rating has been determined using the matrix shown in Table 2.

Table 2: Environmental risk matrix

Likelihood	Consequence level				
	Insignificant	Minor	Moderate	Major	Critical
Almost Certain	Medium	Significant	High	High	High
Likely	Medium	Medium	Significant	High	High
Possible	Low	Medium	Medium	Significant	High
Unlikely	Low	Low	Medium	Medium	Significant
Rare	Low	Low	Low	Medium	Medium

It is noted this assessment is limited to only to details provided within the Lotsearch report). Table 3 has been developed to identify high-level contamination risks / red flags considered to potentially pose a risk to the development of the Site for the Workstream 2 Project. The contamination risks identified within Table 3 are considered general in nature, and no linkages to any project design have been interpreted.

A full Preliminary Site Investigation (PSI), in accordance with the ASC NEPM and complete with a conceptual site model (CSM), should be undertaken to further develop the understanding of the contamination risks the Site poses to the proposed Project, as well as to further assess the findings identified within this high-level assessment.

Table 3: High-level potential contamination risks

Risk / Potential contamination source	Description	Potential consequence	High-level risk rating	Recommendations
Underground storage tanks (USTs)	The potential for USTs to be present at the Site was identified within the ACT EPA contaminated sites management database.	It is unknown if harmful contaminants/chemicals have been/are stored within USTs, or where (if any) USTs are present within or nearby the Site. Incorrect handling/storage procedures may release the UST contents into localised environment	Medium	Further assessment to confirm presence and contents of USTs within the Site In the event potential contamination identified from the USTs, undertake intrusive investigation to characterise the contamination impacts and risks arising from the USTs. This may include targeted soil and groundwater sampling
Uncontrolled importation of fill	Significant earthworks were noted during the development of the neighbouring Dhulwa Mental Health Unit in the rear portion of the Site, which has been constructed by 2017. During these earthworks, fill material of unknown quantity and quality may have been imported to the Site.	- Potential soil contamination that may pose a risk to human health (current and future site users), construction workers and ecological receptors - Waste soil disposal costs during Project construction (if imported material is deemed to be contaminated)	Low	Assess soil quality and contamination status during future ground investigations at the Site (i.e. non-targeted soil sampling)
Demolition of historic buildings	Two buildings within the Site constructed before 1992 were demolished in 2015. The presence of ACM in buildings and structures constructed prior to the 1990s was considered likely. In addition, other contaminants associated with buildings materials, such as lead and PCBs, may be present if wastes were improperly managed during demolition of buildings and structures.	- Potential soil contamination that may pose a risk to human health (current and future site users), construction workers and ecological receptors - Waste soil disposal costs prior to Project construction (particularly if asbestos is identified on the Site) - Potential costs associated with asbestos abatement	Low	Assess soil quality and contamination status during future ground investigations at the Site (i.e. non-targeted soil sampling)
Historical agricultural land uses associated with grazing activities	The Site was located adjacent to rural buildings and may have been used for historical grazing activities prior to development into the Symonston Correctional Centre.	Potential soil contamination that may pose a risk to human health (current and future site users), construction workers and ecological receptors	Low	Assess soil quality and contamination status during future ground investigations at the Site (i.e. non-targeted soil sampling)

Utilities and Services

Electrical

Site 2 is provided with a low voltage electrical supply from a nearby kiosk substation. The substation (S11164) is located just to the south of the site and also supplies the adjacent Dhulwa mental health facility. The substation capacity will need to be investigated, but it is likely a cost-effective supply can be provided from this substation.

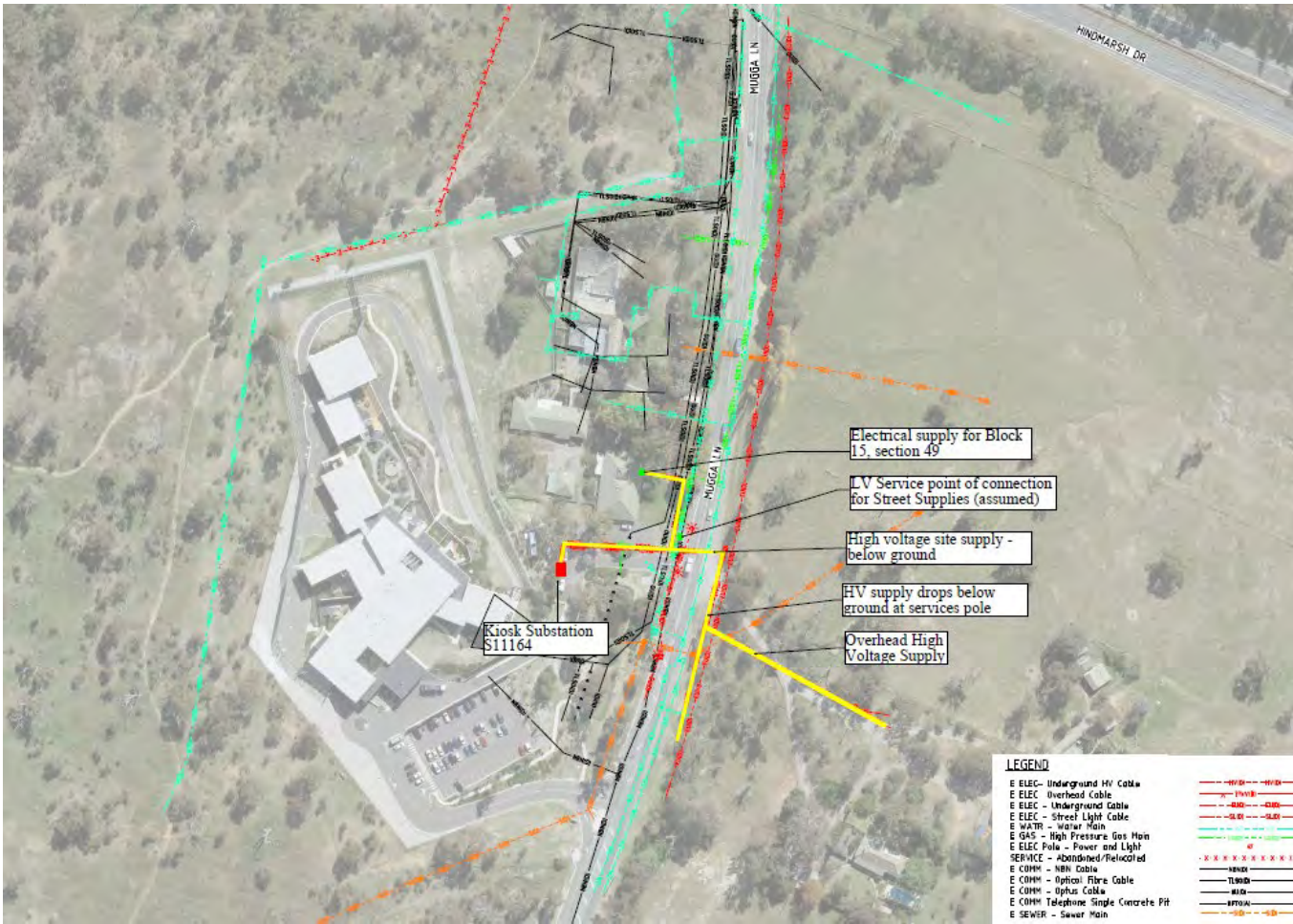


Figure 4: Electrical utility assets

Communications

The site is well serviced by communication carriers with multiple vendors available at the site perimeter. Communications cables appear to enter the site from the north, and then distribute internally to the various buildings. A below ground services survey will be critical to confirming location of existing services.

It is anticipated that communications connectivity will not be a constraint for further development on the site.

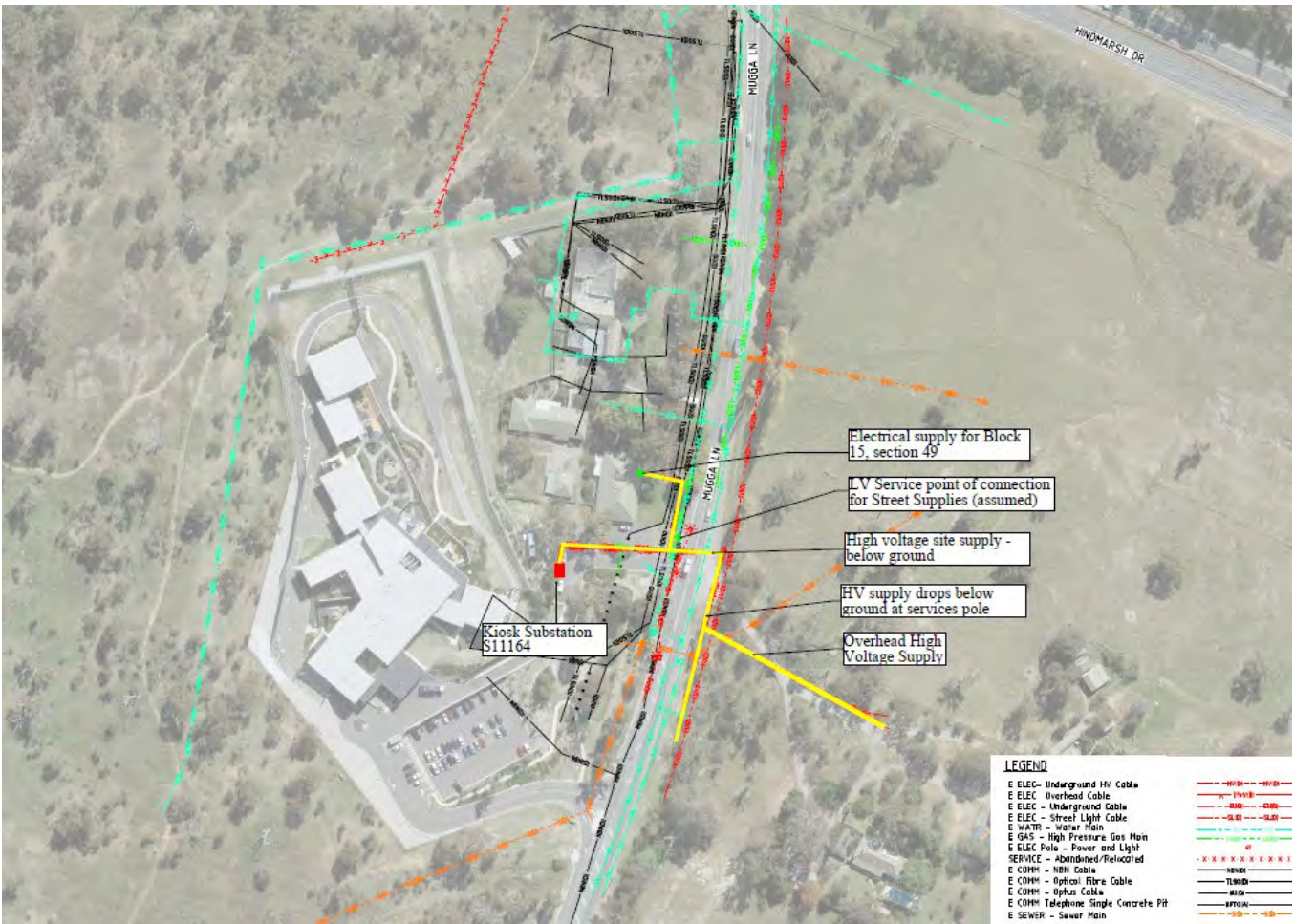


Figure 5: Communications carrier assets

Water

There are a number of Icon Water reticulated mains around the site, including:

- 100 mm water main along Mugga Lane. This main has a tee connection that transverses the existing Symonston Correctional Centre and connects to a 150 mm water main in Mugga Lane.
- 150 mm water main in Mugga Lane
- 375 mm distribution water main running in proximity to the northern site boundary.

A 100 mm fire service water supply is also available in proximity to the eastern site of Mugga Lane.

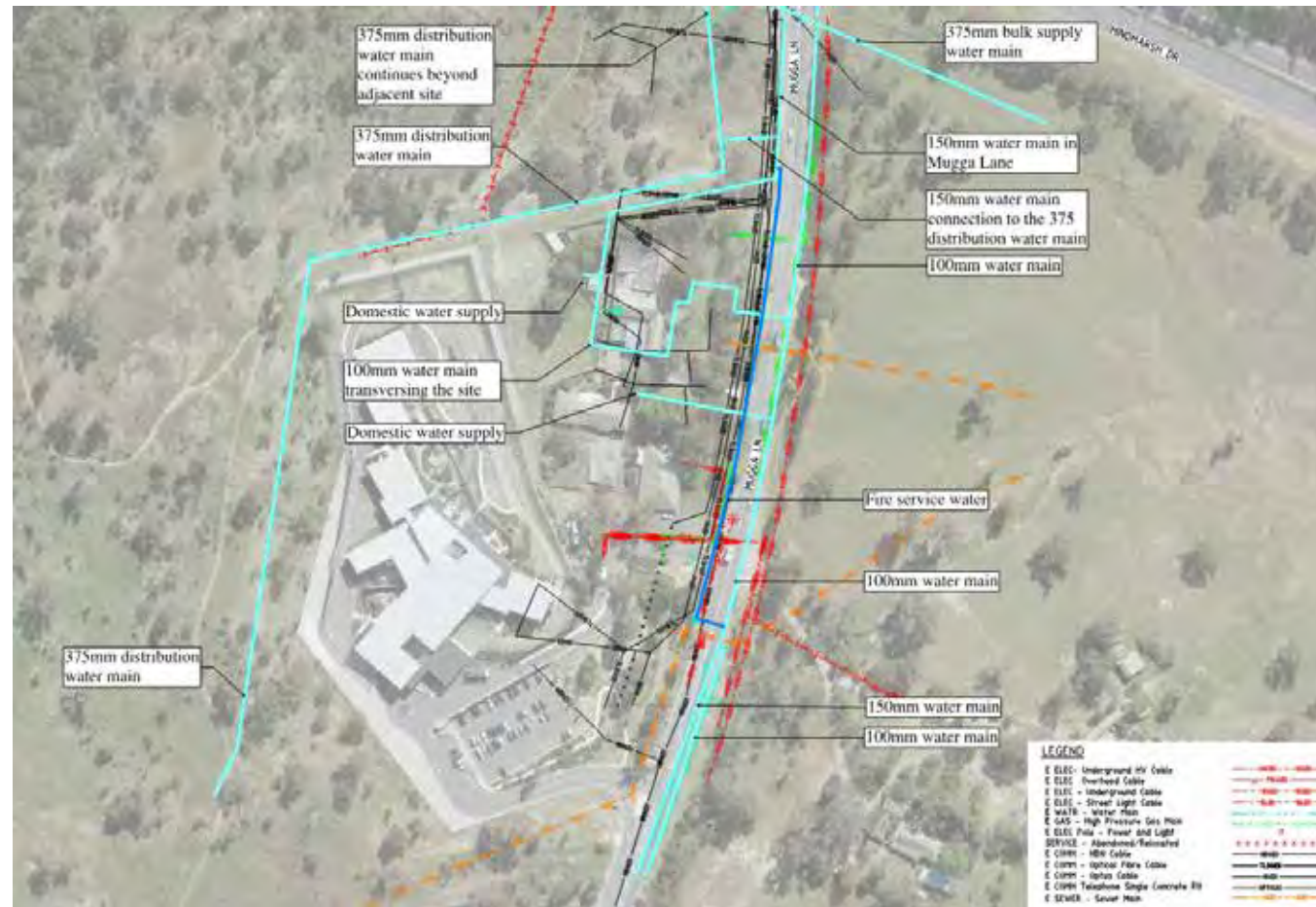


Figure 6: Water utility assets

For 2A option, the 100 mm water main across the site may need adjustment and relocation to suit the proposed development, though an alternative approach could be to retain and protect the main for a build-over option. The size and capacity of the 100mm water main will need to be assessed to confirm if capable of supporting the development, or if upgrade works will be required. Given the current sizes reported by the Before You Dig Australia (BYDA) search, it is anticipated that the water mains may require upgrade.

For 2B option, the 375mm distribution water main is at proximity to the proposed building footprint. Approval from Icon Water will be required for building next to the water asset. Protection of this distribution water main is anticipated if it is not required for relocation from Icon Water. The site can be serviced by the 150mm water main in Mugga Lane. It is anticipated that the water main has sufficient capacity.

For 2C option, the site can be serviced by the 150mm water main in Mugga Lane. The size and capacity of the 150mm water main will need to be assessed to confirm if capable of supporting the development, or if upgrade works will be required. Given the current sizes reported by the Before You Dig Australia (BYDA) search, it is anticipated that the water main has sufficient capacity.

For 2D option, the 375mm distribution water main is at proximity to the proposed building footprint. Approval from Icon Water will be required for building next to the water asset. Protection of this distribution

water main is anticipated if it is not required for relocation from Icon Water. The site can be serviced by the 150mm water main in Mugga Lane. The size and capacity of the 150mm water main will need to be assessed to confirm if capable of supporting the development, or if upgrade works will be required. Given the current sizes reported by the Before You Dig Australia (BYDA) search, it is anticipated that the water main has sufficient capacity.

Sewer

There are two Icon Water reticulation sewer main around the site. Both are 150mm pipes.

- 150 mm sewer main currently serving 2A option site, which crosses Mugga Lane.
- 150 mm sewer main off the site which services the adjacent Dhulwa mental health facility.

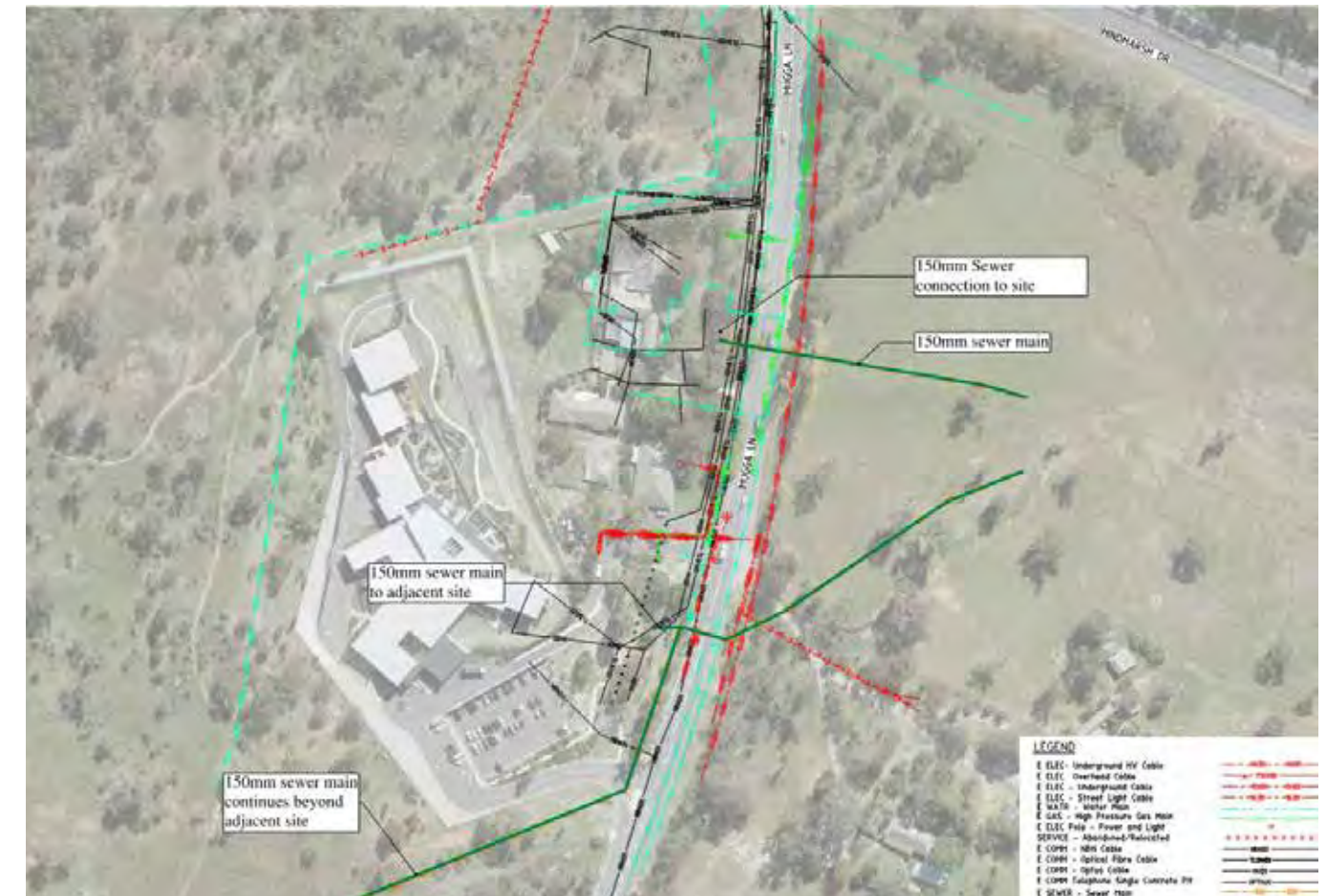


Figure 7: Sewer utility assets

For 2A option, the site can utilise existing sewer connection to the 150mm sewer main. The size and capacity of the sewer main will need to be assessed to confirm if capable of supporting the development, or if upgrade works will be required. Given the current sizes reported by the BYDA search, it is anticipated that the existing sewer main may have sufficient capacity.

For 2B option, the 150mm sewer main needs to be extended along the Mugga Lane and make connection to serve the site. The size and capacity of the sewer main will need to be assessed to confirm if capable of supporting the development, or if upgrade works will be required. Given the current sizes reported by the BYDA search, it is anticipated that the existing sewer main may have sufficient capacity.

For 2C option, the site can be serviced by the 150mm sewer main which runs along the Mugga Lane. The size and capacity of the sewer main will need to be assessed to confirm if capable of supporting the development, or if upgrade works will be required. Given the current sizes reported by the BYDA search, it is anticipated that the existing sewer main may have sufficient capacity.

For 2D option, the site can be serviced by the 150mm sewer main which runs along the southern boundary of the Dhulwa mental health facility. The size and capacity of the sewer main will need to be assessed to confirm if capable of supporting the development, or if upgrade works will be required. Given the current sizes reported by the BYDA search, it is anticipated that the existing sewer main may have sufficient capacity.

Gas

There is a 50 mm 210 kPa medium pressure gas main running in Mugga Lane.



Figure 8: Gas utility assets

For 2A option, the site is currently serviced with a 32 mm 210 kPa gas connection off the gas main. The connection can be utilised with potential upsizing to 50mm connection subject to the gas demand of the new development.

For 2B option, the site can be serviced by the 50 mm 210kPa gas main in Mugga Lane.

For 2C and 2D options, the 50 mm 210kPa gas main needs to be extended along Mugga Lane to service the site.

Should a gas connection to the facility be required, the size and capacity of the existing main will need to be assessed to confirm if capable of supporting the development, or if upgrade works will be required. Given the current sizes reported by the BYDA search, it is anticipated that the existing gas main may have sufficient capacity. However, the need for a connection may be negated if opportunities to pursue electrification of the new facility are pursued, in line with Territory policy.

Site 3

Site Overview

Site 3 refers to Symonston Block 12, Section 102, a 6.3 ha greenfield site accessed via Narrabundah Lane.

The Dhulwa secure mental health facility is located approximately 1 km northwest of this site. The relative locations of major features are therefore similar to Site 2: North Canberra Hospital is located approximately 12.5 km north-northwest of Site 3, on the opposite side of Lake Burley Griffin and Central Canberra. However, Canberra Hospital is located approximately 4 km west of Symonston in the Woden Valley and is accessible via Hindmarsh Drive.

A federal Department of Health facility is located directly to the east of the site.



Figure 9: Photo taken from the boundary fence along Narrabundah Lane at the eastern corner of the site, looking west (10 January 2024)

Topography

As visible in Figure 9 and mapped in Figure 10, Site 3 gently slopes from a high point of around 620 m AHD at the western boundary down to around 603 m at the eastern boundary.

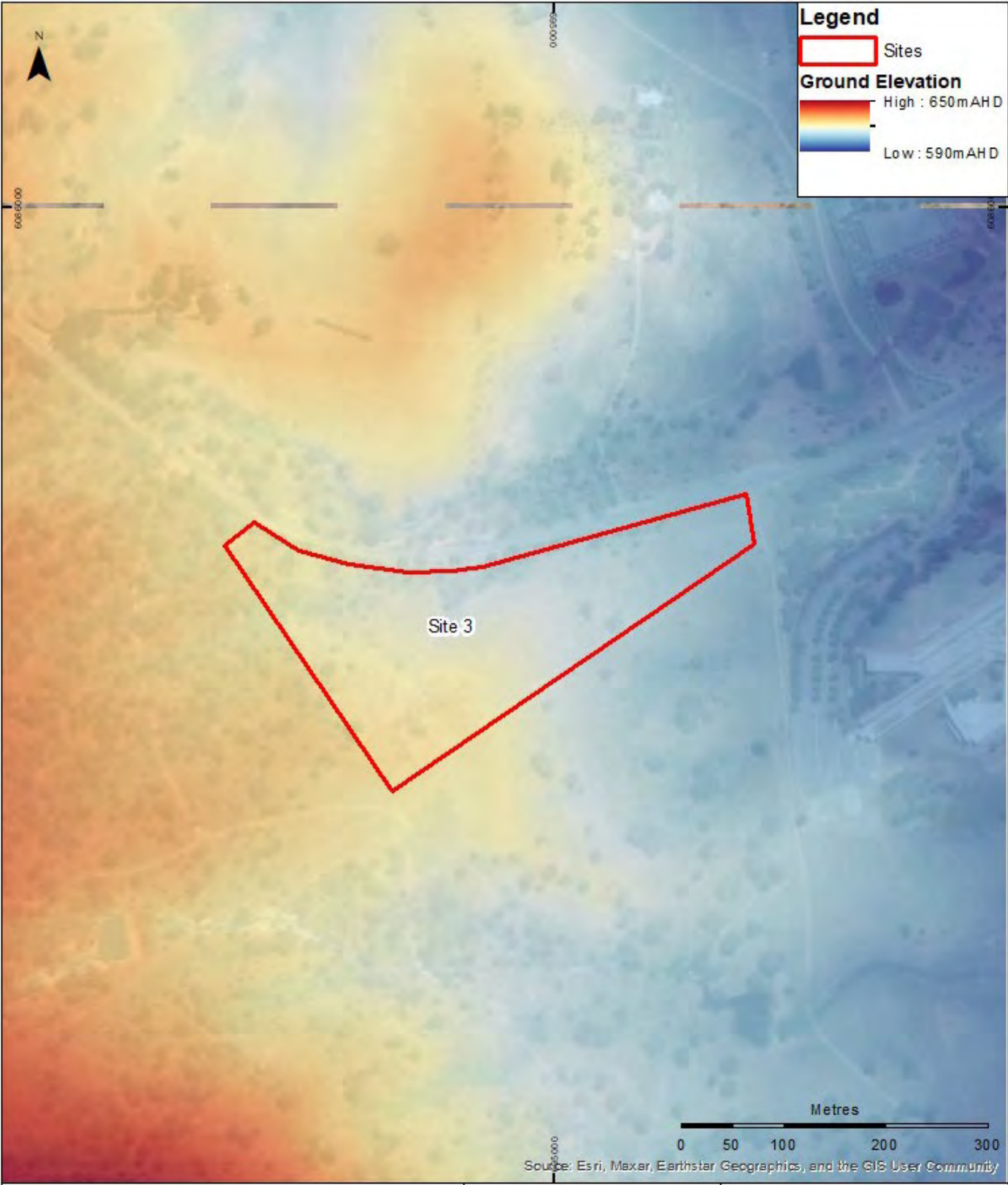


Figure 10: Topography, Site 3

Flooding

The site is both located away from any mapped watercourses or identified flooding due to its location relatively high in the catchment. The available LiDAR information indicates that the site is situated between two minor watercourses. However overland flow may nonetheless cross the site from the upstream external catchment area (7.9 ha) directly to the west of the site (refer Figure 11). This overland flow path drains from the external catchment through the northern section of the site, and then to a drainage swale alongside Narrabundah Lane.

It is recommended that the building floor levels be outside the 1% AEP local overland flow extents (with a suitable freeboard) to ensure safe occupation of the building. Consideration should also be given to rarer events such as the Probable Maximum Precipitation (PMP) storm, and ensuring flows associated with these extreme events can be managed.

Overland flow paths will need to be maintained to ensure that stormwater flow can either bypass the site or be conveyed through the site in a safe manner. Bypassing these overland flow paths can be done with conventional drainage assets, such as pipes, channels or swales. It may also present landscaping opportunities using natural channel design principals to enhance the area.



Figure 11: Existing flow paths through the potential mental health site

With appropriate controls in place, the flood risk can be managed. These controls are expected to include:

- Consideration of a range of storm events, including extreme events.
- Preservation of the overland flow paths to ensure that the flow can bypass the site.
- Consideration of flooding as part of the emergency response plan.
- Habitable areas outside the 1% AEP stormwater extents, and with suitable refuge outside the extent the PMP stormwater extent.

An emergency response plan that addresses flooding or severe storm events should be considered for the site.

Noise and vibration

The Symonston Block 12, Section 102 site is bounded by Narrabundah Lane to the north, Department of Health to the east, and the Callum Brae Nature Reserve greenfield to the west and south.

The nearest off-site land uses potentially affected by noise from site development are Department of Health (150 m east), an agriculture farm with residents (250 m north), and the low density villas on the opposite side of the Narrabundah Lane (600 m northeast).

It is anticipated that the noise and vibration that would be generated by future facility operations would not have an adverse impact to the nearest sensitive receivers due to the distances of the receivers from the facility.

However, it is recommended that further noise assessments on potential noise impacts from the following be undertaken if the site is selected:

- Aircraft movements from Canberra airport
- Road traffic movements and vehicle noise along Narrabundah Lane.

The findings from these assessments may influence the building envelope design for the mental health facility.

Contamination

The purpose of this contamination due diligence assessment is to summarise the desktop findings and identify contamination risks (if any) that may impact the feasibility of further development on the site. The due diligence assessment is limited to details provided within the Lotsearch report.

Site history

Based on the Lotsearch Report, the findings of a number of database searches potentially indicating contamination at the Site are summarised within Table 1.

Table 4: Potentially contaminating activities identified from Lotsearch report

Database	Description
ACT EPA contaminated sites management database and geographic information system (refer Lotsearch report)	None identified within 1000 m of Site.
ACT EPA Register of Contaminated Sites database	None identified within 1000 m of Site.
National Waste Management Site Database (waste management and liquid fuel facilities)	None identified within 1000 m of Site.
Defence PFAS Investigation and Management Program Management Sites	None identified within 1000 m of Site.
Airservices Australia National PFAS Management Program	None identified within 1000 m of Site.
Defence Controlled Areas	None identified within 1000 m of Site.
Defence 3 Year Regional Contamination Investigation Program	None identified within 1000 m of Site.
National Unexploded Ordnance (UXO) Register	None identified within 1000 m of Site.
Environment Protection Authority (EPA) Authorisations: Activity 29, Commercial use of chemicals	A total of five businesses are listed as having an EPA Authorisation for various activities, however, are located at least 700 m from the Site. A summary of each EPA Authorisation is provided below: - Bitupave Limited (Boral Asphalt) is listed as producing road building materials and storage of petroleum. This business is located approximately 700 m south-west of the Site. - Boral Resources is listed as producing concrete, storage of petroleum, extraction of mineral from land, placement of soil on land and the operation of crushing/grinding and separation. The business is located approximately 700 m south-west of the Site. - Canberra Contractors Pty Ltd, Dale & Hitchcock Civil Engineering and Landscaping and Remondis Australia Pty Ltd are all listed for activities relating to the placement of soil on land. All three sites are located 845 m west of the Site. The EPA Authorisations relating to the placement of soil, allows the three businesses to conduct the following: "the acceptance of more than 100m³ of soil for placement on land by a lessee or occupier of the land". As such the importation of fill material of an unknown quality may have been brought to these sites.
Historical business directories	One historical business named Capital Indoor Plant Hire was identified (road match only), immediately north of the Site.

Database	Description
Dry Cleaners, Motor Garages & Service Stations 1950-1991 business directories	None identified within 1000 m of Site.

A review of historical aerial imagery and maps was also undertaken for the Site, encompassing maps and imagery of the Site from as early as 1914 (first historical map) and 1944 (first historical aerial imagery). The aerial images can be found within the Lotsearch report. A summary of the findings is as follows:

- The majority of the Site appeared mostly undeveloped, vacant grassland/bushland until circa 1981, when a circular feature (considered to potentially be a demolition site or buried pit) and rectangular feature (considered potentially to be former hardstand of demolished building) become evident in the eastern portion of the Site.
- By 1992, an unpaved road connecting Narrabundah Lane to the circular feature is present. Smaller square features (inferred miscellaneous farming equipment) are now present immediately south-west of the circular feature. The surface of the rectangular feature appears to have changed and is no longer grass. Unidentified objects can be seen scattered throughout the Site, along the northern boundary and towards the south-west corner of the Site.
- By 2009, the circular feature appears to have faded, with the distinct black outline no longer present. The Site remains relatively unchanged.
- By 2017, large grey boulders are present in the south-west portion of the Site. The Site remains relatively unchanged.
- By 2023, the circular feature is no longer present. The Site remains relatively unchanged compared to previous aerial imagery.

Potential sources of contamination

Based on the findings of this high-level review, several potential contamination risks have been identified that may impact on the development of the site. An initial risk rating has been determined using the matrix shown in Table 2.

Table 5: Environmental risk matrix

Likelihood	Consequence level				
	Insignificant	Minor	Moderate	Major	Critical
Almost Certain	Medium	Significant	High	High	High
Likely	Medium	Medium	Significant	High	High
Possible	Low	Medium	Medium	Significant	High
Unlikely	Low	Low	Medium	Medium	Significant
Rare	Low	Low	Low	Medium	Medium

It is noted this assessment is limited to only to details provided within the Lotsearch report). Table 6 has been developed to identify high-level contamination risks / red flags considered to potentially pose a risk to the development of the Site for the Workstream 2 Project. The contamination risks identified within Table 6 are considered general in nature, and no linkages to any project design have been interpreted.

A full Preliminary Site Investigation (PSI), in accordance with the ASC NEPM and complete with a conceptual site model (CSM), should be undertaken to further develop the understanding of the contamination risks the Site poses to the proposed Project, as well as to further assess the findings identified within this high-level assessment.

Utilities and Services

Electrical

There are 11kV above ground cables at the site perimeter. Due the remote location of the site it is likely that a new kiosk substation will be required to support the redevelopment. It is likely that an 11kV supply to support a new substation will be derived from existing 11kV cables in the street. The BYDA drawings do not indicate any other electrical services at the perimeter or within the site.

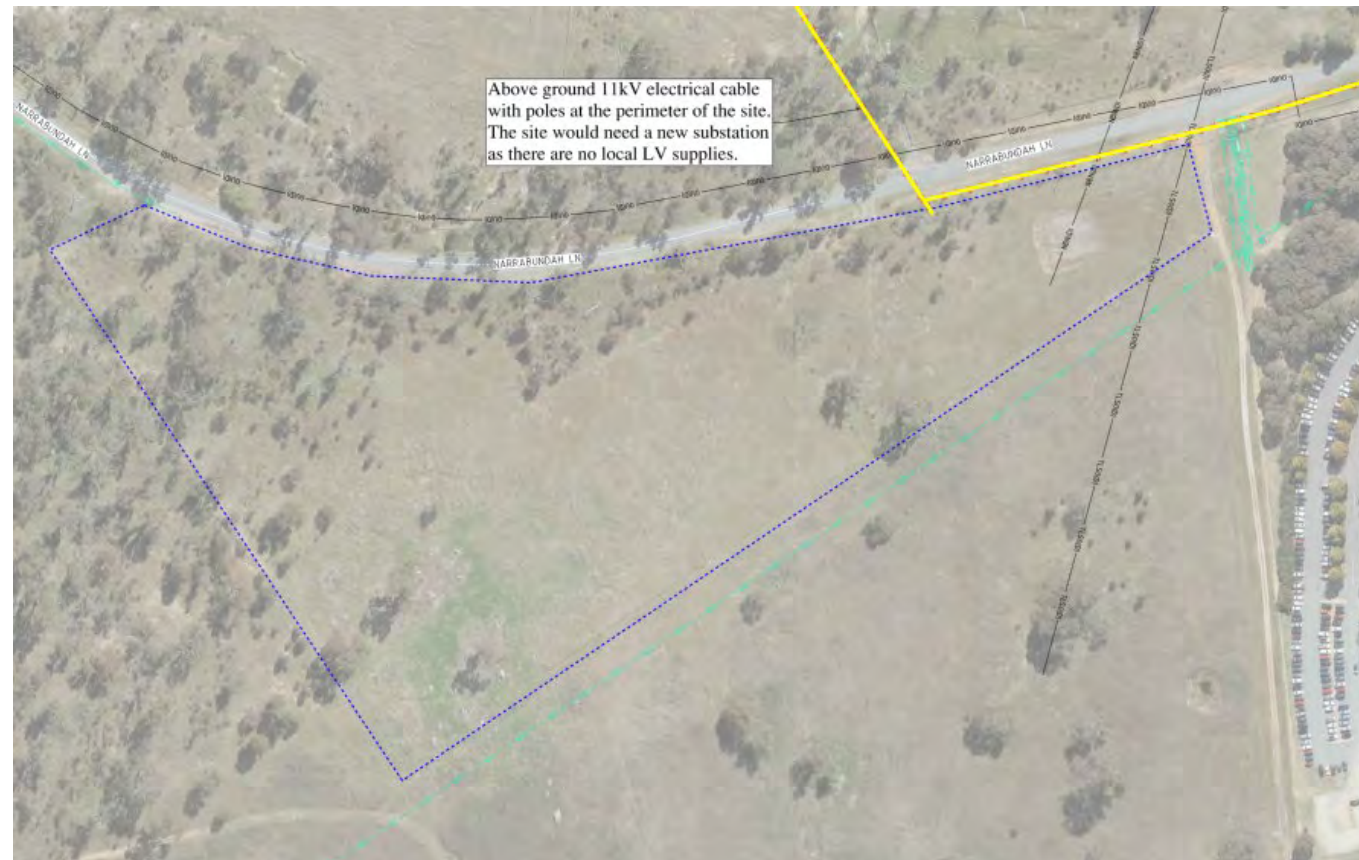


Figure 12: Electrical utility assets

Communications

The site is well serviced from communications carriers with Optus, Telstra and NBN conduits within the vicinity. It would appear that NBN and Telstra conduit pass through the eastern edge of the site and then terminate. These conduits will need to be further investigated to determine if they are something more significant. Where possible, we would recommend avoiding these conduits if possible/.

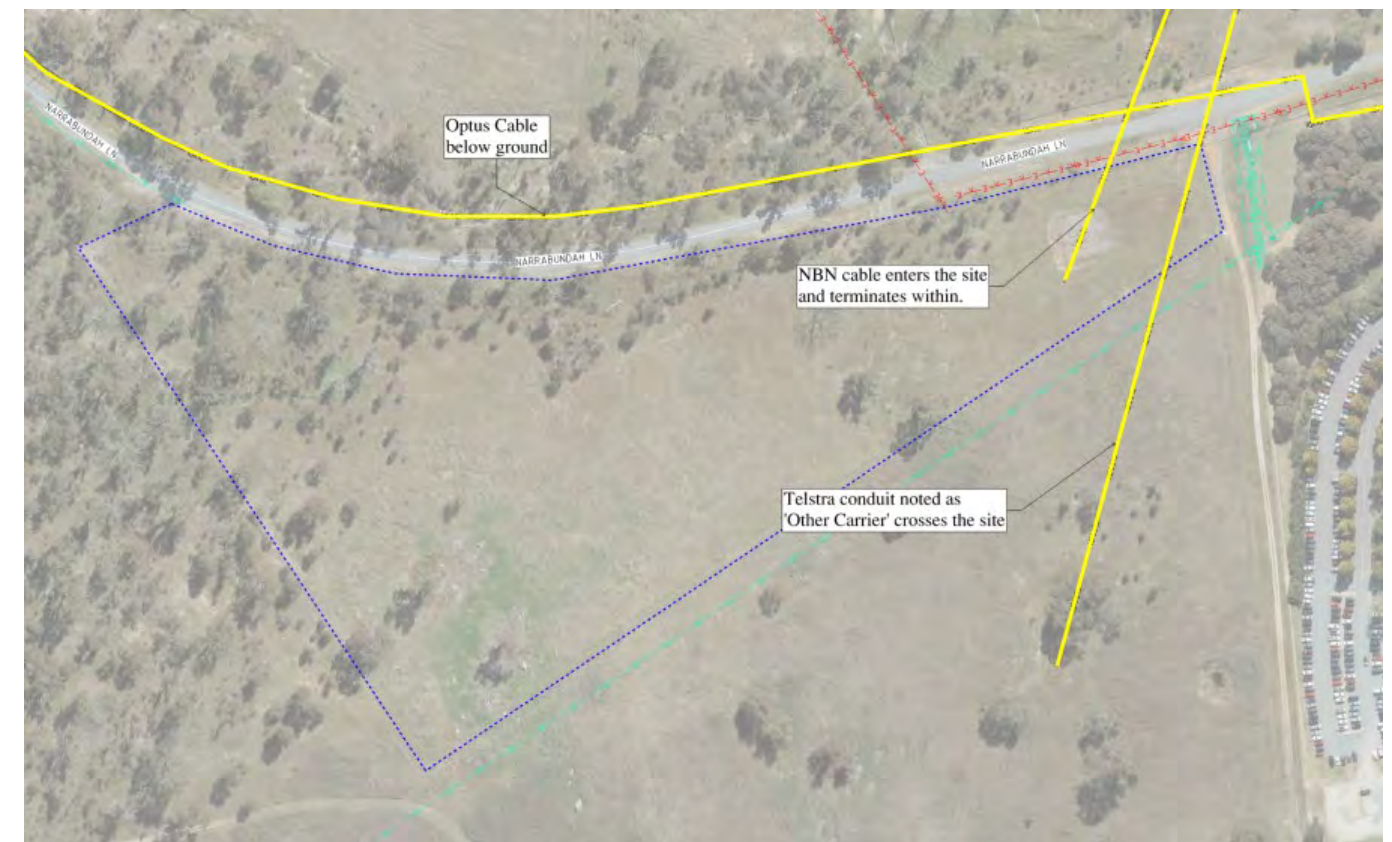


Figure 13: Communications carrier assets

Utilities and Services

Electrical

There are 11kV above ground cables at the site perimeter. Due the remote location of the site it is likely that a new kiosk substation will be required to support the redevelopment. It is likely that an 11kV supply to support a new substation will be derived from existing 11kV cables in the street. The BYDA drawings do not indicate any other electrical services at the perimeter or within the site.

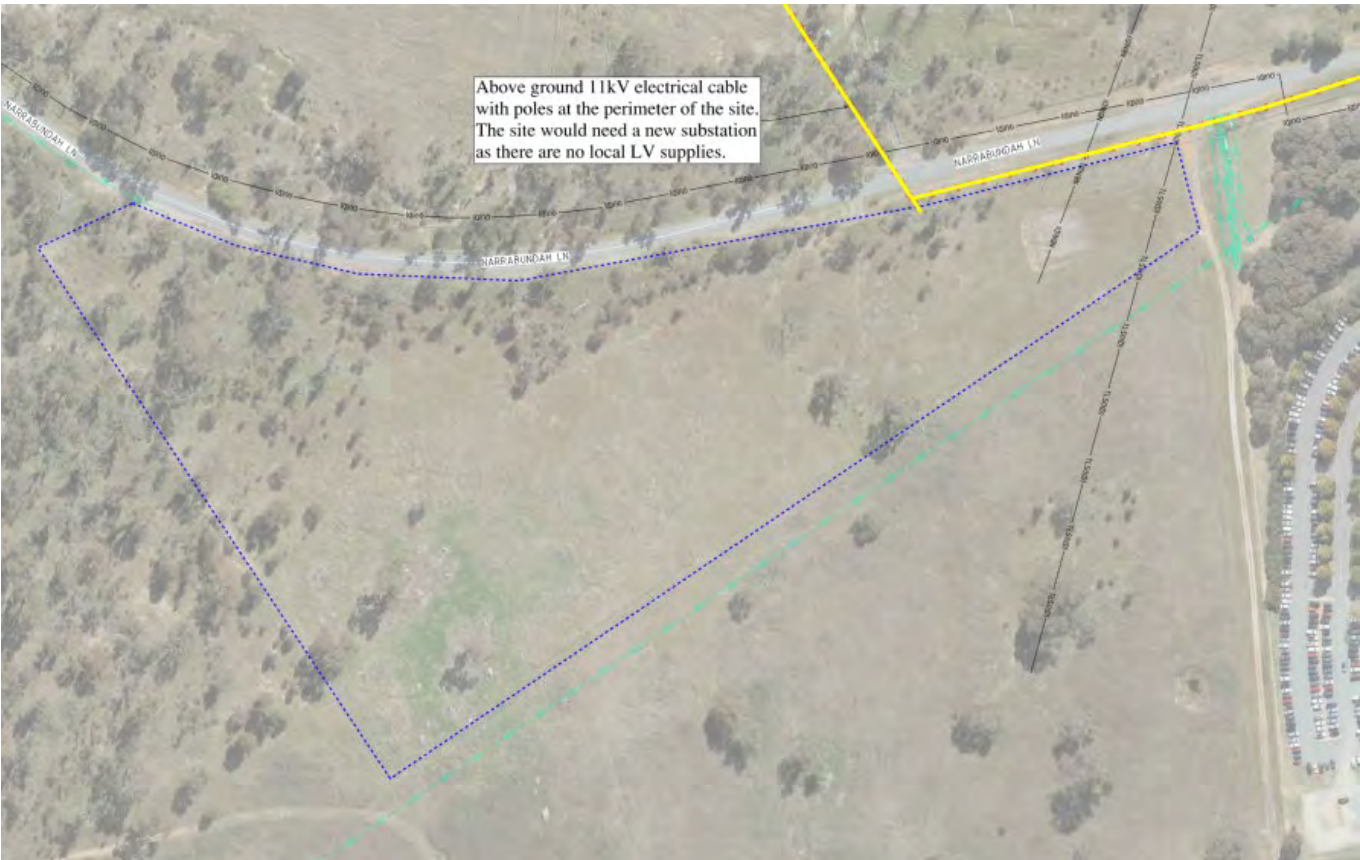


Figure 12: Electrical utility assets

Communications

The site is well serviced from communications carriers with Optus, Telstra and NBN conduits within the vicinity. It would appear that NBN and Telstra conduit pass through the eastern edge of the site and then terminate. These conduits will need to be further investigated to determine if they are something more significant. Where possible, we would recommend avoiding these conduits if possible/.

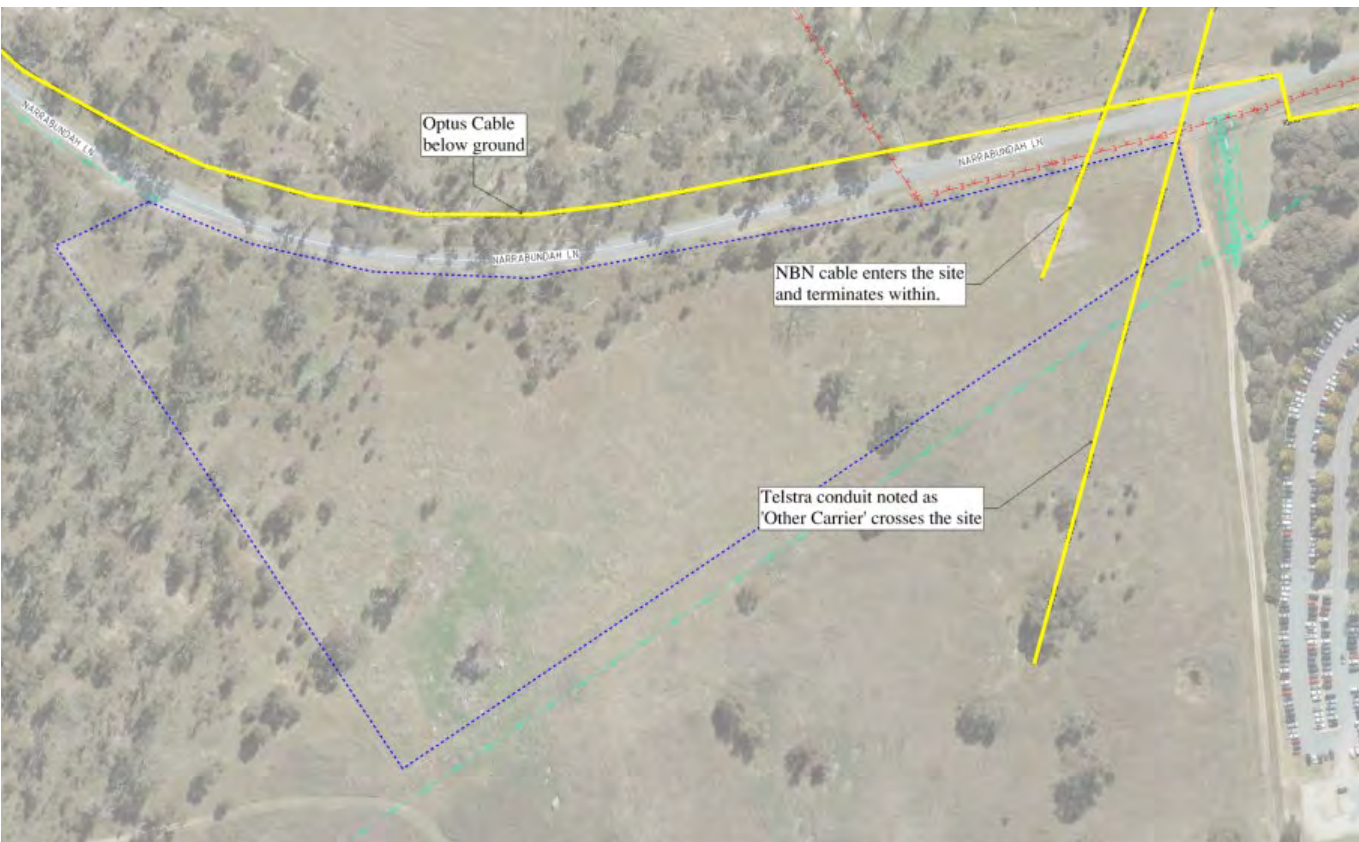


Figure 13: Communications carrier assets

Water

There are a number of Icon Water reticulated mains around the site, including:

- 600 mm bulk supply water main running in proximity to the southern site boundary.
- 375mm bulk supply water main tapped off from the 600mm bulk supply main in proximity to the eastern site boundary.
- 100mm water main in Narrabundah Lane

A fire service water supply is also available in proximity to the eastern site boundary.

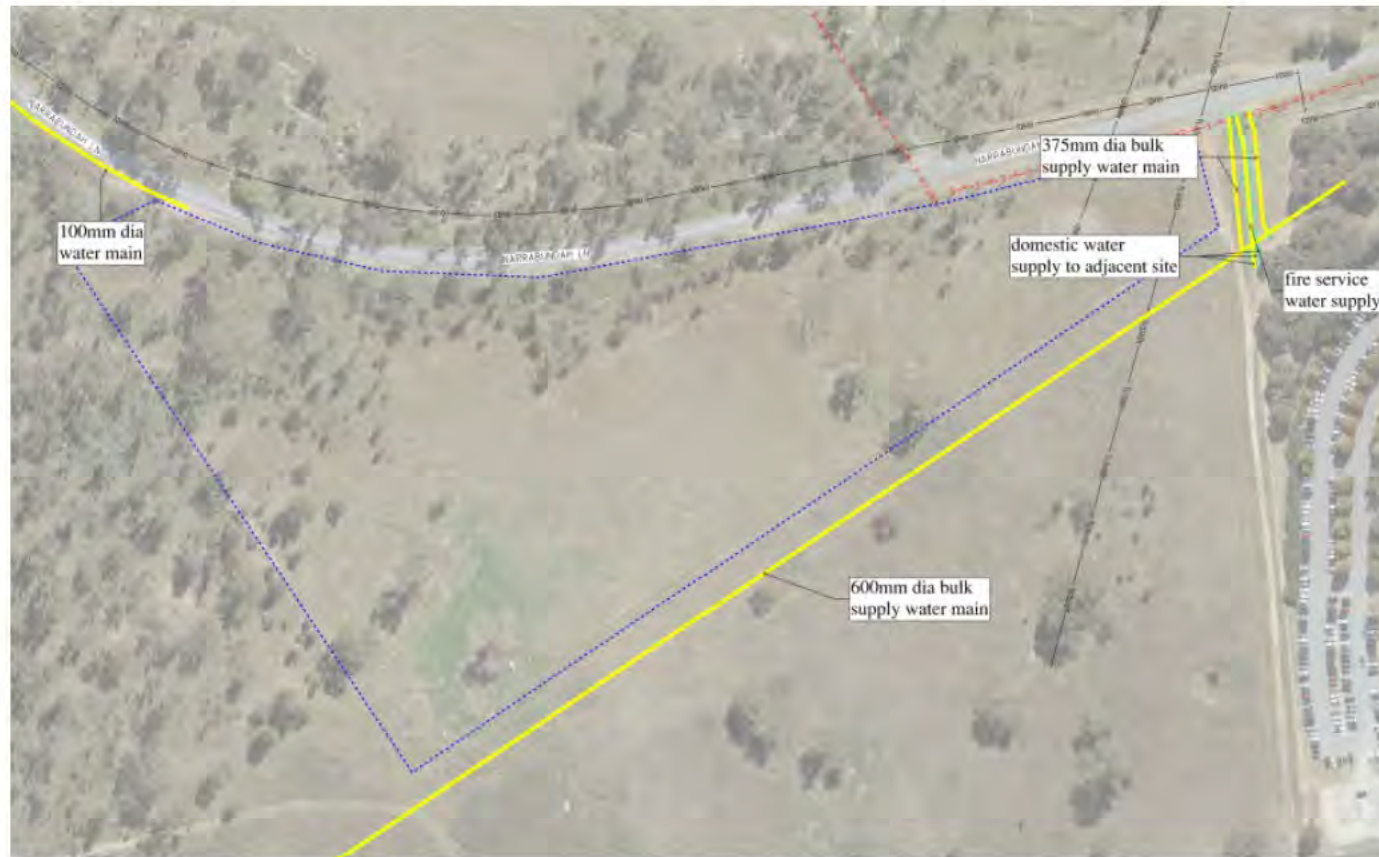


Figure 14: Water utility assets

The size and capacity of the water main will need to be assessed to confirm if capable of supporting the development, or if upgrade works will be required. Given the current sizes reported by the Before You Dig Australia (BYDA) search, it is anticipated that the water mains may have sufficient capacity if it is allowed to tap off from the 375 mm bulk supply main.

Sewer

Based on the sewer utilities map extracted by BYDA, there is no sewer infrastructure in close proximity to the site. Establishing new sewer infrastructure from ICON Water will be essential to service the facility.

Gas

According to the gas utilities map extracted by BYDA, there is no natural gas infrastructure in close proximity to the site. If a gas connection is necessary for the facility, establishing new gas infrastructure from Evoenergy will be essential. However, the need for a connection may be negated if opportunities to pursue electrification of the new facility are pursued, in line with Territory policy.



Figure 15: Sewer utility assets

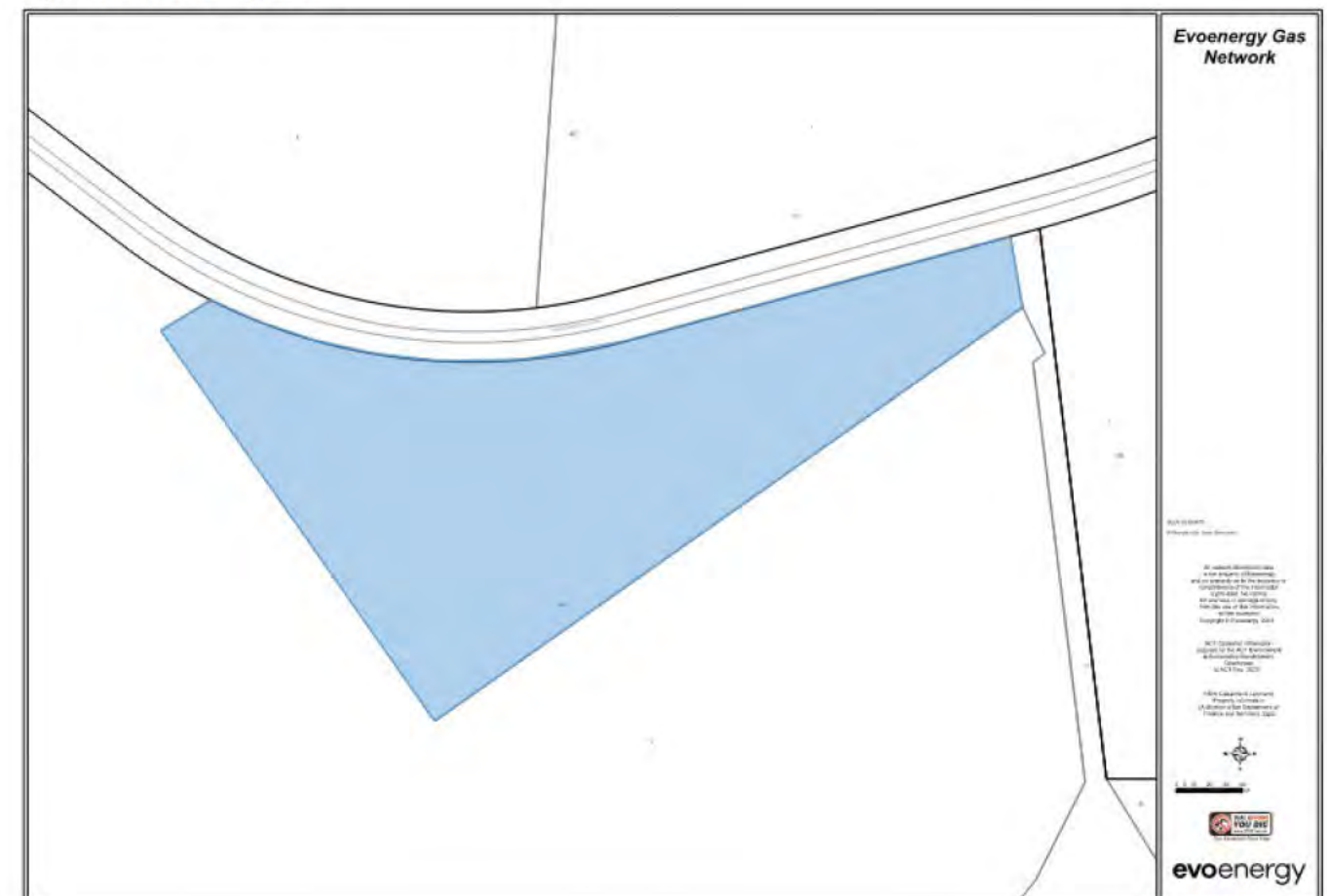


Figure 16: Gas utility assets

Transport

Car parking requirements

The planning report by Planit acknowledges Block 15 in Site 2 is zoned as NUZ1 under the 2023 Territory Plan. The report recommends residential care accommodation or complementary use as most appropriate. No specific parking rates are listed in the the Technical Specifications 2023 for non-urban zones under the Territory Plan. However, residential care accommodating within the ZS1 does provide parking rates which will be used for the purpose of this assessment. They are;

- 1 space per non-resident peak shift employee + 1 space per staff residential unit
- 0.25 spaces per bed for guest.

The functional brief for WS2 specifies that 6 full time staff are expected to work at the mental health unit. The mental health unit will be designed to accommodate 10 beds/patients. This equates to 6 parking spaces for staff, 3 spaces for visitors.

Site 3 is unleased Territory land in the custodianship of EPSDD Parks and Conservation. For the purposes of transport assessment, Site 3 will be assumed to have the same residential care accommodation.

The fit out designs for Sites 2A-2D and Site 3 show loading will be accommodated directly to the building via an access lane in all site options, meaning a loading bay does not need to be provided in the car park.

In summary, all sites would require 9 car park spaces.

Public transport

The Dalrymple Street bus stop is the closest public transport stop to Site 2, situated 300-600 meters away from Options 2A-2D. The bus stop is serviced by Route 6 and Route 902. Route 6 offers a frequent connection between Woden and the Canberra CBD, while Route 902 provides less frequent service, linking the Woden and Narrabundah suburbs. A footpath along the western side of Mugga Lane connects the bus stop to Site 2. However, the absence of street lighting along this path means that public transport may not be suitable for travelling outside daylight hours.

Site 3 is situated on Narrabundah Lane and there is no access to public transport within walking distance.

Table 7: Comparison of public transport accessibility among the different sites

Site	Public transport access
2A	✓ Within 400m from bus stop
2B	✓ Within 400m from bus stop
2C	✗ Beyond 400m from bus stop
2D	✗ Beyond 400m from bus stop
3	✗ No nearby public transport

Bike parking and EOT facilities

The technical specifications of the Territory Plan require 1 staff bicycle parking space per 2000 m² NLA and 1 guest space per 1000 m² NLA for residential care accommodation.

The schedule of accommodation within the functional design brief totals the internal areas to less than 2000 m², therefore 1 staff parking space and 1 guest parking space would need to be provided.

Long-term staff parking must be provided as secure parking in a lockable enclosure, with weather protection and on a hard concrete or paved surface.

Visitor parking must be at grade and may be provided in the form of a bicycle hoop, providing capacity for two bicycles. Both long and short-stay bicycle parking should be no more than 30 m from the building entrance.

The specifications refer to AS2890.3 for further information on the design and specifications of bicycle parking.

Vehicular Access

Both Site 2 and Site 3 are situated outside of residential zones with no other buildings adjacent. Several industrial sites are located on Mugga Lane including quarries and a recycling centre. In contrast, Site 3 is located on Narrabundah Lane, an area characterised by rural properties and the Department of Health office.

Three aspects of vehicle access have been compared in the following table. Road access refers to the level of safety when vehicles turning in and out of the driveway. Parking space refers to the ability to provide the required parking spaces (based on fit out designs). Inter-site connectivity indicates whether the Gawanggal mental health unit and Dhulwa can be accessed using internal access roads.

Table 8: Access and parking comparison among sites

Site	Road access	Parking space	Inter-site connectivity
2A	✗ Untreated intersection. New driveway from Mugga Lane.	✓ Creation of a new car park	✗ Isolated from Dhulwa circulation
2B	✗ Untreated intersection. Existing driveway from Mugga Lane.	✓ Creation of a new car park	✗ Isolated from Dhulwa
2C	✓ Treated intersection Shared driveway to Dhulwa	✗ Impacts existing car park parking facilities. Existing car park will need to be relocated	✓ Connected to Dhulwa building and internal circulation
2D	✓ Treated intersection Shared driveway to Dhulwa	✓ Creation of new of parking space and access to existing parking lot	✓ Connected to Dhulwa building and internal circulation
3	✗ Untreated intersection. Narrabundah Lane is narrow; road widening will require intrusion on surrounding lane. However, traffic volumes are likely lower.	✓ Creation of a new car park	✗ Isolated 1.2 km from Dhulwa. Close to Department of Health.

Summary

Based on assumptions and available information at the time of writing, the parking requirements for both sites are expected to be similar due to both sites falling under the same permissible use under the Territory Plan.

Parking spaces can be feasibly met in all Site options except 2C which appears to reduce the overall existing parking at Dhulwa and may require relocation of these impacted spaces. Sites 2A and 2B provide access to public transport services where other sites extend the walking distance or do not have public transport access. Lack of street lighting limits feasible utilisation of public transport for staff, patients and visitors.

Options 2C and 2D shared the same internal roads as Dhulwa, simplifying access for logistics and servicing to access both facilities.

Site 3 on the other hand, is situated further away from main roads and residential areas, requiring dedicated travel to access the site.

Geotechnical

Site Overview

This geotechnical due diligence assessment has been completed for both Site 2 and Site 3 to identify potential constraints and opportunities related to the relocation of the Gawanggal secure mental health facility. A one-storey building is located at Site 2 for the Symonston Correctional Centre. At Site 3 the land is cleared, with some mature trees and small stockpiles of fill material.

For this due diligence assessment the proposed development is assumed to include two-storey buildings, with a combination of shallow footing foundations and piled foundations, shallow earthworks regrading works (less than ±1.5 m) and small retaining walls (less than 1.5 m high).

Geology

The Canberra 1:100,000 scale Geological Series sheet 8727 (Abell, 1992) indicates the sites are underlain by the Silurian aged Mount Painter Volcanics (Shp) (Figure 13), and a 160 m wide strip of an unnamed member of Mount Painter Volcanics (Shp2) is located along the southwest boundary of Site 3. Mugga Mugga Porphyry Member is located further to the southwest. The geological formations comprise:

- Mount Painter Volcanics (Shp) – dacitic ignimbrite with lithic xenoliths and dacitic autoliths, minor tuff and ashstone
- Unnamed member of Mount Painter Volcanics (Shp2) - Tuff and ashstone
- Mugga Mugga Porphyry Member (Sldm) – rhyodacite lava

No geological faults are mapped in 1,000 m of both sites, however a number of faults are mapped in surrounding geological units which is typical of the Canberra region.



Figure 17: Rock observed at Site 3, likely Mount Painter Volcanics

Soil landscape

The sites are underlain by transferral soil landscapes, where Site 2 is within the Burra Soil Landscape and Site 3 is within the Williamsdale Soil Landscape (Figure 14) (Jenkins, 2000). A summary of the soil landscape characteristics is provided in Table 7.

Table 9: Summary of soil landscape characteristics (Jenkins, 2000)

	Burra	Williamsdale
Landscape	Undulating to rolling low hills and alluvial fans. Local relief <90 m. Elevation 650 to 900 m. Long (>300 m), waning and gently to moderately inclined hillslopes, footslopes and fans (slopes 5 to 30%). Localised terraces are common. Almost completely cleared of woodland.	Undulating rises, fans, valley flats and depressions. Significant areas of pediplain. Local relief 5 to 50 m. Elevation 550 to 650 m. Waning footslopes (<10%). Little or no rock outcrop. Original woodland has been cleared and grassland areas have been extensively altered
Soils	Moderately deep (<90 cm), moderately well drained Red Kurosols and Red Kandosols on midslopes and most lower slopes. Moderately deep (<100 cm), slowly to moderately well drained Brown Chromosols and Brown Kandosols along minor drainage lines and on some lower slopes.	Moderately deep (<90 cm), moderately well drained Yellow Chromosols on Red and Brown Kandosols, on upper rises and fan elements. Moderately to very deep, poorly to imperfectly drained Sodosols on lower rises and fan elements.
Limitations	Strongly acidic soils with low fertility and low available waterholding capacity. Subsoils have low permeability. Moderate mass movement hazard, sheet erosion risk, run-on and localised shallow soils.	Hardsetting, erodible, dispersible soils (localised). Acidic topsoils. Seasonal waterlogging, complex terrain; flood hazard (localised), run-on and dieback.

Hydrogeology

The site is located within the Symonston Hydrogeological Landscape, which has an overall low risk of salinity land salinity (Muller et al. 2017). The hydrogeological properties of the Symonston Hydrogeological Landscape are summarised in Table 8.

Table 10: Hydrogeological parameters of the Symonston Hydrogeological Landscape (Muller et al. 2017)

Aquifer type	Unconfined to semi-confined in fractured rock and saprolite. Lateral flow through unconsolidated colluvial sediments on lower slopes.
Hydraulic conductivity	Moderate. Range: 10 ⁻² to 10 m/day
Transmissivity	Moderate. Range: 2 to 100 m ² /day
Specific Yield	Moderate. Range: 5 to 15%
Hydraulic gradient	Gentle. Range: <10%
Groundwater salinity	Fresh to marginal. Range: <800 to 1,600 µS/cm
Depth to water table	Shallow to intermediate (localised waterlogging). Range: <2 to 8 m
Typical catchment size	Small (<100 ha)
Scale (flow length)	Local. Flow length: <5 km (short)
Recharge estimate	Moderate
Residence time	Medium (years)
Responsiveness to change	Medium (years)

The ACT Groundwater Abstraction Bores database shows there are 2 abstraction boreholes within 1000 m of each site. ACT Bore ID: 28 is located around 100 m north of Site 3 and ACT Bore ID: 140 is around 450m southeast of Site 2. Both bores were installed in 1970 and their current use is unknown. The groundwater level recorded at ACT Bore ID: 28 is 6.5 m.

The Bureau of Meteorology Groundwater Dependent Ecosystem (GDE) Atlas indicates that there are no potential GDEs mapped within 1000 m of the proposed sites.

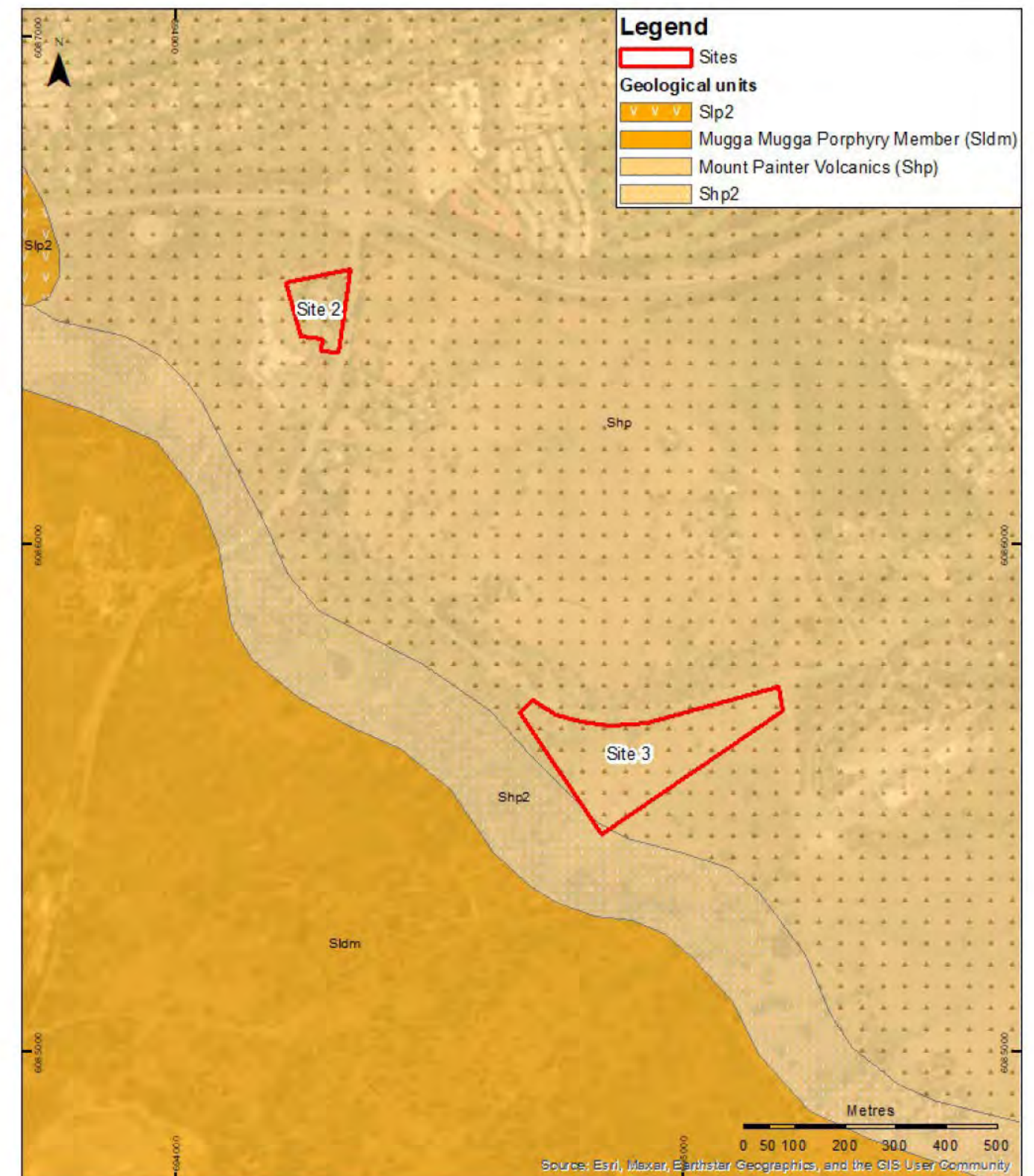


Figure 18: Mapped geology (Abell, 1992)

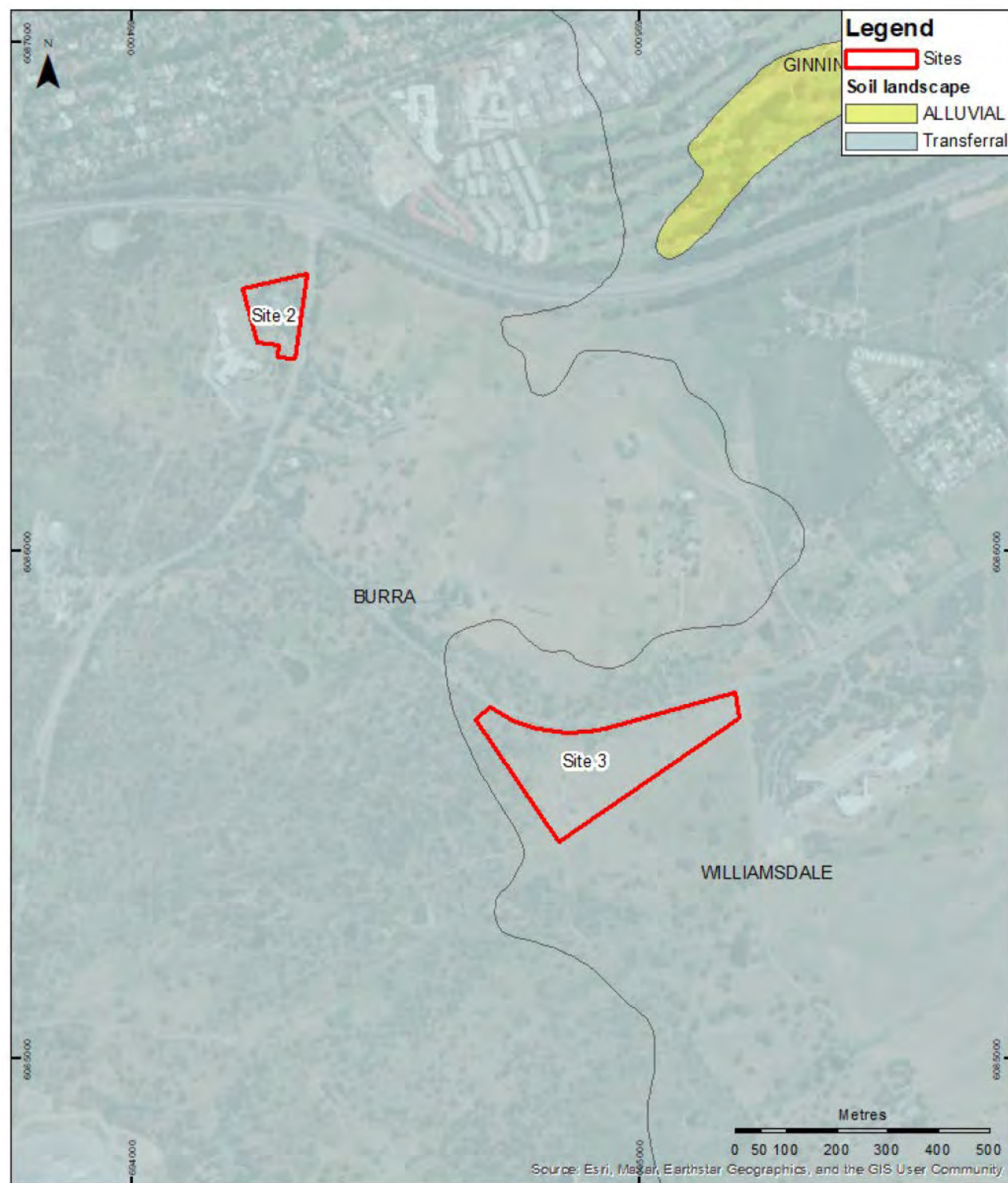


Figure 19: Soil landscape mapping (Jenkins, 2000)



Figure 20: Groundwater receptors

Historic geotechnical investigations

ACT Geotechnical Engineers completed a geotechnical investigation southwest of Site 2 to inform the design of the Dhulwa in February 2014. The investigation comprised a total of 6 augured boreholes between 1.1 m and 3 m depth around the current footprint of the main building and carpark of the Dhulwa Mental Health Unit. Key findings from the investigation include:

- Uncontrolled fill was encountered up to 2.4 m below ground level. The fill comprised gravelly silty SAND and appeared to be uncompacted and placed for landscaping purposes.
- Residual soil was encountered up to 0.7 m thick, comprising very stiff, high plasticity, sandy CLAY.
- Weathered tuffaceous dacite bedrock was encountered from 1.1 m to 2.6 m below ground level. The rock encountered was moderately to highly weathered, and weak to medium strength (0.3 to 1 MPa).
- Groundwater was not encountered during the investigation.

Geotechnical risks

Uncertainty

Based on the desk study review of publicly available information and geotechnical investigations undertaken at the site, the following geotechnical uncertainties have been identified:

- Ground conditions and suitability
 - No known geotechnical investigations have been undertaken on the sites to date. This geotechnical due diligence study is based on publicly available information and nearby geotechnical investigations. A detailed assessment of ground conditions should be completed to identify any additional site specific geohazards not identified in this due diligence study.
 - The geological formations underlying Site 2 and Site 3 are characterised by high silica and quartz contents, which can result in higher strength rock that is difficult or highly abrasive to excavate. Nearby geotechnical investigations indicate the rock may be moderately to highly weathered, however deep weathering profiles/beds can be encountered tuffaceous rock comprising clays and boulders. At Site 2, bedrock may be relatively shallow, based on nearby geotechnical investigation and boulders observed on the ground surface at Site 3, also indicate potentially shallow bedrock may be encountered.
 - No geological faults are mapped near Site 2 and Site 3; however faulting is common with the Canberra region. Future investigations may encounter faults not previously mapped which may require additional earthquake considerations in design.
 - The Williamsdale soil landscape at Site 3 includes hard-setting and dispersible sodic soils, which may not be suitable for earthworks reuse. Areas of bare-ground or poor vegetation may develop erosional gullies, which may require additional consideration during surface drainage and landscape design.
 - Uncontrolled fill was encountered at geotechnical investigations near Site 2 up to 2.6 m depth, and small stockpiles of fill were observed at Site 3. The presence of uncontrolled fill is likely at Site 2 where the site has already been developed. Uncontrolled fill may be unsuitable for reuse, provide unsuitable bearing capacity and be highly variable in thickness.
 - There is a potential risk of contaminated land issues at the site, and the extent of contamination is yet to be determined (refer to the discussion on contamination for further information).
- Groundwater levels
 - Temporary, perched groundwater flow may occur due to rainfall events.
 - Groundwater is likely be encountered during construction of deep, sub-surface design elements such as basements and piles (if applicable). Groundwater ingress, changes in flow paths, approvals

and disposal of groundwater will need to be managed during temporary works and the life of the structure.

- Soil and groundwater aggressivity
 - Acidic and saline soils have been identified in the soil landscape characterisation, which may impact upon the material durability of subsurface structures. Groundwater in volcanic bedrock can also be aggressive depending upon the bedrock mineralogy. The aggressivity of soil and groundwater should be considered in the design to select appropriate construction materials and structural requirements.
- Topography
 - Site 2 is located around the toe of Mount Mugga Mugga, which may receive a lot of surface water run-off during rain events. The water may locally pond in low areas around the site and potentially impact the sub-grade strength of pavements and shallow foundations. Appropriate drainage measures will need to be considered in design to minimise ponding on site.

Geohazards

Based on the findings of the desk study, the geohazards identified at the site are summarised in Table 9.

Table 11: Summary of geohazards and mitigation requirements

Geohazard	Risk	Mitigation
Localised, shallow high strength rock	More complex/heavy duty excavation methods may be required to prepare earthworks or sub-surface design elements.	Undertake geotechnical investigations within the proposed redevelopment footprint, including rock coring, to confirm depth and strength of rock.
Localised poor quality ground conditions, uncontrolled fill, deep weathering profiles and weak tuffaceous planes	More complex foundation designs may be required for building structures and pavements. Temporary excavations may not be self-supporting, and shoring will be required. Material may not be suitable for reuse, for example, poor quality or contaminated.	Undertake geotechnical investigations within the proposed redevelopment footprint, including rock coring, subgrade sampling and groundwater monitoring. Foundation treatment or replacement of unsuitable sub-grade material. Design any basement excavations to be undrained and retained in their permanent condition (if applicable). Undertake rock face mapping during temporary works to identify appropriate temporary retention systems and staging.
Strongly acidic and erosive soils, acid sulphate rock, aggressive groundwater	Reduction in material durability for subsurface structures Environmental degradation of soils, reduced soil infiltration capacity, increased run-off, geotechnical instability of slopes and earthworks, reduction in drainage design performance.	Undertake soil and groundwater aggressivity testing to quantify risk and material selection. Incorporate soil management into water management strategies for temporary and permanent works. Undertaken soil dispersion testing to quantify risk and inform drainage design
Geological faulting and seismic potential	Structural and foundation design to consider seismic potential	Undertake a seismic assessment to estimate the risk magnitude.

Recommended actions

Recommended due diligence investigations

A high-level desktop due diligence assessment was undertaken as part of this feasibility study. However, should the project be progressed further, the following limitations to the current study are noted and some additional investigations recommended.

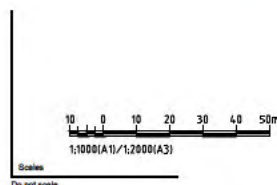
Recommendation	
Ecology	Mapping on ACTmapi shows that Site 2 has potential threatened woodland and potential for rare invertebrates, while Site 3 similarly has potential threatened woodland and threatened, protected and rare plants. An ecologist should be engaged to conduct a field survey to identify the ecological constraints that will apply to the sites. Recommended timing: Following direction from ACT Health, Arup will prepare a proposal to engage Eco Logical Australia to undertake an Ecological Constraints Assessment in early 2024. Further ecological advice may be required as the design progresses.
Bushfire	ACTmapi shows both sites are located within a Bushfire Prone Area and development on these sites will need to consider how bushfire risk can be managed and mitigated, including through the implementation of Asset Protection Zones (APZs). Recommended timing: Following direction from ACT Health, Arup will prepare a proposal to engage Eco Logical Australia to undertake a Bushfire Opportunities and Constraints Assessment (BOCA) in early 2024. This will identify the APZs that will apply to development on the site. Further bushfire advice will be required as the design progresses.
Arboriculture	Removal of trees on site will likely be subject to the Urban Forest Act 2023. Once a development footprint and bushfire management measures are confirmed, an arborist should be engaged to provide advice on the impacted trees and measures needed to protect or replace them. Recommended timing: Following direction from ACT Health, Arup will prepare a proposal to engage Eco Logical Australia to undertake a Preliminary Tree Assessment in early 2024. Further arboricultural advice will be required as the design progresses.
Geotechnical	The high-level desktop due diligence undertaken as part of this study identified several geohazards, including shallow high strength rock and localised poor ground conditions. Site geotechnical investigations will be required to inform foundation design of any new structures. Recommended timing: Geotechnical field investigations would ideally be undertaken prior to detailed design commencement to better inform the next stage of design. Following confirmation of the design footprint, the design team may recommend further targeted investigations.
Contamination	The high-level desktop due diligence undertaken as part of this study identified that Underground Storage Tanks may be present within the Site 2 study area due to previous community facility use. Other potential sources of contamination could include fill imported during construction of Dhulwa and historic agriculture uses on the site. The next step would be a more detailed desktop Preliminary Site Investigation, followed by a Sampling and Analysis Quality Plan to scope the Detailed Site Investigations. Recommended timing: Contamination site investigations would ideally be undertaken in parallel with the geotechnical site investigations.
Topographical and utilities survey	The due diligence assessment was based on publicly available LiDAR information and services data from BYDA. Should the project be progressed, topographical survey and a utilities location survey should be undertaken to provide more accurate data to inform the design. Recommended timing: Survey should be undertaken at the commencement of the detailed design phase of the project.
Heritage	There are no nominated, provisional or registered Heritage values on either site. However, ACTmapi shows there are several sites with heritage significance in the vicinity, including Aboriginal archaeological sites and Mugga Mugga cottage. Should the preferred site be located on previously undeveloped land, the Technical Advisor would recommend a heritage consultant be engaged to survey the site in consultation with the Representative Aboriginal Organisations (RAOs). Recommended timing: A heritage consultant should be engaged as part of the detailed design team.

Recommendation	
Acoustics	Noise mitigation should be considered as part of the design of the Gawanggal secure mental health unit. Recommended timing: An acoustics specialist should be engaged as part of the detailed design team.



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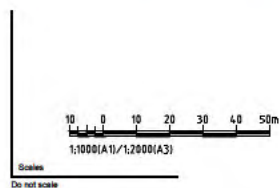
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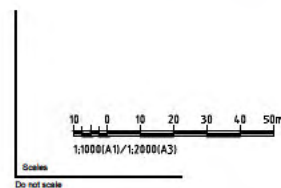
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Client	Arup, Level 4, 10 Moore Street Canberra, ACT, 2600 Tel +61 (02) 6191 7700 www.arup.com	Member Firm Arup Australia Pty Ltd ABN 78 625 912 685	Sketch Status Not for Construction
	Arup Document No NHFA-02-UTGN-SKT-0002		Job No 298215-06
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			Issue 1

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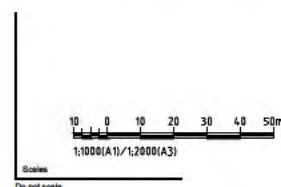


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Job No 298215-06	Sketch No 03-UTGN-SKT-0001	Issue 1

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Job Title NORTHSIDE HOSPITAL ENABLING WORKS			Drawing Title CONTOURS WS3 - Site 3 CIT, Bruce, ACT
Client			Sketch Status Not for Construction
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			Issue 1

Enabling Works Projects

Workshop Risk Register

Last updated: 25/07/2025

Risk Descriptions							Workstream 1: EEE			Workstream 2: G			Workstream 3: A			Workstream 4: C			Comments				
Ref	Risk	Description	Consequence	Mitigation	Quantification Methodology	Applies to?	Likelihood	Consequence	Risk Rating	Likelihood	Consequence	Risk Rating	Likelihood	Consequence	Risk Rating	Likelihood	Consequence	Risk Rating	Workstream 1: EEE	Workstream 2: G	Workstream 3: A	Workstream 4: C	
Generic Risks (i.e. those that would apply to all projects)																							
1.	Project is required to be delivered in accelerated timeframes to achieve Government objectives	Government priorities requires project to compress delivery program to bring construction commencement and completion forward.	a) design develop program is compressed and may not provide sufficient time to complete stakeholder/co-design process b) compressed program may influence delivery model choice and lead to changes to the Directorate's approach to design and procurement c) additional costs required to accelerate development of design d) additional time pressure impacts planning stage of the project which may negatively impact delivery of the project	a) establish appropriate project governance structures and ensure ongoing engagement with Treasury, MPC and other stakeholders b) develop a justified master delivery program that includes time allowances for selected delivery model c) establish clear decision pathway for Government approval process d) ensure appropriate government resources are available and/or engage appropriate consultants e) effective communications plan/strategy, and early stakeholder identification and engagement f) previous provision of funding and Government commitment to project g) deliver a detailed and justified business case that satisfies Capital Framework requirements h) involve key decision-makers early	Increase to the construction costs: %increase * Capital Costs	All	Possible	Moderate	Medium	Possible	Moderate	Medium	Possible	Moderate	Medium	Possible	Moderate	Medium	potentially more flexibility than other workstreams				
2.	Capital Cost Estimates - Rate Risk	Capital costs are higher than anticipated, arising from such issues as: - Incorrect construction cost estimates - Incorrect completion cost estimates - Uncertainty of rates - Uncertain scope - Limited market resources	a) Additional construction costs b) Delay to works c) Impact schedule of Main Works	a) Undertake robust designs to enable robust cost estimates. b) Benchmark against similar projects. c) Clear Project Scope. d) Robust Cost Planning Process. e) Competitive tendering and appropriate procurement methodology. f) Appropriate risk transfer within the construction project. g) Selecting tthe appropriate delivery model and work packaging.		All	Possible	Moderate	Medium	Possible	Moderate	Medium	Possible	Moderate	Medium	Possible	Moderate	Medium					
3.	Delays to funding approval	Delay to the beginning of Enabling Works due to delayed funding will create an overall setback to the completion of the entire Northside Hospital Project.	a) Shifts or prolongs the construction program b) Capital cost increases due to escalation c) Impact Schedule of Main Works	a) Detailed scheduling / programming analysis and ensuring appropriate timeframes are factored into planning to anticipate funding needs b) Early communication with government authorities responsible for funding approval		All	Unlikely	Minor	Medium	Unlikely	Moderate	Medium	Unlikely	Minor	Medium	Unlikely	Minor	Medium					
4.	Delay during Design Development Process	Completion of Enabling Works Projects delayed due to management of the design development process.	a) Shifts the construction program. b) Capital cost increases due to escalation, prolongation c) Potential temporary solutions required d) Impact schedule of Main Works	a) Detailed scheduling / programming analysis and ensuring appropriate timeframes are factored into the design and construction programme. b) Running a rigorous procurement process to select the appropriate contractor. c) Ensure appropriate project governance structures are in place. d) Involvement of key stakeholder groups.	As this relates to delays due to design, and therefore would occur at the start of the construction phase, there would unlikely need to be any acceleration costs. Escalate the total capital costs by	All	Unlikely	Minor	Medium	Unlikely	Minor	Medium	Unlikely	Minor	Medium	Unlikely	Minor	Medium					
5.	Delay during Construction Delivery	Delay to completion of Enabling Works Projects (and potentially NHP) due to management of the construction process, failing to achieve agreed programming commitments.	a) General delays prolong construction program. b) Capital costs increase due to prolongation.	a) Detailed scheduling / programming analysis and ensuring appropriate timeframes are factored into the design and construction programme. b) Reviewing the contractors programme. c) Selecting the appropriate delivery model d) Running a rigorous procurement process to select the appropriate contractor. e) Building in contract flexibility. f) Establish appropriate project governance structures are in place. g) A robust evaluation process of contractors' proposed timelines. h) Staging of works / decanting plan. i) Temporary interim solution	Escalate the total capital costs by the duration of the delay (plus potential additional costs): (Capital Cost *(1+CapEx Inflation Rate) *(months delay/12)) - Capital Cost	All	Possible	Moderate	Medium	Likely	Moderate	High	Likely	Moderate	High	Likely	Moderate	High					
6.	Insolvency of Head Contractor	Head Contractor becomes insolvent.	a) delay to construction program b) additional costs including prolongation, acceleration or replacement contractor costs c) Impact schedule of Main Works	a) Evaluation of Head Contractor financial strength. b) Prequalification and sound procurement process. c) Security (bonding or parent company support) and insurances. d)Appropriate governance, regular meetings and payment schedules.	Increase to the construction costs: %increase * Capital Costs	All	Unlikely	Major	High	Unlikely	Major	High	Unlikely	Major	High	Unlikely	Major	High					

Risk Descriptions							Workstream 1: EECC			Workstream 2: Gawanggal			Workstream 3: Arcadia House			Workstream 4: CAHMS			Comments			
Ref	Risk	Description	Consequence	Mitigation	Quantification Methodology	Applies to?	Likelihood	Consequence	Risk Rating	Likelihood	Consequence	Risk Rating	Likelihood	Consequence	Risk Rating	Likelihood	Consequence	Risk Rating	Workstream 1: EECC	Workstream 2: Gawanggal	Workstream 3: Arcadia House	Workstream 4: CAHMS
7.	Development Approvals - Delay Risk	Delays in obtaining development and services approvals due to design implications (as well as scope changes).	a) Shifts and prolongs the construction program. b) Capital costs increase due to prolongation and escalation. c) Impact schedule of Main Works	a) Early consultation with relevant authorities b) Build in appropriate allowances to the delivery timeframes. c) Clear communication of project requirements to the architects. d) Ensure appropriate project governance structures are in place. e) Continual engagement with the community and key stakeholders, particularly around key milestones. f) Appropriate site selection and site due-diligence activities. g) Potential for the project to be declared a priority and therefore avert the need for DA.	As this relates to delays due to design, and therefore would occur at the start of the construction phase, there would unlikely need to be any acceleration costs. Escalate the total capital costs by	All	Likely	Minor	Medium	Likely	Minor	Medium	Likely	Minor	Medium	Likely	Minor	Medium				
8.	Development Approvals - Cost Risk due to conditions of DA	Additional costs incurred as a result of conditions and changes imposed through obtaining development and services approvals.	a) Additional construction costs b) Delay to works	a) Early consultation with relevant authorities b) Build in appropriate allowances to the delivery timeframes. c) Clear communication of project requirements to the architects. d) Ensure appropriate project governance structures are in place. e) Continual engagement with the community and key stakeholders, particularly around key milestones. f) Planning contingency built into cost plan.	Increase to the construction costs: %increase * Capital Costs	All	Possible	Insignificant	Low	Possible	Insignificant	Low	Possible	Insignificant	Low	Possible	Insignificant	Low				
9.	Site Selection and Site Conditions	Risk that due to the unknown site selection, there is the potential for the following site conditions to be encountered: a) unforeseen adverse geological ground conditions. (i.e. localised rock, soft spots or ground water issues). b) unforeseen ground contamination. c) utility network has insufficient capacity.	a) Increased cost due to site condition treatment and delay. b) Impact schedule of Main Works	a) Detailed site investigations and due diligence. b) Appropriately considered timeframes factored in to the project program. c) Appropriate contractual risk allocation between Territory and contractor. d) Existing site knowledge (if applicable). e) Appropriate construction methodologies. f) Early engagement with utilities services providers.	Escalate the total capital costs by the duration of the delay: (Capital Cost *(1+CapEx Inflation Rate) ^months	All	Possible	Moderate	Medium	Possible	Moderate	Medium	Possible	Moderate	Medium	Possible	Moderate	Medium				
10.	Changes to specification, scope creep	The risk that the specifications change due to identified issues or government instigated changes.	a) Additional construction costs b) Delays to construction program c) Impact schedule of Main Works	a) Early and ongoing consultation with relevant stakeholders, early involvement of decision makers, and efficient decision making. b) Clear communication of project requirements to the architects/contractor.	Increases to the construction costs: % increase * Capital Costs	All	Unlikely	Insignificant	Low	Possible	Minor	Medium	Unlikely	Minor	Medium	Possible	Minor	Medium				
11.	Regulatory Changes (Government Policy or Law)	Risk that regulatory changes require a change to scope and impact delivery timeframes	a) Additional construction costs b) Delays to construction program c) Impact schedule of Main Works c) Possible revision of design.	a) Project design to take into account relevant regulations and environmental requirements. b) Early consultation to determine relevant requirements.	Increases to the construction costs: % increase * Capital Costs	All	Unlikely	Minor	Medium	Unlikely	Minor	Medium	Unlikely	Minor	Medium	Unlikely	Minor	Medium				
12.	Force Majeure (not quantifiable)	Project delayed due to a force majeure event	a) Changes in the costs of the Project	Ensure appropriate project governance structures are in place. Appropriate contractual risk allocation between the Territory and the Contractor.		All			N/A	N/A	N/A	N/A	N/A	N/A	N/A			N/A				
13.	Work health and safety	Work health and safety issues or incidents during delivery causes injury or delay	a) Injury or loss of life b) Delay to program c) Reputational damage d) Additional construction costs e) Impact Schedule of Main Works	Running a rigorous procurement process to select the appropriate contractor (incl. requiring WHS plan, evaluating WHS history and ensuring proposed program is adequate). Establish appropriate project governance structures Continual monitoring and on-site/independent auditing during construction to check compliance with plans and any deficiencies.		All																
Project-Specific Risks																						
14.	Delays to identify, secure or purchase alternative sites	Completion of Projects may be delayed due to delay in handover of land from private entity	a) Shifts the construction program. b) Capital cost increases due to escalation, prolongation c) Impact Schedule of Main Works	a) Early engagement via working group established, which includes consulting with ACTPG and working with Treasury & GSO to consider purchasing private land. b) Build in appropriate allowances to the delivery timeframes. c) Clear communication of site investigation/due diligence requirements. d) Ensure appropriate project governance structures are in place. e) Continual engagement with the required landholders, particularly around key milestones.	As this relates to delays due to handover, and therefore would occur at the start of the construction phase, there would unlikely need to be any acceleration costs. Escalate the total capital costs by		Possible	Moderate	Medium	Possible	Moderate	Medium	Possible	Moderate	Medium	Unlikely	Minor	Medium				

Risk Descriptions							Workstream 1: EECC			Workstream 2: Gawanggal			Workstream 3: Arcadia House			Workstream 4: CAHMS			Comments			
Ref	Risk	Description	Consequence	Mitigation	Quantification Methodology	Applies to?	Likelihood	Consequence	Risk Rating	Likelihood	Consequence	Risk Rating	Likelihood	Consequence	Risk Rating	Likelihood	Consequence	Risk Rating	Workstream 1: EECC	Workstream 2: Gawanggal	Workstream 3: Arcadia House	Workstream 4: CAHMS
15.	Stakeholder risk	Given geographical location/ and broad range of projects, issues with ongoing stakeholder engagement in design and development of the project for example: a) stakeholder engagement stalls or is not progressed; b) inability to reach consensus within stakeholder groups delays design development or construction c) Negative feedback from the community or potential issues that cause a change to scope or delay	a) Shifts or prolongs the construction program b) Capital cost increases due to changes in escalation c) Impact Schedule of Main Works	a) Involvement of key stakeholder groups in designs phases (e.g. the surrounding community). b) Ongoing and early engagement with external stakeholders and the community. c) Negative feedback from the community or potential issues that cause a change to scope or delay, or result in site being unsuitable and further site selection activities to be undertaken. d) Establish conflict resolution process and consider involvement of professional mediator to facilitate discussions. e) Develop detailed and proactive public relations strategy including identification of potential conflicts, solutions, rebuttals and positive benefits of project (i.e., long-term benefits of the project for the community, economy or individual stakeholders). f) Utilise various communication mediums to ensure all stakeholders are reached (e.g. newsletters, meetings, radio, digital platforms and social media).	Increases to the construction costs: % increase * Capital Costs		Possible	Minor	Medium	Possible	Moderate	Medium	Possible	Moderate	Medium	Possible	Moderate	Medium				

Consequence **					
Financial	Insignificant	Minor	Moderate	Major	Catastrophic
	1% of Budget or <\$5K	2.5% of Budget or <\$50K	> 5% of Budget or <\$500K	> 10% of Budget or <\$5M	>25% of Budget or >\$5M
People	Injury or ailments not requiring First Aid treatment	Minor injury or requiring First Aid treatment or short term injury (less than four weeks incapacity for work)	Serious injury causing hospitalisation or medium term reversible disability (four weeks or more incapacity for work) or multiple medical treatment cases	Single life threatening injury (including loss of limbs) or multiple serious injuries causing hospitalisation and/or permanent disability	Death or multiple life threatening injuries and/or multiple injuries causing major life altering impairment
	and / or psychological injury managed by staff support services.	and / or psychological injury resulting in reduced ability to perform tasks requiring treatment from a health professional.	and / or psychological injury resulting in reduced ability to perform tasks requiring ongoing support from GP/health professional.	and / or psychological injury resulting in reduced ability to perform tasks requiring significant additional psychological treatment.	and / or psychological injury resulting in inability to perform tasks requiring ongoing significant psychological treatment.
Compliance/ Regulation	Non-compliance with work policy and standard operating procedures which are not legislated or regulated.	Numerous instances of non-compliance with work policy and standard operating procedures which are not legislated or regulated.	Non-compliance with work policy and standard operating procedures which require self reporting to the appropriate regulator and immediate rectification.	Restriction of business operations by regulator due to non-compliance with relevant guidelines and / or significant non-compliance with policy and procedures which threaten business delivery.	Operations shut down by regulator for failing to comply with relevant guidelines / legislation and/or significant non-compliance with internal procedures which could result in failure to provide business outcomes and service delivery
Reputation & Image	Internal review and/or minor dissatisfaction across a small number of demographic groups or stakeholders.	Scrutiny required by internal committees or internal audit to prevent escalation and/or moderate dissatisfaction across a small number demographic groups or several stakeholders.	Local media scrutiny (1 week) and/or scrutiny required by external committees or ACT Auditor General's Office, or inquest, etc. and/or dissatisfaction across a few demographic groups or multiple stakeholders.	Intense public, political and national media scrutiny (1 week) and/or Minister / Chief minister involvement and/or dissatisfaction across a large range of demographic groups and stakeholders.	Adverse finding from Assembly inquiry or Commission of inquiry or sustained adverse international media and/or loss of public confidence in Govt or Public Service forcing changes to the machinery of Govt.
Service Delivery	Loss of or interruption to non critical/no-core services up to 3 days.	Interruption of core services affecting critical infrastructure (e.g. law & order, public safety, health) or cessation of core/ critical service essential to business continuity for up to 3 days.	Cessation of core services affecting critical infrastructure (e.g. law & order, public safety, health) or cessation of core/ critical service essential to business continuity for up to 3 days and/or disruption for a week.	Cessation of core services affecting critical infrastructure (e.g. law & order, public safety, health) or cessation of core/ critical service essential to business continuity for up to 3 days and/or disruption over subsequent weeks.	Total cessation of core services affecting critical infrastructure (e.g. law & order, public safety, health) or cessation of core/ critical service essential to business continuity for more than 1 week and/or disruption over subsequent months.
Matrix	1	2	3	4	5
5	Medium	High	High	Extreme	Extreme
4	Medium	Medium	High	High	Extreme
3	Low	Medium	Medium	High	Extreme
2	Low	Medium	Medium	High	High *
1	Low	Low	Medium	Medium	High *

1.1 RISK RATINGS



Consequence **					
	Insignificant	Minor	Moderate	Major	Catastrophic
Financial	1% of Budget or <\$5K	2.5% of Budget or <\$50K	> 5% of Budget or <\$500K	> 10% of Budget or <\$5M	>25% of Budget or >\$5M
People	Injury or ailments not requiring First Aid treatment and / or psychological injury managed by staff support services.	Minor injury or requiring First Aid treatment or short term injury (less than four weeks incapacity for work) and / or psychological injury resulting in reduced ability to perform tasks requiring ongoing support from a health professional.	Serious injury causing hospitalisation or medium term reversible disability (four weeks or more incapacity for work) or multiple medical treatment cases and / or psychological injury resulting in reduced ability to perform tasks requiring ongoing support from a health professional and/or services.	Single life threatening injury (including loss of limbs) or multiple serious injuries causing hospitalisation and/or permanent disability and / or psychological injury resulting in reduced ability to perform tasks requiring significant additional psychological treatment.	Death or multiple life threatening injuries and/or multiple injuries causing major life altering impairment and / or psychological injury resulting in inability to perform tasks requiring ongoing significant psychological treatment.
Compliance/Regulation	Non-compliance with work policy and standard operating procedures which are not legislated or regulated.	Numerous instances of non-compliance with work policy and standard operating procedures which are not legislated or regulated.	Non-compliance with work policy and standard operating procedures which require self reporting to the appropriate regulator and immediate rectification.	Restriction of business operations by regulator due to non-compliance with relevant guidelines and / or significant non-compliance with policy and procedures which threaten business delivery.	Operations shut down by regulator for failing to comply with relevant guidelines / legislation and/or significant non-compliance with internal procedures which could result in failure to provide business outcomes and service delivery.
Reputation & Image	Internal review and/or minor dissatisfaction across a small number of demographic groups or stakeholders.	Scrutiny required by internal committees or internal audit to prevent escalation and/or moderate dissatisfaction across a small number of demographic groups or several stakeholders.	Local media scrutiny (1 week) and/or scrutiny required by external committees or ACT Auditor General's Office, or request, etc. and/or dissatisfaction across a few demographic groups or multiple stakeholders.	Intense public, political and national media scrutiny (1 week) and/or Minister / Chief Minister involvement and/or disavowal across a large range of demographic groups and stakeholders.	Adverse finding from Assembly Inquiry or Commission of inquiry or sustained adverse international media and/or loss of public confidence in Govt or Public Service forcing changes to the machinery of Govt.
Service Delivery	Loss of or interruption to non critical/no-core services up to 3 days.	Interruption of core services affecting critical infrastructure (e.g. law & order, public safety, health) or cessation of core critical service essential to business continuity for up to 3 days.	Cessation of core services affecting critical infrastructure (e.g. law & order, public safety, health) or cessation of core critical service essential to business continuity for up to 3 days and/or disruption for a week.	Cessation of core services affecting critical infrastructure (e.g. law & order, public safety, health) or cessation of core critical service essential to business continuity for up to 3 days and/or disruption over subsequent weeks.	Total cessation of core services affecting critical infrastructure (e.g. law & order, public safety, health) or cessation of core critical service essential to business continuity for more than 1 week and/or disruption over subsequent months.

Likelihood of Consequence	Frequency			Consequence **				
	Almost Certain	Is expected to occur in most circumstances	Once in a quarter or more	Almost Certain	Insignificant	Minor	Moderate	Major
	Likely	Will probably occur	Once a year or more	Likely	Medium	High	High	Extreme
	Possible	Might occur at some time in the future	Once every 1 - 5 years	Possible	Medium	Medium	High	Extreme
	Unlikely	Could occur but doubtful	Once every 5 - 20 years	Unlikely	Low	Medium	Medium	High
	Rare	May occur but only in exceptional circumstances	Once every 20 - 100 years	Rare	Low	Low	Medium	High *

Priority	Indicative Escalation	Priority for Attention / Action *	Authority for Action	Optional Considerations
Extreme	Within 24 hours	1 month or sooner	DG & DSG (CEO or equivalent)	Chair AMAC Director WH&S
High	Within 7-14 days	2 months or sooner	Senior Executive or equivalent (DOO/EO/Head of Agency or equivalent)	Director WH&S
Medium	Within 1-3 months	3 months or sooner	Executive/Business Unit Head/Manager	WH&S Team
Low	1-3 months in course of normal business	3-6 months or sooner	Team Leader/Supervisor	WH&S Team

* Priority for Attention / Action
Every care should be taken to act as soon as possible to implement risk control measures wherever possible or to take action to fix the problem. 'Extreme' and 'High' risks especially where the risk relates to people and personal injury require us to act immediately to take steps to fix the problem.
The suggested timing of treatment does not mean that immediate action ought not be taken or that the timing can not be completed sooner than suggested.

Risk Control Effectiveness	
Control Effectiveness	Guide
Adequate	Controls are well designed and operating effectively in treating the root cause of the risk. Additional controls exist to appropriately manage consequence. Nothing further to be done except review and monitor the existing controls. Controls are largely preventative and management believes that they are effective and reliable at all times.
Room for Improvement	Some deficiencies in controls have been identified how ever most controls are designed and implemented effectively in treating some root causes of the risk. While some preventative controls exist, controls are largely reactive. There are opportunities to improve the design/implementation of some controls to improve operational effectiveness.
Inadequate	Significant control deficiencies identified. Either controls do not treat root cause or they do not operate effectively. Controls, if they exist are just reactive. Management has little confidence on the effectiveness of the controls due to poor control design and/or very limited operational effectiveness.

⇒ Hint
To help assess the consequence and likelihood of a risk
1. Consequence: What will be the outcome/impact should the risk eventuate in the most normal form? Where there are many consequences, choose the one that has the highest outcome/impact.
2. Likelihood: What is the likelihood of that outcome/impact?
3. When identifying, analysing and rating risk, consideration should be given but not necessarily limited to the above categories of risk and the suggested examples of frequency and consequences.

1.2 LISTS

Risk Category	Allocation	Switch
1 Site		1
2 Design, construction and commissioning		0
3 Sponsor		
4 Financial		
5 Operating		
6 Revenue		
7 Interface		
8 Political		
9 Force majeure		
10 Asset ownership		
11		

QuantMthd	CostDriver	Dstn	ContDstn
Cost driver	CapEx	Discrete	Triangle
Actual dollars	OpEx	Continuous	PERT
	Lifecycle		Uniform
	OpEx + Lifecycle		
	Project		

Quantity
Yes
No

	Insignificant	Minor	Moderate	Major	Catastrophic
Almost certain	Medium	High	High	Extreme	Extreme
Likely	Medium	Medium	High	Extreme	Extreme
Possible	Low	Medium	Medium	High	Extreme
Unlikely	Low	Medium	Medium	High	High
Rare	Low	Low	Medium	Medium	High

Insignificant
Minor
Moderate
Major
Catastrophic

WELLBEING IMPACT ASSESSMENT

Northside Hospital Project Enabling Works

ACTHD

Purpose of proposal

The proposal seeks to deliver a program of Enabling Infrastructure Works (**The Project**) required to facilitate the delivery of the Northside Hospital Project (**NHP**).

To allow for the efficient delivery of the new hospital and to ensure continuity of the provision of existing health services throughout construction, a program of enabling works is required to relocate services currently located within the preferred site of the Northside Hospital Project and to undertake other works critical to support the ongoing operations of the hospital.

Impact description

- The Project will allow for the commencement of construction of the new NHP on existing hospital land by relocating four key services which do not need to be provided within the North Canberra Hospital.
- The Project will facilitate the decanting of the services provided in other hospital buildings that are scheduled for demolition as part of the NHP works.
- The Project will enable a series of works which are critical to supporting the operations at the North Canberra Hospital campus while the NHP is being constructed.
- The NHP in turn will meet the growing demand for health services in the Territory, by increasing hospital capacity, improving the quality of infrastructure, and integrating new medical technologies.
- The Project will allow for the continuous delivery of critical services.
- The Project will enable the delivery of Act Government commitments.
- All impacts described above will have a sustained and direct impact on general community wellbeing, and access to health services. There is also an impact on hospital patients and staff.

Who is affected?

- The Project will affect Canberrans (including people in surrounding regions) who are experiencing a range of health conditions. Family members of patients will also experience improved accessibility due to the benefits provided by the Enabling works and subsequent construction of the NHP.
- The Project will also affect staff working in the impacted services.
- The Project is expected to have a positive impact on the entire community, including the Aboriginal and Torres Strait community.
- The Project is expected to provide benefit to elder Canberrans in particular, who may likely have greater health care requirements than younger Canberrans.
- The Project is not expected to affect gender equality.

Aboriginal and Torres Strait Islander Peoples	Carers	Children and young people	Culturally and linguistically diverse people	LGBTIQ+ people	Older Canberrans	People with disability	Across gender
☒	☒	☒	☒	☒	☒	☒	☒

Wellbeing domains

- Health
- Access & Connectivity

Timeframe

- 1-2 years.

WELLBEING IMPACT ASSESSMENT

Evidence based and data

What do we know?

- The northside of Canberra is now the largest population in the Territory and will continue to experience strong population growth.
- By 2060, the population in the northside of Canberra alone is projected to grow by 285,000.
- By 2060, it is projected that 65% of Canberrans will live north of Lake Burley Griffin, an increase of approximately 11% from the present day.
- By 2060, it is expected that the percentage of the population 65 years and older will increase from 13.3% to 14.6%.
- This ageing population in conjunction with the geographical trend of Canberrans moving to the north side will increase the strain on the current resources at the Northside Hospital.
- The current infrastructure of the Northside Hospital is not suited to support the inevitable growth in demand for health services. The majority of the buildings within the Northside Hospital are approaching end of life and will require significant capital intervention as they continue to deteriorate.

What do we need to know?

In order to begin construction of the new Northside Hospital Project, there is a requirement to decant the existing infrastructure on the land, which introduces the need to answer the following questions:

- Where will the existing services be relocated to?
- How will the current consumers of these services be affected by a change of location?
- How will the current hospital facilities be utilised during development?

Collaboration and Engagement

- **Key internal collaborators:** Australian Capital Territory Health Department (ACTHD), Major Projects Canberra (MPC), Environment, Planning and Sustainable Development Directorate (EPSDD).
- **Key external stakeholders:** KPMG, Arup, BVN, PlanIt, Cox Architecture, and the broader ACT community.

Preliminary consultation has occurred with key stakeholders who will be impacted by the Project. Stakeholder consultation will continue in the design phases associated with the Project to ensure project outcomes are documented and the Project delivers on key requirements for staff, medical specialists and patients. This includes ensuring the identified infrastructure upgrades align with contemporary building service standards.

ACTHD will prepare relevant communication messages to ensure adequate stakeholder consultation is undertaken as part of the Project, including relevant Stakeholder Engagement Plans as required to ensure the design incorporates stakeholder feedback.

Noting that Aboriginal and Torres Strait Islander Peoples have not been directly identified to benefit from the Project, there has not been any direct consultation with ACT Aboriginal and Torres Strait Islander Elected Body, or any other Aboriginal and Torres Strait Islander representative bodies.

Measures of Success

This proposal will be successful if it achieves the following outcomes:

- The successful relocation of the Bruce Ridge Early Childhood Centre (BRECC), the Gawanggal Mental Health Unit, the Alcohol and Other Drugs (AOD) Residential Unit (Arcadia House), and the Child and Adolescent Mental Health Services unit (CAHMS).
- The continuous delivery of critical services throughout the decanting process.
- The timely delivery of the Northside Hospital Project.
- Improved accessibility of services.
- Improved continuity of service delivery.
- Improved site readiness for development.
- Positive feedback from patients and family members.

WELLBEING IMPACT ASSESSMENT

Planned Evaluation

The Project relates to several existing policies and programs, including (but not limited to):

- **A Framework for the ACT Public Health System (2020-2030)** which articulates the Governments vision and provides the foundation for a person centered, innovative, high performing public health system for the Territory.
- **The Act Health Services Plan (2022-2030)** which identifies the strong and sustained population growth within the ACT, particularly on the northside. The Plan recognizes the importance of expanding health services for ACT residents, specifically to progress planning for the new Northside Hospital.
- **The ACT Infrastructure Plan Update** which articulates the Governments vision and provides the foundation for a person centered, innovative, high performing public health system for the Territory.
- **The Parliamentary and Governing Agreement** which sets out the Territory's plan to invest in a new Northside Hospital to replace ageing infrastructure and improve the overall efficiency and effectiveness of the Territory wide health system.

Regarding evaluation of the proposal, several Key performance Indicators have been developed to measure the success of the Project, including (but not limited to):

- Improved timeliness of access to health services.
- Reduced rate of unplanned re -admissions.
- Relieve pressure on emergency department admissions.
- Improved patient quality of remaining life.
- Improved [patient and family experience.



NORTHSIDE HOSPITAL DEVELOPMENT

DRAFT SUMMARY PROCUREMENT OPTIONS

