ACT Government

# A New Northside Hospital Business Case

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| **Project name:** | **A New Northside Hospital** |
| **Tier:** | **Tier 1** |
| **Risk assessment (high/med/low):** | **Medium/High** |
| **Total estimated project capital cost (P90, $m, nominal):** | [redacted] |
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## Glossary

| Term | Definition |
|---|---|
| **ACT** | Australian Capital Territory |
| **ACTHD** | Australian Capital Territory Health Directorate |
| **ACTIA** | ACT Insurance Authority |
| **APZ** | Asset Protection Zone |
| **AusHFG** | Australasian Health Facility Guidelines |
| **BCR** | Benefit Cost Ratio |
| **CBA** | Cost Benefit Analysis |
| **CCU** | Critical Care Unit |
| **CHS** | Canberra Health Services |
| **CMTEDD** | Chief Minister, Treasury and Economic Development Directorate |
| **CNA** | Calvary Network Agreement |
| **CPHB** | Calvary Public Hospital Bruce |
| **CPO** | Chief Projects Officer |
| **CSB** | Critical Services Building |
| **CSP** | Clinical Services Plan |
| **D&C** | Design and Construct |
| **DA** | Development Application |
| **DBFOM** | Design, Build, Finance, Operate and Maintain |
| **DC&M** | Design, Construct and Maintain |
| **DCFM** | Design, Construct, Finance and Maintain |
| **DF&C** | Design Finalisation and Construct |
| **ECI** | Early Contractor Involvement |
| **ED** | Emergency Department |
| **ERC** | Expenditure Review Committee |
| **ESC** | Executive Steering Committee |
| **ESD** | Environmentally Sustainable Design |
| **FF&E** | Fixture, Fittings and Equipment |
| **FM** | Facilities Management |
| **FTE** | Full Time Equivalents |
| **GBA** | Gross Building Area |
| **GGHH** | Global Green and Healthy Hospitals |
| **HSP** | Health Services Plan |
| **ICT** | Information and Communications Technology |
| **ICU** | Intensive Care Unit |
| **ILW** | Investment Logic Workshop |
| **IPU** | Inpatient Unit |

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| Term | Definition |
|---|---|
| **IT** | Information Technology |
| **KPI** | Key Performance Indicator |
| **LCMHC** | Little Company of Mary Health Care |
| **LGBTIQ+** | Lesbian, Gay, Bisexual, Trans and gender diverse, Intersex, Queer and questioning |
| **MC** | Managing Contractor |
| **MCA** | Multi Criteria Analysis |
| **MME** | Major Medical Equipment |
| **MoC** | Models of Care |
| **MPC** | Major Projects Canberra |
| **NABERS** | National Australian Built Environment Rating System |
| **NGO** | Non-Government Organisation |
| **NPC** | Net Present Cost |
| **NPV** | Net Present Value |
| **NSW** | New South Wales |
| **PCG** | Project Control Group |
| **POC** | Points of Care |
| **PPP** | Public Private Partnerships |
| **PV** | Present Value |
| **PwC** | PricewaterhouseCoopers |
| **SAMP** | Strategic Asset Management Plan |
| **SID** | Strategic Infrastructure Division |
| **Sqm** | Square metres |
| **UCPH** | University of Canberra Public Hospital |

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ACT Government

# A New Northside Hospital Business Case

## 0. ACT Health Briefing Note

### 0.1 Purpose

1) The purpose of this discussion paper is to provide important context for the consideration of the Northside Hospital Tier 1 Business Case.

### 0.2 Issues

**Build the new hospital at Bruce (Option 1)**

2) As part of the ACT Government's commitment to commence construction of a new northside hospital by mid-decade, the ACT Health Directorate (ACTHD) has developed a Tier One Infrastructure Business Case for a new northside hospital. The business case is at Attachment A

3) The scope for the business case was to present options for a new northside hospital on both the Bruce Campus and a greenfield site. Diddams Close (Belconnen Block 1 Section 159) was agreed as the preferred greenfield site for inclusion in the business case (refer CAB22/798). ACTHD has undertaken desk top due diligence, planning and a concept design for a building on both sites.

4) Alongside the development of the infrastructure business case, the Government analysed and considered operating models for the new northside hospital (refer CAB 21/804; 22/316; 22/798). These commercial considerations have been undertaken separately from the analysis of infrastructure options.

5) However, as outlined in these Cabinet discussions, the commercial considerations are material to the development of the infrastructure project.

6) This covering paper brings together the commercial work with the infrastructure work and informs Budget Expenditure Review Committee (ERC) and Cabinet's consideration of the infrastructure business case. Operator considerations impact timing, cost and potential benefit realisation for the Territory through the infrastructure project.

7) For this reason, the Northside Hospital Business Case recommends developing the new northside hospital on the Bruce site (**Option 1**).

8) The Business Case sees the greenfield site score marginally better through both the multi-criteria analysis and cost benefit analysis. However, once you consider the interrelationship between the Calvary Network Agreement (CNA) and Calvary's Crown Lease on Block 1 Section 1 Bruce the decision to build a hospital on a greenfield site can lead to negative health and financial outcomes, including:

    a. The Government still being required to fund the CNA and operations at Calvary for no less than the previous year;

    b. The Government still being required to fund capital upgrades and maintain Calvary Public Hospital Bruce (CPHB);

    c. Calvary seeking development of their campus funded by the ACT Government; and

    d. The Territory operating three hospitals without the necessary workforce and creating inefficient operations.

**Infrastructure options – getting to a preferred option**

9) A range of infrastructure options for the new hospital development were identified – including options for both the CPHB and greenfield sites. A long list of seven options were initially assessed:

- Four options for redevelopment on the existing Bruce campus;
- One option for a greenfield site development; and
- Two smaller scale and site agnostic options.

10) The initial scope of the facility was to develop a concept design to 2041 demand projections to inform a two-year funding envelope to continue planning and a capital provision. Options 1a – c and Option 2 are designed to this horizon. [redacted]. The intent was to build shelled spaces in these facilities to provide 'room to grow'. This is an efficient way of delivering hospital spaces from a construction perspective and allows gradual expansion and fit out as required.

11) However, given the significant capital cost associated with these options ACTHD also explored an option to build a smaller hospital (Option 1d). The

scope of the smaller hospital has been informed by site constraints, and expert advice on expansion. It was developed as a variation of the preferred option (1a). It delivers the critical services to the 2041 horizon but reduces the footprint for the provision of outpatient services and inpatient units to 2030 projections.

12) This option is presented in the options analysis, and MCA of the business case. Option 1d delivers:

    a. An acute building of 90,803m$^2$

    b. 12 operating theatres

    c. 434 overnight beds

13) Given timing constraints, 1d was not able to be fully analysed through the business case. [redacted]

14) The most significant trade-off between 1a and 1d is cost related to square metres. That is, 1d delivers less capacity for the ACT Health system, for less upfront capital cost. Given option 1d is designed to opening day demand it is likely that it would need to be expanded soon after opening to allow for an increase in outpatient and inpatient activity.

15) Master planning of the Bruce site has demonstrated this expansion is possible both horizontally across the Bruce campus and vertically on the building (depending on design and government preferences).

16) Expansion after 2030 will mean the ultimate capital cost of the building will exceed that of options 1a-c and 2, but it will allow Government to smooth their capital expenditure over a longer period.

**Territory health infrastructure**

17) The current operator arrangements (Calvary under the CNA) informed the scope and size of services planned for the new northside hospital. The Government's decision to appoint CHS as the sole operator of both public hospitals provides an opportunity for Government to take a Territory-wide view to its hospital (and community) health infrastructure.

18) ACTHD is currently implementing the Canberra Hospital Master Plan. This will see important and necessary renewal occur in a phased way across the campus. Given the age and criticality of the infrastructure requiring

replacement this will be a complex and costly process. For the first time, the Government has opportunities associated with managing the operations of both hospitals directly which may allow the Government to consider phasing health infrastructure development and delivery across both campuses (and in the community). This may allow a smoother capital spend or a more strategic approach to the delivery of increased scope and capacity.

19) This would require integrating the infrastructure planning for:

    a. The Canberra Hospital (Canberra Hospital Master Plan);

    b. The Northside Hospital; and

    c. Community Health Infrastructure.

20) ACTHD will continue to work with CHS over the coming months to confirm the revised scope of the Northside Hospital Project, given that they will operate across both campuses. ACTHD will return to Cabinet to confirm the clinical scope of the new northside hospital.

21) Concurrently ACTHD will progress the Northside Hospital Project to design phase. According to the current program this would see the northside hospital construction business case and documentation being prepared for consideration in the 2025-26 Budget Process.

22) The finalisation of clinical scope and the capital provision will inform the detailed design phase ahead of construction funding being sought.

23) [redacted]

24) The integration of infrastructure planning for health facilities across the Territory will provide the ACT Government with a more holistic view of its health infrastructure pipeline and required investment with funding requests in a future business case through the 2024-25 Budget for:

    a. a range of infrastructure options on the Canberra Hospital campus, including:

        i. new pathology building – proof of concept and design,

        ii. staging and decanting strategy,

        iii. new inpatient unit proof of concept design,

iv. demolition assessment and feasibility for building 4 and 10,

v. mental health precinct feasibility,

vi. campus services infrastructure – planning; and

b. related community-based facility development (including relocation of facilities currently located at the Bruce site).

25) The significant amount of planning work taken on the northside hospital over the past 2 years will continue to inform hospital planning and health infrastructure planning.

26) [redacted]

## 0.3 Next Steps

27) The Business Case seeks a decision from Government on the site of the northside hospital, and a quantum of funding to progress planning for a northside hospital.

28) The Government will separately consider a Transition Submission and Transition Business Case to fund transition of operations from Calvary to CHS, including managing the provision of any required compensation payment.

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# 1. Executive summary

## 1.1 Overview and purpose of the Business Case

This Business Case has been prepared to consider the delivery of a new hospital on the northside of the Australian Capital Territory (ACT) (referred to as Northside Hospital, or the 'Project').
This Business Case proposes a Northside Hospital that will deliver the required capacity to meet demand to 2040-41 and improve the overall resilience and redundancy of the Territory wide health system. It will also bring together a range of contemporary hospital services, holistic consumer centred care and flexible models of care (MoC) to meet the growing and changing needs of community now and into the future.

By mid-decade, the demand for clinical services on the fast-growing northside of the ACT is forecast to be greater than the capacity that Calvary Public Hospital Bruce (CPHB) can deliver. Current capacity and infrastructure limitations at CPHB will result in longer wait times for patients to access core services and inefficient health service delivery, impacting wait times not just at CPHB but with flow-on impacts to the broader ACT hospital network.

This rising pressure on the health system from sustained population growth on the northside of Canberra is evident in the rising number of separations and presentations to the emergency department (ED) at CPHB demonstrated by:

- Between 2016-17 and 2021-22, the number of admitted patients at CPHB increased by 56 per cent[1] and ED wait times increased by 54 per cent.[2]
- Over the next ten years, the number of admitted patients and ED presentations is forecast to grow by 3 per cent per annum.[3,4]
- An additional 173 multi day beds, 21 day stay beds, 19 ED spaces, 10 operating suites and 147 ambulatory care spaces will be required on top of current capacity at the existing CPHB to fulfil the capacity requirements to 2040-41.

The Northside Hospital project will deliver a new expanded hospital to serve the growing population in Canberra's northern suburbs (as well as to the broader ACT and surrounding NSW). This will enable the ACT Government to decommission the existing CPHB and its ageing infrastructure. In line with the key strategies and actions from the *ACT Health Services Plan 2022-2030* (HSP), the Northside Hospital will complement, strengthen and improve the accessibility of the existing ACT public health network, including recent investments such as the Canberra Hospital Expansion and Watson Community Health Precinct.[5]

This Business Case presents and assesses options to deliver the new Northside Hospital on either the current Bruce site or a greenfield site. This Business Case recommends Government progress a new

[1] AIHW (2021), Calvary Public Hospital Bruce
[2] AIHW (2021), Calvary Public Hospital Bruce
[3] ACT Government Health (2022), ACT Health Services Plan 2022 2030, page 59 (viewed at www.health.act.gov.au, page updated 24 October 2022)
[4] ACT Government Health (2022), ACT Health Services Plan 2022 2030, page 59 (viewed at www.health.act.gov.au, page updated 24 October 2022)
[5] ACT Government Health (2022), ACT Health Services Plan, 2022 2030 (viewed at www.health.act.gov.au, page updated 24 October 2022)

hospital on the Bruce site, as this responds to the service need and addresses existing and future demand to 2040-41 while also enabling and improving capability to better meet the community's needs. In addition, utilising the Bruce site allows health precinct benefits with the private hospital to be maintained, provides a lower level of planning and program risk, and does not involve any opportunity cost of a greenfield site.

[redacted] A separate parallel process is currently underway to consider the operating model to support the proposed capital solution. The outcomes of this process will inform future decision making and planning as part of the planning phase for the Project.

Table 1 presents the financial impact summary of the preferred capital option (Option 1A).

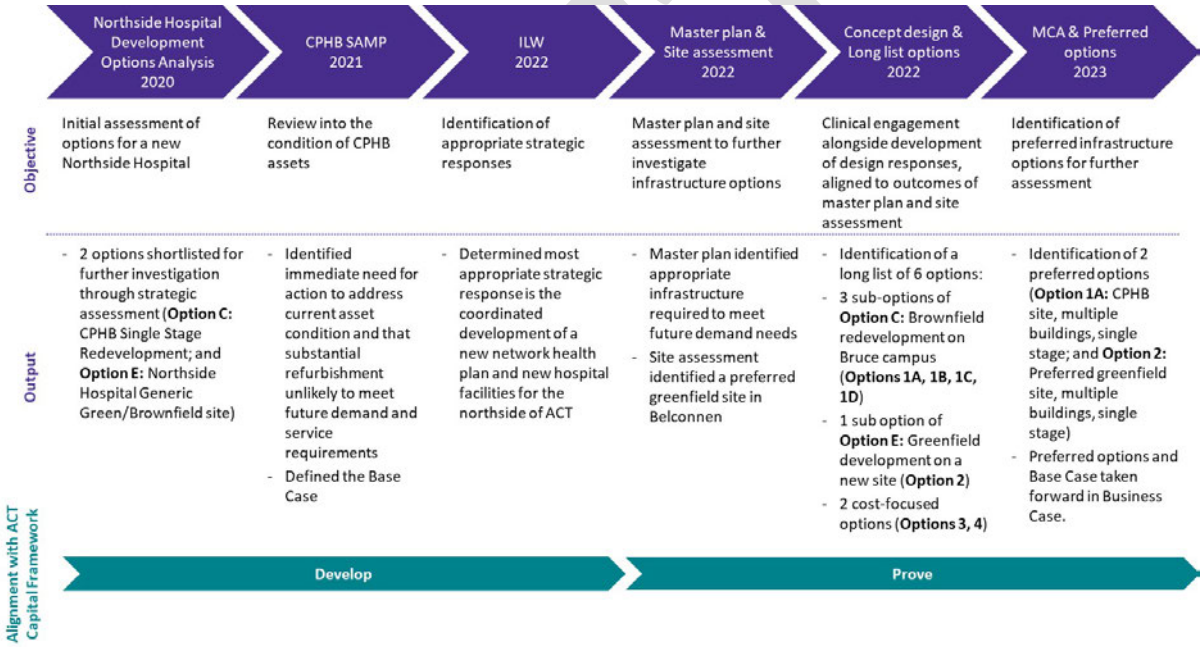
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Funding through the 2023-24 Budget is critical to continue planning and design activities for the Project and support the commencement of construction by mid-decade, by which point the existing supply is anticipated to outstrip demand.

## 1.2 Project background and objectives

In 2017-18, the ACT Health Directorate (ACTHD) commissioned a scoping study into the expansion of health facilities on the northside of the ACT. The scope of the study included a clinical feasibility and service planning assessment to consider the potential range of capital solutions for the optimal provision of outpatient and general hospital facilities in Canberra's northern suburbs. Since then, further work has been undertaken to progress the Northside Hospital project, as summarised in Figure 1.

**Figure 1: Project and options development summary**




This Business Case presents the infrastructure options, independent of operator, for a new Northside Hospital that deliver on the following Project objectives:

- Greater capacity in the public healthcare system in the north of the ACT and across the Territory
- Patient focused / community focused care that improves patient outcomes
- A hospital that is agile and flexible, with a whole of life focus
- Greater alignment of health service delivery across the ACT
- New health infrastructure that is contemporary, safe and appropriate to support the delivery of modern, high-quality healthcare.

## 1.3 Strategic context and needs analysis

CPHB is a 256-bed Level 4 acute general and teaching hospital located in Bruce, and provides emergency services, medical and surgical, mental health, maternity and older persons' health services to the fast-growing communities of ACT's northside – Belconnen, Gungahlin, Molonglo and North Canberra. CPHB is operated by Calvary Health Care ACT (Calvary), a not-for-profit organisation founded by the Little Company of Mary Health Care. The operational arrangement between the ACT Government and Calvary is the Calvary Network Agreement (CNA), which defines the responsibilities of both parties in delivering services at CPHB. The decision-making process around the operating model for the new Northside Hospital is currently underway, and is not addressed in this Business Case.

CPHB plays a critical role in the delivery of health services not only within the ACT but to the surrounding areas of south-east NSW. CPHB is one of four public hospitals in the ACT, and the only acute hospital aside from Canberra Hospital, a >710-bed tertiary teaching hospital servicing all of Canberra and the surrounding region. For residents in neighbouring regional areas of NSW, CPHB and Canberra Hospital are the closest locations for tertiary care and specialised services.

Since its establishment, CPHB has experienced significant changes in the level of demand, range and complexity of services provided and model of care. Key drivers of health services in the ACT include:

- **Growing and ageing population:** the ACT population is forecast to grow by 73 per cent from 2021 to 2050, with the population aged 65 years and over forecast to increase by 80 per cent over the same period.[11] By district, the largest net increase in population is anticipated in the northern districts of Molonglo and Belconnen driven by concentrated urban development.

  The growing and ageing population is placing increasing demand on general and specialist medical and surgical services, with access to some services impacted by long wait times. For example, over the five years to 2020-21, the number of same day separations from ACT public hospitals increased by 20 per cent, while multi-day separations increased by 17 per cent. [12] For ED, the proportion of patients 'seen on time' was 67 per cent, down from 71 per cent in 2020-21 and from 72 per cent in 2017-18.[13]

- **Increasing incidence, prevalence and complexity of chronic conditions:** there is rising incidence of acute and chronic conditions, with chronic conditions now the leading cause of illness, disability and death in Australia.[14] Almost half of all adults living in the ACT have at least one of the following chronic diseases: arthritis, asthma, cancer, diabetes, mental illness or heart disease. [15]

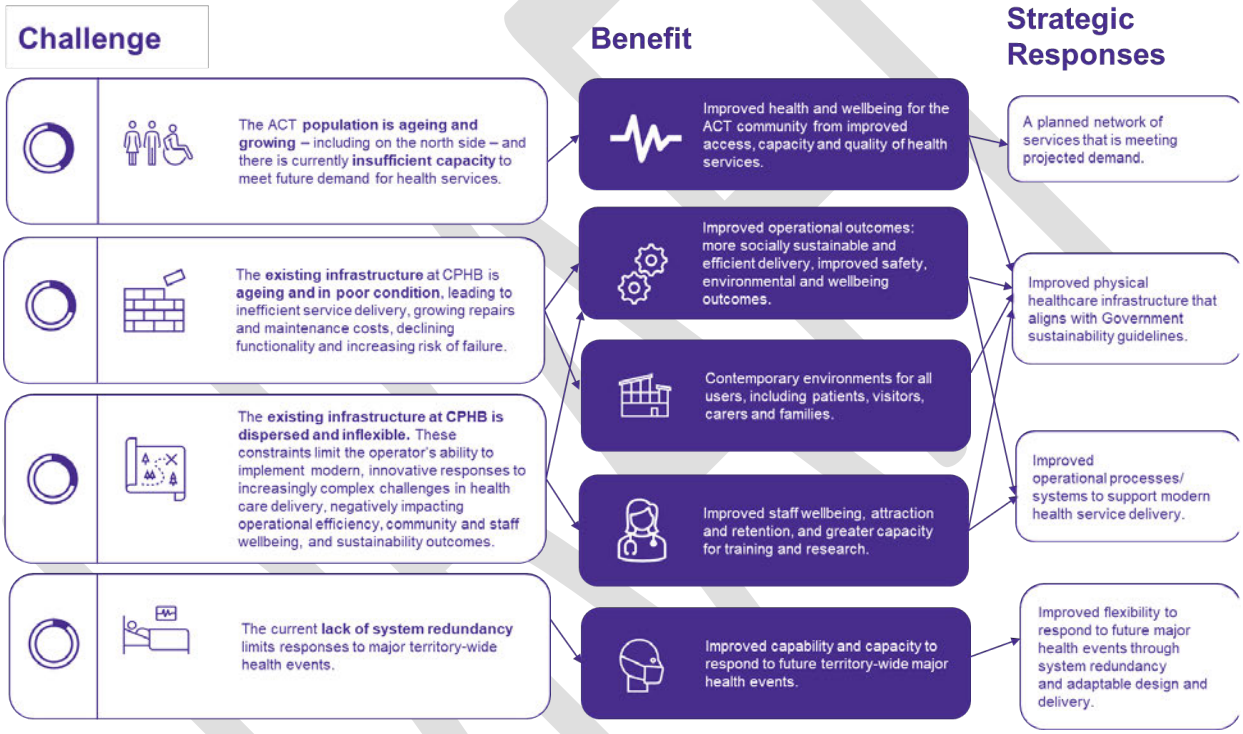
[11] ACT Government (2023), ACT Population Projections: 2022 to 2060 (viewed at www.treasury.act.gov.au)
[12] ACT Government Health (2022), ACT Health Services Plan, 2022 2030, page 20 (viewed at www.health.act.gov.au, page updated 24 October 2022)
[13] AIHW (2022), Calvary Public Hospital Bruce
[14] ACT Government Health (2022), ACT Health Services Plan 2022-2030, page 20 (viewed at www.health.act.gov.au, page updated 24 October 2022)
[15] Australian Bureau of Statistics (2018), National Health Survey: First Results, 2017 18 Australia. Data cube: Table 2.3 Summary health characteristics States and Territories, Proportion of persons, released 12 December 2018, (viewed at www.abs.gov.au)

This is placing increasing demands on existing hospitals and health system services as chronic conditions and disability tend to experience higher rates of hospital admission and extended lengths of stay.

As the ACT community continues to grow and age, demand for hospital and health services will increase. The types of health services provided will need to respond to the changing health profile and increasing complexity of care.

An investment logic workshop (ILW) was held in May 2022 with the Project Team and key stakeholders to identify the problems and challenges driving the need for investment in a new Northside Hospital, as presented in Figure 2.

**Figure 2: ILW outcomes summary**




The current challenges facing healthcare delivery on the northside of the ACT, and at CPHB specifically, include:

- **There is insufficient capacity to support the growing and ageing population on the northside of the ACT**, with CPHB unable to meet future infrastructure requirements across inpatient beds, ED, operating suites, ambulatory care and medical imaging. Demand for hospital services in the ACT is forecast to increase steadily over the next ten years – same day and multi-day separations are forecast to increase by 2.7 and 3.2 per cent per annum, respectively.[16]

  At CPHB, an additional 173 multi-day beds, 21 day stay beds, 19 ED spaces, 10 operating suites and 147 ambulatory care spaces are estimated to be required to fulfil the capacity requirements to 2040-41.

[16] ACT Government Health (2022), ACT Health Services Plan 2022 2030, page 55 (viewed at www.health.act.gov.au, page updated 24 October 2022)

- **The existing infrastructure at CPHB is ageing and in poor condition**, with most buildings now over 40 years old, in poor condition and nearing the end of their expected service life. While the infrastructure is currently managed from a risk perspective, there is an increased risk of failure to maintain safe and efficient operations without significant capital investment to overhaul aged assets at CPHB. As the assets age, and extend beyond their useful life, the list of maintenance requirements will get longer, and intervention will be required more frequently.
- **The existing infrastructure at CPHB is dispersed, inflexible and has poor functionality**, which inhibits the ability of CPHB to meet contemporary health facility requirements, adapt to changing models of care and deliver best care environments. Clinical services currently occur across five different buildings meaning some functional areas are split and / or spread across the site. This results in poor service stream coordination and creates operational and workflow inefficiencies for staff and delays in treatment for patients. Of particular note is the intensive care unit / critical care unit located in a separate location from the ED and theatres.

  As most of the existing CPHB facilities were developed prior to the release of the current Australasian Health Facility Guidelines (AusHFG) spatial guidance for hospitals, clinical areas do not meet contemporary health facility requirements and any refurbishments or expansion in capacity is limited due to the constraints of the original design.
- **There is a lack of system redundancy across the Territory wide network**, with capacity constraints in EDs and bed provision becoming evident during the heights of the COVID-19 pandemic. Between 2021-22 and 2031-32, ED presentations at CPHB are expected to increase to 95,000, representing an increase of 3.5 per cent per annum. CPHB is not equipped to expand in the case of surge capacity, placing the burden on Canberra Hospital to service any surge and overflow of patients.

As presented in Figure 2, the strategic response is to develop a new Northside Hospital to address these challenges, supported by non-capital network solutions, with an immediate timing imperative to support the commencement of hospital construction by the mid-decade. The delivery of a new Northside Hospital is expected to provide the following benefits:

1. A better environment to improve health and wellbeing outcomes for staff, patients, carers and families
2. Improved accessibility for staff, patients, carers and families from improved wayfinding, navigation and carparking spaces
3. Improved staff satisfaction and efficiencies through building design enabling quality patient care
4. Flexible, innovative and integrated models of care that use technology to deliver timely and effective person-centred digital solutions
5. Implementation of a planned maintenance program that is proactive rather than reactive, including an increase in the utilisation of digital business systems
6. Improved system redundancy and coordination between community partners across the ACT to provide appropriate and efficient response to future territory wide major events

## 1.4 Options development and shortlisting

The options development and assessment process commenced in 2020 with the Options Analysis conducted by AECOM Australia Pty Ltd. The Options Analysis identified five options that best responded to the service need to meet growing demand and address ageing infrastructure. Two

options were identified as viable for further investigation, and further explored through the Northside Hospital Budget Proposal submitted for the 2021-22 Budget being a new hospital on the existing Bruce campus (Option C: CPHB single stage redevelopment) or a new hospital on a new greenfield or brownfield site in north Canberra (Option E: Generic green / brownfield site).

It is noted that the options below focus on the 'asset' element of the Project and assess a range of factors that support the preferred location and form. However, the operational aspects (including an insourced or outsourced operator model) of the hospital are also critical. The assessment of the operational solution may have an impact on the overall preferred asset solution that delivers the best value for money to government.

As part of this process, a review into the condition of existing assets at CPHB was undertaken to develop a CPHB Strategic Asset Management Plan (SAMP), which determined that:

- CPHB in its current state is unable to meet demand for health services by mid-decade
- There is an immediate need for action to address the current condition and associated risk at CPHB
- Substantial refurbishment of CPHB buildings is unlikely to result in a modern Level 4/5 hospital that meets contemporary standards of clinical service delivery.

The ILW conducted in May 2022 verified the outcomes of the SAMP, and confirmed a new hospital on the northside, in addition to a coordinated development of a new network health plan, as the appropriate strategic response to meet the identified service need.

Throughout 2022, ACTHD undertook an options refinement process that identified a preferred greenfield site in Belconnen for a potential greenfield development. Further, as part of the concept design process, seven capital options were developed based on the outcomes of in-depth studies and informed by clinical planning and feedback from various user groups, functional relationships and site constraints. These options are shown in Figure 3 on either the existing Bruce site or a new greenfield site, or combination of existing site and a smaller hospital on an alternative site.

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**Figure 3: Northside Hospital options development**

A multi criteria analysis (MCA) was used to rank, shortlist and identify the preferred options for further analysis within this Business Case. Following this MCA process, two options and a Base Case have been shortlisted, being Option 1A: Bruce multiple buildings and Option 2: Greenfield.

## 1.5 Options consideration

**Base Case: Do Minimum**

The Base Case represents a 'business as usual' scenario whereby only a risk-based approach to asset maintenance and minor capital works is adopted to keep the hospital safe and operational. The Base Case accommodates no growth in demand for clinical services and assumes continuation of the existing CNA. [redacted]

**Option 1: Redevelopment on Bruce campus**

Option 1 refers to delivering the Northside Hospital on Block 1 section 1 Bruce. This is the site of the current CPHB. Through the concept design process and the Business Case development a range of different options for Bruce were developed (Options 1A, 1B, 1C, 1D). All the options use the same footprint for the main building, reflecting the need to keep the existing hospital operational during construction. A key difference between options is the scope of the facility, the location of the mental health services and the timing for delivery of the facility.

### Option 1A: Bruce multiple buildings in a single stage

This Business Case has considered four subsets of Option 1 (see Figure 3above) with Option 1A being the preferred scope for the brownfield option. Option 1A proposes to provide capacity to meet 2040-41 demand for health services on the northside of the ACT. It delivers mental health services in a stand-alone facility on the northern block, which enables the freeing up of the acute services

building to explore an optimal IPU configuration and supports the delivery of mental health services in a safe, consumer-centric environment.

Option 1A is on the same block as the current CPHB, can be developed while the current hospital still operates (within the main Marian, Xavier and Keaney buildings) and requires only minimal decanting and demolition work. The hospital site is at the western edge of the block and runs parallel along Haydon Drive (fronting Sylvia Curley Drive).

[redacted] The redevelopment proposes to deliver 543 multi-day beds, 99 ED treatment spaces, 17 operating suites, 164 ambulatory spaces and supporting medical imaging across 109,687sqm in total. Option 1A proposes to commission points of care (POCs) to meet 2030-31 demand (estimated at 434 multi-day beds, 81 ED treatment spaces, 15 operating suites and 154 ambulatory spaces) and shelling the remaining POCs until required (2040-41).

**Figure 4: Block and stack of Option 1A**

*Source: BVN, Arup, TSA, Genus Advisory and Planit (2022), Northside Hospital Concept Design Report, December 2022*

### Option 1D: Bruce multiple buildings in a single stage (reduced size)

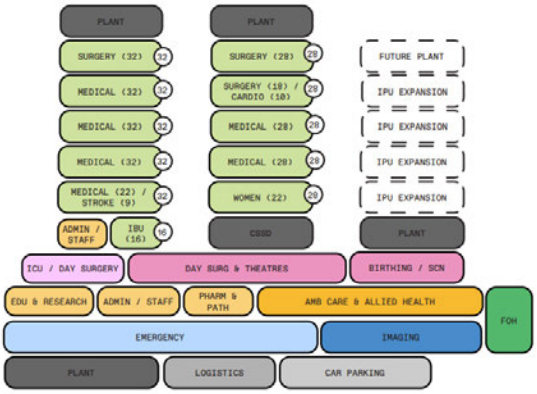
As part of the development of the business case, ACTHD identified an additional option as a subset of Option 1: Redevelopment on Bruce campus. This option is based on the scheme for 1A (see Figure 4) with a reduced capital spend from a smaller hospital size and time horizon for the facility. Rather than delivering capacity to 2040-41 across all Departments, this option will deliver capacity in ambulatory care and inpatient units to 2030-31. The critical services would still be built to 2040-41 requirements, reflecting the difficulty in expanding these services later, especially on the Bruce site.

[redacted]

[redacted]

[redacted]

**Figure 5: Block and stack of Option 1D**




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

### Option 2: Greenfield

Option 2 proposes development on a preferred greenfield site to provide capacity to meet 2040-41 demand for health services on the northside of the ACT. In line with Option 1A, Option 2 delivers stand-alone mental health facilities. [redacted]

The preferred greenfield site is located on a peninsula within Lake Ginninderra across 32.7 hectares, known as Diddams Close. The site is approximately three kilometres from the existing CPHB site. The site is currently used for cycling and walking tracks, dog parks, access to waterfront activities and public facilities. Given the nature of the site, additional site works including internal roads would be required.

The proposed design developed for Option 1A has been applied to Option 2 with some modifications to respond to the different site opportunities and constraints. This includes 543 multi-day beds, 99 ED treatment spaces, 17 operating suites, 164 ambulatory spaces and supporting medical imaging

[redacted]

across 109,687sqm in total. Option 2 also proposes to commission POCs to meet 2030-31 demand and shelling the remaining POCs until required (2040-41).

**Figure 6: Block and stack of Option 2**



*Source: BVN, Arup, TSA, Genus Advisory and Planit (2022), Northside Hospital Concept Design Report, December 2022*

## 1.6 Value for money considerations

### Cost-benefit analysis

A cost benefit analysis (CBA) framework was applied to the two shortlisted options to assess the economic merit of the Project against the Base Case. The CBA assessed the benefits and costs under each option that will arise through the delivery of the Project, applying discounted cash flow techniques in accordance with the ACT Capital Framework Detailed Technical Guidance on Economic Appraisal (ACT Government, 2022).

The CBA evaluates whether the incremental benefits of the preferred options exceed the incremental costs. The CBA results are summarised in Table 2. The results of the CBA are presented in terms of the net present value (NPV) of the investment over the 30-year evaluation period at a 7 per cent discount rate and using a benefit cost ratio (BCR) for comparison of options.

[redacted]

The results of the CBA demonstrate that over the 30-year appraisal period, both options generate positive economic outcomes, with positive NPVs and BCRs greater than one. Both options produce identical health-based benefits due to the identical clinical scope.

[redacted]

**Financial analysis**

A financial analysis has been undertaken to compare cash inflows relative to the cash outflows associated with the two preferred options. The financial analysis considers only the cash inflows and outflows to the Northside Hospital, and to the entity undertaking the investment – ACT Government.

[redacted]

[redacted]

## 1.7 Delivery model analysis

[redacted]

[redacted]

## 1.8 Implementation and governance

The proposed governance structure, stakeholder engagement strategy, advisor engagement plan and timeline to support the implementation of the Project are detailed below.

### Project governance

The concept design phase of the Project has been led by ACTHD through a governance framework aligned with the ACT Capital Framework Project Governance Guidelines, as presented in Figure 6. It is proposed that the existing project governance structure for the Northside Hospital project remains in place until determination of major project designation (or not) by the Chief Minister.

**Figure 7: Northside Hospital project governance structure**

*Source: ACT Health (2022), Northside Hospital Planning Project Governance Protocol: Strategic Infrastructure Division*

If the project is designated as a major project, the Project will be procured and delivered by MPC on behalf of the client directorate. Project responsibility, budget and project team will transfer to MPC and be managed under the established project governance structure applicable to designated major

infrastructure projects. This structure incorporates a Project Advisory Board as its key governing body, including an Independent Chair and Independent member.

### Stakeholder engagement strategy

A communication and stakeholder engagement strategy, *Designing ACT health services for a growing population*, has been developed as a guide to engagement activity for the Project. Throughout the duration of the Project, engagement activity has and continues to inform development and decision making for the Northside Hospital. Consultation will occur with key stakeholders and the community, in line with key project milestones.

To inform this Business Case, a stakeholder engagement program was undertaken across three phases as shown in Figure 7. This engagement structure aims to gauge public opinion on healthcare across the ACT through Phase one, then dive deeper into two separate engagement streams through Phases two and three as the Project progresses.

**Figure 8: Current phase engagement program**




*Source: Communications Link (2022), Phase two – Northside*

### Advisor engagement plan

Engagement with external advisors seeks to supplement the capabilities of the Project Team and ensure provision of the appropriate expertise required as the Project progresses to further planning and detailed infrastructure design. An Advisor Engagement Plan has been developed to identify future advisory engagements required for the Project. These include:

- Legal and probity
- Financial and commercial advisors
- Technical design and engineering advisors
- Clinical and facility planning
- Stakeholder management and communication advisors.

### Project timeline

Construction of the new Northside Hospital is proposed to commence in Q4 2026, following planning lodgement and approval for the main works in Q2 2026. The delivery program from enabling works through to commissioning is expected to extend over a four-year period. The Northside Hospital opening date is estimated to be Q4 2030.

The proposed Project timeline is summarised in Table 4.

**Table 4: Project timeline**

| Milestone | Option 1A |
|---|---|
| **Phase 2 design completion** | |
| **Government process** | |
| Consultant procurement | Q4 2023 |
| Enabling Works and ECI Business Case | Q3 2024 |
| Main Works Business Case | Q2 2025 |
| Planning approvals | Q1 2025 |
| **Land rezoning** | n/a |
| **Surveys and enabling works design** | Q3 2025 |
| **Main works design** | |
| Schematic design | Q4 2024 |
| Detailed design | Q4 2025 |
| Planning lodgement and approval | Q2 2026 |
| **Delivery** | |
| **Contractor procurement** | |
| Appoint enabling works contractor | Q4 2025 |
| Main works contractor ECI period | Q1 2026 |
| Appoint main works contractor | Q4 2026 |
| **Construction** | |
| Enabling works | Q4 2026 |
| Main works | Q3 2030 |
| Fit out of shelled areas | Q4 2039 |
| Hospital commissioning | Q4 2030 |

*Source: Arup (2023), Canberra Northside Hospital Construction Programme (High Level) – Calvary Site, ECI Procurement, Revision 4; Arup (2023), Canberra Northside Hospital Construction Programme (High Level) – Greenfield Site, ECI Procurement, Revision 5*

## 1.9 Next steps and recommendation

ACTHD is recommending developing the new Northside Hospital at Bruce (Option 1). This is the preferred site to be progressed for further assessment and detailed design reflecting the following:

- Operator considerations.
- Option 1 does not involve any opportunity costs associated with a greenfield site. Option 2 involves a significant opportunity cost of the Belconnen site, whether it be retention of the existing parkland or potential future uses, including alternative mixed residential redevelopment.
- Option 1 also includes the cost of relocating the ageing rehabilitation facilities located on the northern block providing new community health infrastructure. This will reduce the need for future expenditure to replace these facilities.
- Option 1 enables the existing health precinct and linkages with the Calvary Private Hospital to be maintained benefiting both patients and carers and clinicians.

Option 2: Greenfield requires planning and rezoning changes which carry higher program risk. The next stage of works will encompass further site surveys, development of schematic and detailed design and preparation of planning lodgements and approvals. This will inform the development of the Early Works and Main Works Business Cases for submission in 2024 and 2025, respectively.

## Recommendation

This Business Case seeks support for a funding decision of $64.2 million and a funding envelope to be agreed in principle to progress Option 1: Redevelopment on Bruce campus[23] through to detailed design over the next two years and provision for construction. The detailed design scope of works will include confirmation of operator, further site surveys, planning approvals, detailed design, ECI appointment and period and development of the Enabling Works and Main Works business cases.

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[redacted]

# 2. Introduction

**This chapter introduces the background of the Project and purpose of the Business Case.**

The Australian Capital Territory Health Directorate (**ACTHD**) is currently developing the business case to deliver a new hospital on the north of the ACT (referred to as Northside Hospital or the 'Project') that delivers much needed additional capacity, brings together a range of contemporary hospital services, holistic consumer centred care and supports flexible models of care to meet growing needs of community now and in the future. Additionally, the new Northside Hospital will address a range of challenges including ageing existing infrastructure, growing capacity needs and inability to deliver connected, holistic and integrated health services.

This business case is seeking funding to delivery on the Parliamentary and Governing Agreement: 10th Legislative Assembly for the Australian Capital Territory (**ACT**)'s commitment to "…continue the planning and design work for a new Northside Hospital, with the aim to start construction by mid-decade" through identification and scoping of a range of suitable options for the delivery new Northside Hospital to respond to the above challenges, deliver additional capacity and meet community needs.

The Project is seeking to improve the health and wellbeing of the ACT community by increasing the capacity and accessibility of public health services on the northside of the ACT, through the delivery of a new Northside Hospital at either the existing CPHB campus or a nominated greenfield site. Building capacity of health services in the north of the ACT will also improve the resilience of the Territory wide health system by relieving demand pressures on the south, and building redundancy in the case of any future surges in demand.

This Business Case documents the proposal for a new Northside Hospital to support a funding decision to undertake detailed design and establishment of a funding envelope (in provision) for the preferred option for the new Northside hospital. The Business Case has assessed a long list of seven options for the new hospital and seeks to obtain agreement from the ACT Government on the following:

- The preferred site for the new Northside Hospital, either on the current Bruce campus, or a greenfield development on a new site
- The preferred facility, either a single development or multiple facilities
- The preferred staging, either single stage or multiple stage development
- The preferred capacity for the new Northside Hospital.

## 2.1 Overview

ACTHD has been tasked by the ACT Government to identify options to deliver a new hospital on the northside of the ACT (referred to as Northside Hospital or the 'Project'). This Project is in response to the evident need for expanded health services capacity on the northside to support increasing demand from sustained population growth as well as seeking to deliver contemporary models of care that is consumer centred and flexible. For example, between 2019-20 and 2020-21 the number

of admitted patients at CPHB increased by 18 per cent.[24] CPHB in its current capacity and condition is unable to meet the current and future community needs for services, impacting the health and wellbeing outcomes of the community.

Consistent with the Parliamentary and Governing Agreement: 10th Legislative Assembly for the ACT to "…continue the planning and design work for a new Northside Hospital, with the aim to start construction by mid-decade", ACTHD engaged Major Projects Canberra (**MPC**) at an early stage to support planning for a new hospital that responds to the growing challenges and needs for the community.

In line with the key strategies and actions from the *ACT Health Services Plan* (**HSP**), a new Northside Hospital will complement, strengthen and improve the accessibility of the existing ACT public health network. [25] The ACT Government is making record investments in health infrastructure to provide for the growing and ageing population. The Northside Hospital investment will complement the delivery of the Canberra Hospital Expansion (due to open in 2024), the Watson Community Health precinct (due to open by the end of 2024), and existing services such as the new University of Canberra Public Hospital (**UCPH**) and expanded network of Community Health Centres and nurse-led Walk In Centres.

This Business Case seeks support for a funding decision to progress to detailed design and establish a funding envelope (in provision) for a new Northside Hospital. It has been developed to align with the ACT Government Capital Framework and adheres to the project business case template.[26]

This Business Case seeks to obtain agreement from the ACT Government on the following:

- The preferred site for the new Northside Hospital, either on the current Bruce campus, or a greenfield development on a new site
- The preferred facility, either a single development or multiple facilities
- The preferred staging, either single stage or multiple stage development
- The preferred capacity for the new Northside Hospital.

## 2.2 Project objectives

The Project seeks to improve the health and wellbeing of the ACT community by increasing capacity in the health system through the development and delivery of a new Northside Hospital and addressing the following key objectives.

- Greater capacity in the healthcare system in the north of the ACT
- Patient focused / community focused care that improves patient outcomes
- A hospital that is agile and flexible, with a whole of life focus
- Greater alignment of health service delivery across the ACT

[24] AIHW (2021), Calvary Public Hospital Bruce
[25] ACT Government Health (2022), ACT Health Services Plan, 2022 2030 (viewed at www.health.act.gov.au, page updated 24 October 2022)
[26] ACT Government (2022), ACT Government Capital Framework, (viewed at www.treasury.act.gov.au/capitalframework)

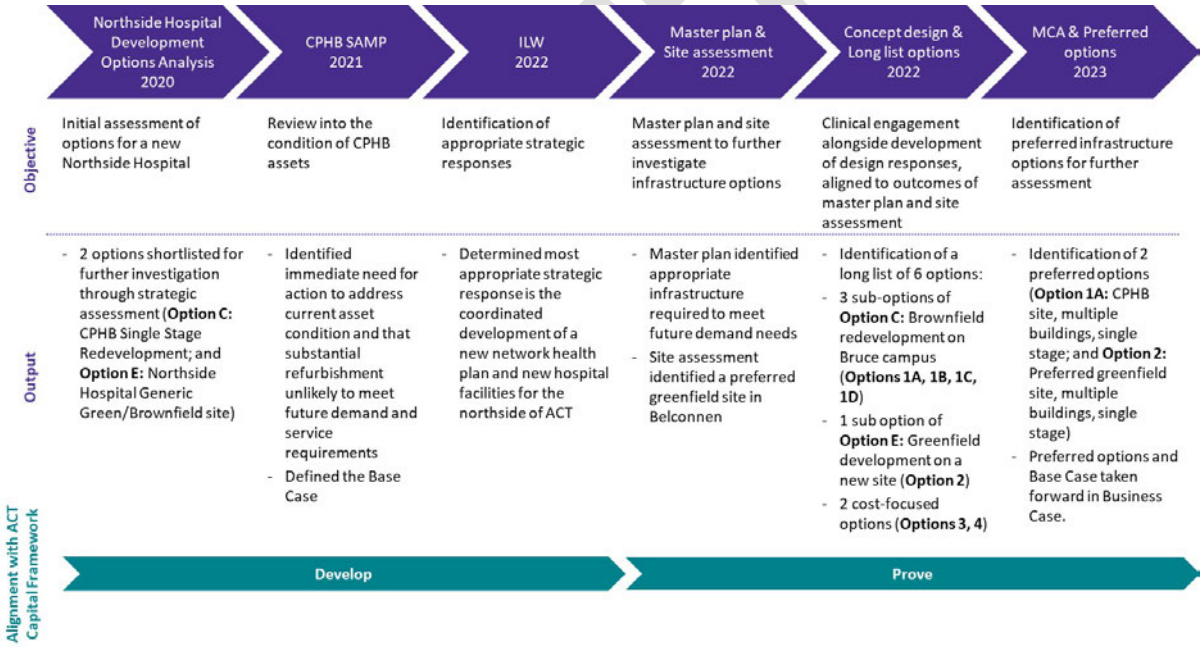
- New health infrastructure that is contemporary, safe and appropriate to support the delivery of modern, high-quality healthcare.

## 2.3 Project background

In 2017-18, the ACT Government invested $3.25 million in a scoping study into the expansion of health facilities on the northside of the ACT, including a clinical feasibility and service planning assessment to consider optimal provision of outpatient and general hospital facilities in Canberra's northern suburbs.

Since then, further work has been undertaken to progress the Northside Hospital project. Figure 8 outlines the project history to date.

**Figure 9: Project background summary**




As a result of the project options identification and analysis to date, two capital options (Option 1A: Bruce multiple buildings in a single stage and Option 2: Greenfield) have been identified as the preferred options. These two options have been further investigated through this Business Case.

## 2.4 Current state of the Project

The Project is currently in the initial design and planning phase and moving into detailed design pending Business Case approval and funding. This Business Case has identified an emerging preferred capital option, Option 1A: Bruce multiple buildings in a single stage to 2041 demand, to be brought forward for detailed design including a proposed funding envelope of $64.2 million over two years.

The next stage of works will encompass further site surveys, development of schematic and detailed design and preparation of planning lodgements and approvals. This will inform the development of the Early Works and Main Works Business Cases for submission in 2024 and 2025, respectively.

In line with the ACT Capital Framework, procurement will begin following finalisation of detailed design, with construction slated to commence by mid-decade and operations of the new Northside Hospital planned for 2030-31.

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# 3. Needs Analysis

**This chapter presents the current and future service need for a new Northside Hospital.**

The ACT Government is responsible for providing comprehensive healthcare for the population of the ACT and tertiary referral services to the south-east of New South Wales (NSW). Healthcare services in the ACT are currently provided across four public hospitals, three private hospitals, six Community Health Centres and five nurse-led Walk In Centres. On the northside of the ACT, acute public hospital services are provided by CPHB, a 256 bed Level 4 acute general and teaching hospital, providing emergency services, medical and surgical, mental health, maternity and older persons' health services.

The population of the ACT is growing and ageing, forecast to grow by 73 per cent from 2021 to 2060, with the population aged 65 years and over projected to increase by 80 per cent over the same period. Population growth is expected to be concentrated in the northern suburbs of Canberra (Belconnen, Gungahlin, Molonglo and North Canberra – i.e. CPHB's catchment) which is anticipated to increase by 104 per cent to 2060. This will see the northside's share of the population increase from 59 per cent to 70 per cent by 2060.[27]

As the ACT community continues to grow and age, demand for hospital and health services will increase. The types of health services provided will also need to respond to the changing health profile and increasing complexity of care. The current challenges facing healthcare delivery on the northside of the ACT include:

- There is insufficient capacity to support the growing and ageing population on the northside of the ACT, with CPHB unable to meet future infrastructure requirements across inpatient beds, emergency department (**ED**), operating suites, ambulatory care and medical imaging[28]
- The existing infrastructure at CPHB is ageing and in poor condition, with majority of buildings now over 40 years old, in poor condition and nearing the end of their expected service life[29]
- The existing infrastructure at CPHB is dispersed, inflexible, and has poor functionality, which inhibits the ability of CPHB to meet contemporary health facility requirements, adapt to changing models of care and deliver best care environments[30]
- There is a lack of system redundancy across the Territory wide network, with capacity constraints in the ED at both CPHB and Canberra Hospital becoming evident during the heights of the COVID-19 pandemic.[31]

The strategic response is to develop a new Northside Hospital to address these challenges, future proof the Territory's health system and meet the growing community demand, that is expected to outstrip current supply by mid-decade. A new Northside Hospital also presents an opportunity to

[27] ACT Government (2023), ACT Population Projections: 2022 to 2060 (viewed at www.treasury.act.gov.au)
[28] AECOM Australia Pty Ltd (2020), Northside Hospital Development Options Analysis, 7 September 2020
[29] AECOM Australia Pty Ltd (2021), CPHB Strategic Asset Management Plan, 16 April 2021
[30] AECOM Australia Pty Ltd (2021), CPHB Strategic Asset Management Plan, 16 April 2021
[31] ACT Government (2020), Health service changes in response to COVID-19

better integrate and coordinate services across the whole health system (preventative health, care in community and in hospital settings).

In addressing the key challenges, a new Northside Hospital is expected to yield the following benefits:

- Improved health and wellbeing for the ACT community from improved access, capacity and quality of health services
- Improved operational outcomes including more socially sustainable and efficient delivery, improved safety, environmental and wellbeing outcomes
- Contemporary environments for all users, including patients, visitors, carers and families
- Improved staff wellbeing, attraction and retention, and greater capacity for training and research
- Improved capability and capacity to respond to future territory wide major health events.

## 3.1 Strategic context

The new Northside Hospital is critical to supporting the current and future healthcare services and community needs in the ACT. This section presents the current public and private hospital services and key drivers for health service delivery in the ACT.

**Healthcare service delivery in the ACT**

The ACT Government is responsible for providing comprehensive healthcare for the population of the ACT and tertiary referral services to the south-east of NSW. Healthcare services in the ACT are currently provided across four public hospitals and three private hospitals as presented in Table 5.

In 2019-20 there were approximately 118,800 inpatient hospital separations and 844,000 non-admitted patient services provided by ACT public hospitals.[32]

In addition to the public hospitals, the ACT health network also includes:

- Six Community Health Centres which provide a range of general and specialist health services to people of all ages including rehabilitation, aged care services, women, youth and children's services, mental health, dental services. Community Health Centres are currently located in Canberra City, Belconnen, Dickson, Phillip, Tuggeranong and Gungahlin.
- Five nurse-led Walk-In Centres which provide free healthcare for non-life threatening injuries and illness, health advice and information. Walk in Centres are currently located in Belconnen, Dickson, Gungahlin, Tuggeranong and Weston Creek.
- A number of smaller community-based services providing for specific needs in standalone locations or co-located with Community Health Centres or Walk-In Centres (for example, Village Creek, CHS@Molonglo).

[32] ACT Government Health (2022), ACT Health Services Plan, 2022 2030, page 25 (viewed at www.health.act.gov.au, page updated 24 October 2022)

Work is currently underway to build on the ACT's 'care closer to home' network with a further four Walk-in Health Centres (also referred to as Health Hubs) proposed in the coming years.[33] The supporting network helps improve accessibility where it is most required and aims to alleviate pressure on the EDs and hospitals to enable a more efficient delivery of care.

**Table 5: Hospitals in the ACT by type, location and services provided**

| Hospital | Capacity | Location | Services provided |
|---|---|---|---|
| **Public hospitals** | | | |
| **Canberra Hospital and Centenary Hospital for Women and Children** | >710 beds | Garran | Canberra Hospital is a tertiary teaching hospital which provides trauma services and most major medical and surgical sub-specialty services. Services include medical, surgical, emergency, maternity, paediatrics, specialist outpatient clinics, mental health, critical care, allied health, sexual health, alcohol and drug treatment and other clinical support services. |
| **University of Canberra Hospital** | 84 inpatient and 75 day places | Bruce | University of Canberra Hospital is a specialised centre for rehabilitation, recovery and associated research. |
| **CPHB** | 250 beds | Bruce | CPHB is a general hospital which provides a 24/7 ED, intensive and coronary care services, medical and surgical inpatient services, maternity services, voluntary inpatient mental health services, specialist outpatient clinics, Hospital in the Home service and the Geriatric Rapid Acute Care Evaluation service. CPHB is also a teaching hospital. |
| **The Queen Elizabeth II Family Centre** | 13 beds | Curtin | The Centre is operate by Tresillian and provides a residential program for families with children aged up to 3 years experiencing health and behavioural difficulties in the postnatal and early childhood periods. |
| **Private hospitals** | | | |
| **National Capital Private Hospital** | | Garran (co located with the Canberra Hospital) | N/A |
| **Calvary John James Hospital** | | Deakin | N/A |
| **Calvary Private Hospital** | | Bruce (co located with CPHB) | N/A |
| **Other public health services** | | | |
| **Dhulwa Mental Health Unit** | 10 acute care beds and 15 | Symonston | Dhulwa Mental health Unit delivers 24 hour treatment and care for adults with complex mental health needs. |

[33] ACT Government (2021), New Walk In Health Centres to offer Canberrans care where they need it, released 28 January 2021 (viewed at www.cmtedd.act.gov.au/open_government)

| Hospital | Capacity | Location | Services provided |
|---|---|---|---|
| | rehabilitation beds | | |
| **Clare Holland House** | 27 beds | Barton | Clare Holland House Hospice is operated by Calvary Health Care and provides inpatient specialist palliative care service and outpatient clinics, community based palliative care services, specialist outreach services and the Palliative Care Research Centre. |

*Source: ACT Government Health (2022), ACT Health Services Plan, 2022-2030; AECOM Australia Pty Ltd (2020), Northside Hospital Development Options Analysis, 7 September 2020; Canberra Health Services (2020 and 2021), Annual Report 20 -21 and 21-22*

The ACT is surrounded by regional areas of NSW with relatively low population density and where physical access to tertiary care is limited, making the ACT's hospitals the closest location for these more specialised services. The population of these areas rely on Canberra Hospital and CPHB for referral services and for clinical leadership from specialists in areas such as cancer and renal services. This is reflected in 18 per cent of total separations in 2018-19 being accounted for by NSW residents.[34] This places increased pressure on the hospitals in the ACT to provide sufficient capacity from NSW as well as the ACT.

### Key drivers of health services in the ACT

The ACT community is growing and ageing, with a rising burden of disease due to the increasing incidence, prevalence and complexity of chronic conditions.[35] The changing health profile of the population is expected to increase demand for hospital and health services and increase the complexity of care across the ACT and surrounding region.

Key factors driving the future healthcare requirements in the ACT are presented below.

#### ACT current and future demographics

Between 2016 and 2021, the ACT population increased by 14 per cent to approximately 454,000 residents.[36] The resident population of the ACT is estimated to grow to 579,231 by 2036 and 784,043 by 2060. This represents an increase on the 2021 population by around 28 per cent by 2036 and 73 per cent by 2060; a growth rate of 1.4 per cent per annum to 2060. [37]

Over the 40 years to 2060, population growth is expected to be concentrated in Canberra's north. The northern districts (Belconnen, Gungahlin, Molonglo and North Canberra) are forecast to increase by 104 per cent to 2060 compared to 24 per cent for the remainder of the ACT. This will see the northern districts' share of the population increase from 59 per cent in 2021 to 70 per cent by 2060.[38]

[34] ACT Government Health (2022), ACT Health Services Plan, 2022 2030, page 25 (viewed at www.health.act.gov.au, page updated 24 October 2022)
[35] ACT Government Health (2022), ACT Health Services Plan, 2022 2030, page 20 (viewed at www.health.act.gov.au, page updated 24 October 2022)
[36] Australian Bureau of Statistics (2022), Snapshot of Australian Capital Territory (viewed at www.abs.gov.au)
[37] ACT Government (2023), ACT Population Projections: 2022 to 2060 (viewed at www.treasury.act.gov.au)
[38] ACT Government (2023), ACT Population Projections: 2022 to 2060 (viewed at www.treasury.act.gov.au)

Table 6 shows that by district, Molonglo is expected to increase at the fastest rate (5.3 per cent per annum) to 2060, driven by the new developments of Denman Prospect and Whitlam. Belconnen is expected to remain the largest district in terms of population over the same period, growing to 175,826 residents (representing 22 per cent of the total population).[39]

Between 2016 and 2021, the ACT population that identified as Aboriginal and Torres Strait Islander people increased from 6,508 to 8,949, representing an increase of 38 per cent. Aboriginal and Torres Strait Islander people comprise 1.8 per cent of the northside population, with 46 per cent of those people residing in the Belconnen area.[40]

**Table 6: Population growth in the northern districts of the ACT**

| District | Population | | | |
|---|---|---|---|---|
| | 2021 | 2036 | 2060 | Average rate of growth |
| Belconnen | 105,872 | 129,266 | 175,826 | 1.3% |
| Gungahlin | 87,843 | 111,214 | 148,799 | 1.4% |
| Molonglo | 11,382 | 51,692 | 86,148 | 5.3% |
| North Canberra | 61,372 | 90,511 | 140,999 | 2.2% |
| **Northern districts total** | **266,469** | **382,683** | **551,772** | **1.9%** |
| **Remainder of the ACT*** | **185,633** | **196,548** | **232,271** | **0.6%** |
| **Total ACT** | **453,558** | **579,231** | **784,043** | **1.4%** |
| **Northern districts as % of ACT** | 59% | 66% | 70% | |

*Source: ACT Government (2023), ACT Population Projections: 2022 to 2060 (viewed at www.treasury.act.gov.au)*

**Remainder of the ACT includes Canberra East, South Canberra, Tuggeranong, Urriarra/Namadg, Weston Creek and Woden Valley*

In line with the rest of Australia, the population of the ACT is continuing to age. Between the 2016 and 2021 census, the number of ACT residents aged 70 or older grew by 34 per cent, from approximately 33,000 to 44,000.[41] This was more than twice the rate of growth for the population of the ACT overall, which increased by 14 per cent.[42] The population aged 65 years and older is expected to increase from 13 per cent of the population in 2021 to 15 per cent in 2060, reflecting an increase of approximately 80 per cent in raw numbers.[43]

The growing and ageing population is placing increasing demand on general and specialist medical and surgical services, with access to some services impacted by long wait times. For example, over the five years to 2020-21, the number of same day separations from ACT public hospitals increased by 20 per cent, while multi-day separations increased by 17 per cent.[44] For EDs, the proportion of patients 'seen on time' was 67 per cent, down from 71 per cent in 2020-21 and from 72 per cent in

[39] ACT Government (2023), ACT Population Projections: 2022 to 2060 (viewed at www.treasury.act.gov.au)
[40] ACT Government Health (2022), Draft Northside Clinical Services Plan v0.2
[41] ACT Government (2019), ACT Population Projection: 2018 to 2058, January 2019, page 17 (viewed at www.treasury.act.gov.au)
[42] ACT Government (2019), ACT Population Projection: 2018 to 2058, January 2019, page 17 (viewed at www.treasury.act.gov.au)
[43] ACT Government (2023), ACT Population Projections: 2022 to 2060 (viewed at www.treasury.act.gov.au)
[44] ACT Government Health (2022), ACT Health Services Plan, 2022 2030, page 20 (viewed at www.health.act.gov.au, page updated 24 October 2022)

2017-18.[45] As the population on the northside of Canberra continues to grow, the geographic distribution of services across the ACT will become increasingly important.[46]

### Changing demand for healthcare

The rising burden of disease related to increasing incidence, prevalence and complexity of chronic conditions is placing increasing demands on existing hospitals and health system services. Chronic conditions and disability tend to experience higher rates of hospital admission and extended lengths of stay. Health systems will continue to manage the growth in demand as much as possible, through practices such as hospital avoidance and reduced length of stay type initiatives, however this will not stop demand growth in absolute terms.

Key factors placing greater demand on hospitals and healthcare in the future include:

- **Chronic conditions:** There is rising incidence of acute and chronic conditions in Australia, with chronic conditions now the leading cause of illness, disability and death in Australia.[47] Almost half of all adults (48.7 per cent) in the ACT had at least one of the following chronic diseases in 2017–18: arthritis, asthma, cancer, diabetes, mental illness or heart disease.[48] There is also a rise in the number of comorbidities, with 20.3 per cent of all ACT adults living with two or more of the aforementioned chronic diseases.

  Within the northside of the ACT (Belconnen, North Canberra, Gungahlin and Molonglo) the total number of persons reported to be living with a long term health condition in 2021 was 123,205.[49] Approximately two per cent of this total is represented by Aboriginal and Torres Strait Islander residents.[50]

- **Mental health:** Mental health is a leading cause of disease in the ACT. In 2017-18, 20.8 per cent of Canberrans aged 18 years and over had a mental or behavioural condition, 13.9 per cent had an anxiety related condition and 10.3 per cent reported depression or feelings of depression.[51]

  In 2016, an estimated 4,400 people were living with dementia in the ACT, with approximately 2,531 hospital separations involving a diagnosis of dementia.[52] Of the 2,162 deaths recorded in 2020 in the ACT, 10 per cent were caused by dementia.[53] Between 2006 and 2018, the age standardised death rate for dementia in the ACT significantly increased by an average of 2.3

[45] AIHW (2022), Calvary Public Hospital Bruce
[46] ACT Government Health (2022), ACT Health Services Plan, 2022 2030, page 20 (viewed at www.health.act.gov.au, page updated 24 October 2022)
[47] ACT Government Health (2022), ACT Health Services Plan 2022-2030, page 20 (viewed at www.health.act.gov.au, page updated 24 October 2022)
[48] Australian Bureau of Statistics (2018), National Health Survey: First Results, 2017 18 Australia. Data cube: Table 2.3 Summary health characteristics States and Territories, Proportion of persons, released 12 December 2018, (viewed at www.abs.gov.au)
[49] ACT Government Health (2022), Draft Northside Clinical Services Plan v0.2
[50] ACT Government Health (2022), Draft Northside Clinical Services Plan v0.2
[51] ACT Government Health (2022), ACT Health Services Plan 2022 2030, page 20 (viewed at www.health.act.gov.au, page updated 24 October 2022)
[52] ACT Government Health (2022), ACT Health Services Plan 2022 2030, page 20 (viewed at www.health.act.gov.au, page updated 24 October 2022)
[53] ACT Government Health (2022), ACT Health Services Plan 2022 2030, page 20 (viewed at www.health.act.gov.au, page updated 24 October 2022)

per cent per year.[54] With an ageing population, this trend is likely to continue as the most significant risk factor for dementia is ageing.

- **People with a disability:** The proportion of ACT residents living with disability increased from 16.2 per cent (62,000 people) in 2015 to 19.4 per cent (80,000 people) in 2018.[55] More people in the ACT are now living with profound or severe core activity limitations —18,800 people in 2015 compared to 25,800 in 2018.[56]
- **Obesity:** Obesity is a rising issue. In 2017-18 almost two thirds of adults in the ACT were overweight or obese — around 37.6 per cent were overweight and 26.4 per cent were obese. Meanwhile, over one quarter of children aged 2-17 was overweight or obese—around 22.1 per cent of children were overweight and 7.4 per cent were obese.[57]

The COVID-19 pandemic has also impacted on utilisation of health services, increasing demand in some parts of the health system, while also resulting in delayed care in other areas. The public health impacts of COVID-19 have included an increased demand for crisis and support organisations, online mental health services, Medicare Benefits Scheme mental health services and high levels of psychological stress.

### Overview of the current Calvary Public Hospital Bruce

CPHB is a 256 bed Level 4 acute general and teaching hospital, providing emergency services, medical and surgical, mental health, maternity and older persons' health services. Located in the northern suburb of Bruce, CPHB serves the fast growing communities of ACT's northside (North Canberra, Molonglo, Belconnen and the Gungahlin precinct), as well as surrounding areas in ACT and NSW, as shown in Figure 9.

[54] ACT Government Health (2022), ACT Health Services Plan 2022 2030, page 20 (viewed at www.health.act.gov.au, page updated 24 October 2022)
[55] Australian Bureau of Statistics (2019), Disability, Ageing and Carers, Australia: Summary of Findings,4430.0 – Disability, Ageing and Carers, Australia: Australian Capital Territory Data Cube, 24 October 2019, (viewed at www.abs.gov.au)
[56] ACT Government Health (2022), ACT Health Services Plan 2022 2030, page 20 (viewed at www.health.act.gov.au, page updated 24 October 2022)
[57] ACT Government Health (2022), ACT Health Services Plan 2022 2030, page 20 (viewed at www.health.act.gov.au, page updated 24 October 2022)

**Figure 10: Map of communities served by CPHB, with population figures (2021)**

*Source:* ACT Government Health (2022), Draft Northside Clinical Services Plan v0.2, adopting data from ABS Census of Population and Housing 2021 (2022) and ACT Planning

CPHB is operated by Calvary, a not-for-profit organisation founded by the Little Company of Mary Health Care (**LCMHC**). The operational agreement between the ACT Government and Calvary is the Calvary Network Agreement (**CNA**), that defines the responsibilities of both parties in delivering services at CPHB. Under the CNA, an annual performance plan is prepared which sets out:

- The funding provided by the ACT Government, through ACTHD to Calvary, for the provision of services, operation and management at CPHB
- A schedule of services to be delivered by Calvary at CPHB
- Key performance indicators (**KPIs**) to measure Calvary's delivery of those services at CPHB.[58]

[redacted]

[58] Calvary Network Agreement between ACT and Calvary
[59] Performance Plan, ACT Health Directorate and Calvary Health Care ACT Ltd, 1 July 2021 – 30 June 2022

In addition to CPHB, Calvary also provides services at the Clare Holland House (Barton) Campus which is not governed by the CNA. Clare Holland House is a 27-bed inpatient specialist palliative care service, outpatient and in home specialist palliative care services.

**Table 7: Services provided at CPHB, 2021**[60]

| Service type | Service | |
|---|---|---|
| **Core services** | • Pathology (Level 5)<br>• Pharmacy (Level 5)<br>• Radiology and Interventional Radiology (Level 5)<br>• Nuclear Medicine (Level 4) | • Anaesthesia and recovery (Level 4)<br>• Intensive Care Service (Level 4)<br>• Operating Suite (Level 4) |
| **Emergency Medicine** | • Emergency Medicine (Level 4) | |
| **Medicine** | • Acute Stroke Services (Level 4)<br>• Cardiology and Interventional Cardiology (Level 4)<br>• Dermatology (Level 3)<br>• Drug and Alcohol Services (Level 1)<br>• Endocrinology (Level 3)<br>• Gastroenterology (Level 4)<br>• General and Acute Medicine (Level 4)<br>• Geriatric Medicine (Level 4)<br>• Haematology (Level 3) | • Immunology (Level 4)<br>• Infectious Diseases (Level 5)<br>• Neurology (Level 4)<br>• Oncology Medical (Level 2)<br>• Palliative Care (Level 2)<br>• Rehabilitation Medicine (level 2)<br>• Renal Medicine (Level 2)<br>• Respiratory and Sleep Medicine (Level 3)<br>• Rheumatology (Level 2)<br>• Sexual Assault Services (Level 1) |
| **Surgery** | • General Surgery (Level 4)<br>• Burns (Level 2)<br>• Ear, Nose, Throat (Level 4)<br>• Gynaecology (Level 4)<br>• Ophthalmology (Level 3) | • Orthopaedic Surgery (Level 4)<br>• Plastic Surgery (Level 4)<br>• Urology (Level 4)<br>• Vascular Surgery (Level 1 3) |
| **Child and Family Health Services** | • Maternity (Level 5)<br>• Neonatal (Level 3) | • Paediatric Medicine (Level 2)<br>• Surgery for Children (Level 2) |
| **Integrated Community and Hospital Services** | • Adult Mental Health (Level 4) | • Older Persons Mental Health (Level 4) |

*Source: AECOM (2021), Northside Hospital Development CPHB SAMP*

In the 2022-23 ACT Budget, the ACT Government announced that it will deliver more intensive care unit (**ICU**) beds and inpatient beds at CPHB, with a $17 million investment across the inpatient environment and an expansion of outpatient services to meet increased demand across the

[60] The Scope of Services provided in the table includes services provided by Canberra Health Services

system.[61] [redacted]

## 3.2 Problem or opportunity

CPHB plays an important role in the delivery of healthcare not only within the ACT but to the surrounding areas of south-east of NSW. Since its establishment, CPHB has experienced significant changes in the level of demand, range and complexity of services provided and models of care.

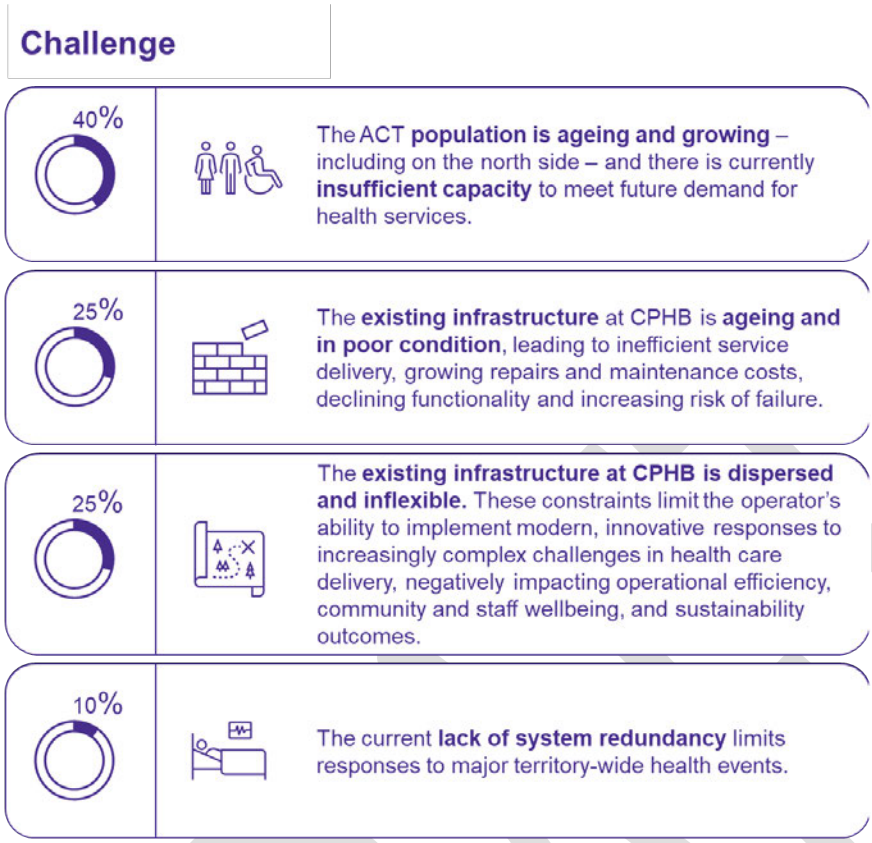
Given the growing and ageing population, and the changing demand in line with increasing burden of disease, demand for existing hospital services is expected to rise and change in complexity on the northside of the ACT. While efforts have been made to manage the rising demand for health services, there is now insufficient capacity at CPHB to meet the future needs of the community. Additionally, the age and condition of the existing infrastructure and lack of system redundancy do not support the efficient and sustainable delivery of quality care.

An Investment Logic Workshop (**ILW**) was held in May 2022 with participants from the new Northside Hospital project Team, key stakeholders from ACTHD and MPC and other members of the Project Control Group including representatives from the Chief Minister Treasury and Economic Development Directorate (**CMTEDD**), the Environment, Planning and Sustainable Development Directorate, Transport Canberra and City Services, Justice and Community Safety (Emergency Services Agency), Canberra Health Services (**CHS**). The purpose of the ILW was to identify the problems and challenges driving the need for investment in a new Northside Hospital. The current challenges facing healthcare delivery on the northside of the ACT, as identified through the ILW, are summarised in Figure 10 and discussed in the sections that follow. Further information on the ILW can be found in Appendix A - Investment Logic Workshop.

[61] ACT Government (2022), More investment to support Canberra hospitals [media release], 27 July 2022 (viewed at www.act.gov.au)

[62]

**Figure 11: Key challenges currently facing healthcare delivery on the northside of the ACT**




### Challenge 1: Insufficient capacity to support the growing and ageing population on the northside of the ACT

The projected demand for clinical services by residents on the northside of the ACT is forecasted to be greater than the capacity at which CPHB is able to deliver by mid-decade. Given the critical role of CPHB as a Level 4 hospital servicing the northside of the ACT, the current capacity limitations will result in longer wait times for residents to access core services acute care beds, ED, operating suites and ambulatory care spaces.

Demand for hospital services is expected to rise across the Territory, driven by the growing and ageing population and the changing demand for healthcare. A range of key strategies and actions have been identified within the ACT HSP (ACTHD, 2022) to help address the increased demand for services on the northside, including:

- Investing in rigorous care management for mental health service clients who frequently present to the ED
- Increasing the capacity and capability of key services on the northside to support improved access, self-sufficiency and patient flows
- Improving services for older patients requiring hospital care
- Increasing the capacity and capability of endocrinology services at CPHB to support the Maternity Access Strategy and improve self-sufficiency of CPHB in servicing the northside population

- Ensuring long term sustainability of ED access across the Territory through increased capacity and implementation of hospital diversion strategies to moderate demand.

However, these efforts will not diminish the need for an increase to physical capacity. Demand for hospital services in the ACT is forecast to increase steadily over the next ten years, including:

- Same day separations – 2.7 per cent per annum
- Multi day separations – 3.2 per cent per annum
- Multi bed days – 3.0 per cent per annum.[63]
- The two EDs at Canberra Hospital and CPHB have also been facing growing demand, with ED presentations forecast to increase at 3.0 per cent per annum over the next ten years.[64]

Table 8 shows the projected demand for services at CPHB to 2031-32.

**Table 8: Service demand projections at CPHB**

| | 2017-18 | Projection 2021-22 | Projection 2026-27 | Projection 2031-32 | Average % change per annum |
|---|---|---|---|---|---|
| **Forecast hospital inpatient activity - Summary** | | | | | |
| **Multi day separations**[65] | 12,945 | 15,774 | 18,811 | 22,211 | 3.9 |
| **Multi day bed days**[66] | 69,619 | 83,965 | 99,735 | 117,443 | 3.8 |
| **Same day separations** | 8,658 | 10,199 | 11,883 | 13,588 | 3.3 |
| **Forecast surgical services activity** | | | | | |
| **Multi day separations** | 3,070 | 3,631 | 4,232 | 4,855 | 3.3 |
| **Multi day bed days** | 7,399 | 9,424 | 11,084 | 12,854 | 4.0 |
| **Same day separations** | 3,548 | 3,966 | 4,393 | 4,793 | 2.2 |
| **Forecast number of operations – elective and non-elective/emergency activity** | | | | | |
| **Elective** | 5,422 | 6,239 | 7,139 | 8,063 | 2.9 |
| **Non elective** | 1,682 | 1,940 | 2,240 | 2,545 | 3.0 |
| **Forecast medical services activity** | | | | | |
| **Multi day separations** | 5,984 | 7,627 | 9,467 | 11,665 | 4.9 |
| **Multi day bed days** | 35,049 | 44,239 | 54,134 | 65,981 | 4.6 |
| **Same day separations** | 3,315 | 4,107 | 5,006 | 5,968 | 4.3 |

*Source: ACT Government Health (2022), ACT Health Services Plan, 2022-2030*

*Note: the figures shown here have not considered the patient flow reversals from Canberra Hospital upon commissioning of the new Northside Hospital*

[63] ACT Government Health (2022), ACT Health Services Plan 2022 2030, page 55 (viewed at www.health.act.gov.au, page updated 24 October 2022)
[64] ACT Government Health (2022), ACT Health Services Plan 2022 2030, page 59 (viewed at www.health.act.gov.au, page updated 24 October 2022)
[65] Separation refers to the process by which an episode of care for an admitted patient is ceased. This may occur on the same day as admission (same day separations) or over two or more days (multi day separations). Source: Australian Institute of Health and Welfare, Meteor Metadata Online Registry.
[66] Days during which a person is confined to a bed and in which the patient stays overnight in a hospital.

CPHB in its current capacity is unable to meet the infrastructure requirements to service the growing northside population and the associated demand for health services. As shown in Table 9, an additional 173 multi day beds, 21 day stay beds, 19 ED spaces, 10 operating suites and 147 ambulatory care spaces will be required at CPHB to fulfil the capacity requirements to 2040-41.

**Table 9: Projected demand at CPHB**

| Care type beds | Current | 2030-31 | 2040-41 |
|---|---|---|---|
| Multi day beds | 234 | 407 | 507 |
| Day Stay Beds | 15 | 27 | 36 |
| ED spaces | 80 | 81 | 99 |
| Operating Suites | 7 | 15 | 17 |
| Ambulatory care spaces | 17 | 154 | 164 |
| Medical Imaging | 12 | 20 | 20 |

*Source: ARUP (2022), Northside Hospital – Technical Advisor; Concept Design Portfolio*

In addition to health and wellbeing impacts from delayed access to care, the CPHB SAMP (AECOM, 2021) found that the potential implications of delivering health services to meet future demand using existing CPHBS infrastructure is likely to result in:

- Accelerated wear and tear of the building fabrics, internal fit outs and immediate surrounding grounds if the number of patients and staff on site increases
- Accelerated deterioration of plant and equipment if operating hours are extended to meet the change in demand
- Increased need for additional heating, ventilation and air conditioning to ensure sufficient airflow
- Increased need for office, training and education equipment as demand for services and health service professionals grow
- Increase of electrical load based on the changing nature of services delivered
- Increased need for fire suppression and safety equipment to cater for the number of people in the building.

The CPHB SAMP determined that substantial refurbishment of the Xavier and Marian buildings on the existing CPHB site would be unlikely to result in a modern, compliant Level 4/5 hospital that will meet future demand and contemporary clinical services delivery. It would also involve considerable complexity to ensure patient safety and amenity is not compromised.

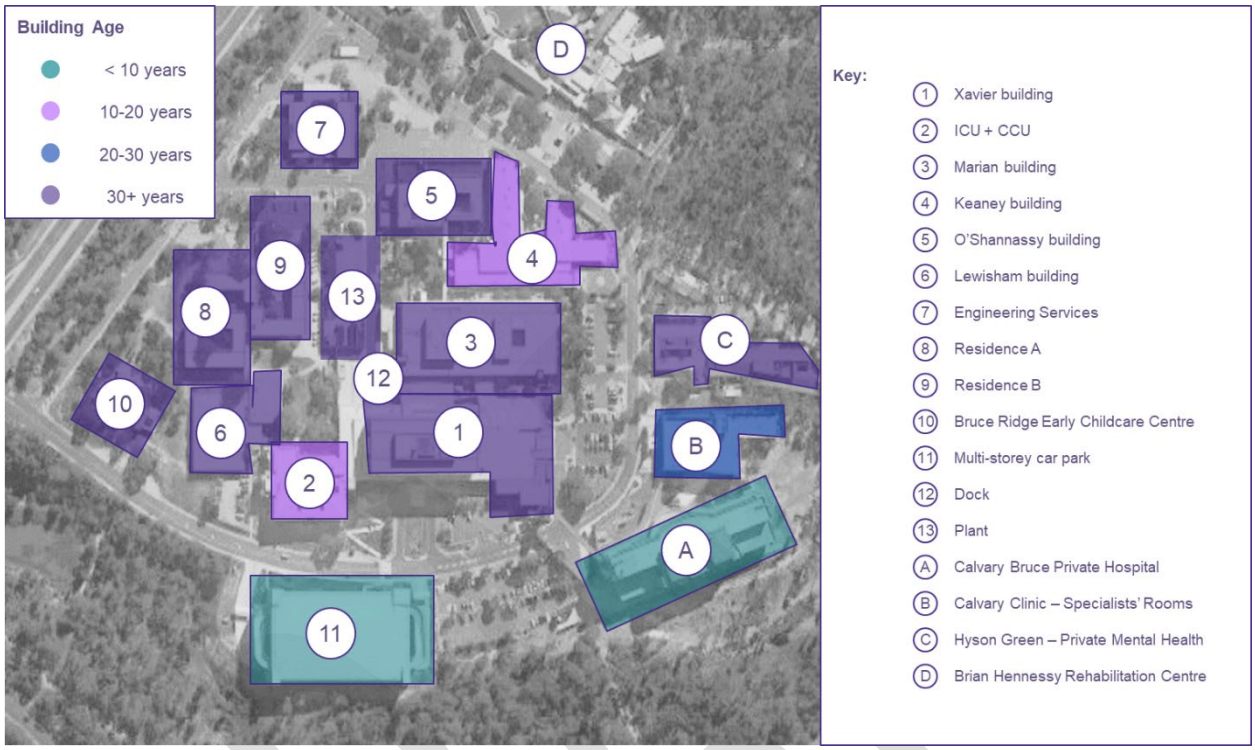
### Challenge 2: The existing infrastructure at CPHB is ageing and in poor condition

The CPHB site was originally developed in the late 1970s and consists of two primary clinical buildings (Xavier and Marian), two secondary clinical buildings (Keaney and ICU/ Critical Care Unit (**CCU**) Building) and eight other buildings that provide supplementary clinical and supporting services. Since the early 1980s, various expansions and infill buildings have been constructed to expand the capacity of the facility.

While several CPHB buildings have received upgrades over time, a majority of the buildings are now over 40 years old (see Figure 11), in poor condition and nearing the end of their expected service

lives. CPHB cannot cater for future population growth, the changing health demand needs and models of care and support territory wide network resilience with the current infrastructure.

**Figure 12: Age of CPHB building assets**




*Source: adapted from BVN (2022), Northside Hospital Master Plan Report, 22 July 2022*

The CPHB SAMP (AECOM, 2021) documents the actions and investments needed to minimise the risk of service failure, and provides a prioritised list of works required, where priority has been determined by assessing the impact of failure on CPHB service delivery and the likelihood of failure occurring during the planning period considered.

The CPHB SAMP (AECOM, 2021) identified the following:

- Assets are generally approaching end of life (except for some newer buildings such as ICU / CCU)
- 12 per cent of CPHB assets are at or beyond their end of useful life, of which a third are critical assets
- 42 per cent of assets have less than 25 per cent nominal service life remaining and will likely require capital intervention (replacement) as they continue to deteriorate in the near term
- A number of buildings are rated as being in 'Poor' condition
- There were 19 serious non-compliances identified against current standards, with 11 relating to fire protection.[67]

[67] AECOM Australia Pty Ltd (2021), CPHB Strategic Asset Management Plan, 16 April 2021

[redacted]

While currently managed from a risk perspective, there is an increased risk of failure to maintain safe and efficient operations without significant capital investment to overhaul aged assets at CPHB. As the assets age, and extend beyond their useful life, the list of maintenance requirements will get longer, and intervention will be required more frequently.

### Challenge 3: Existing infrastructure at CPHB is dispersed and inflexible

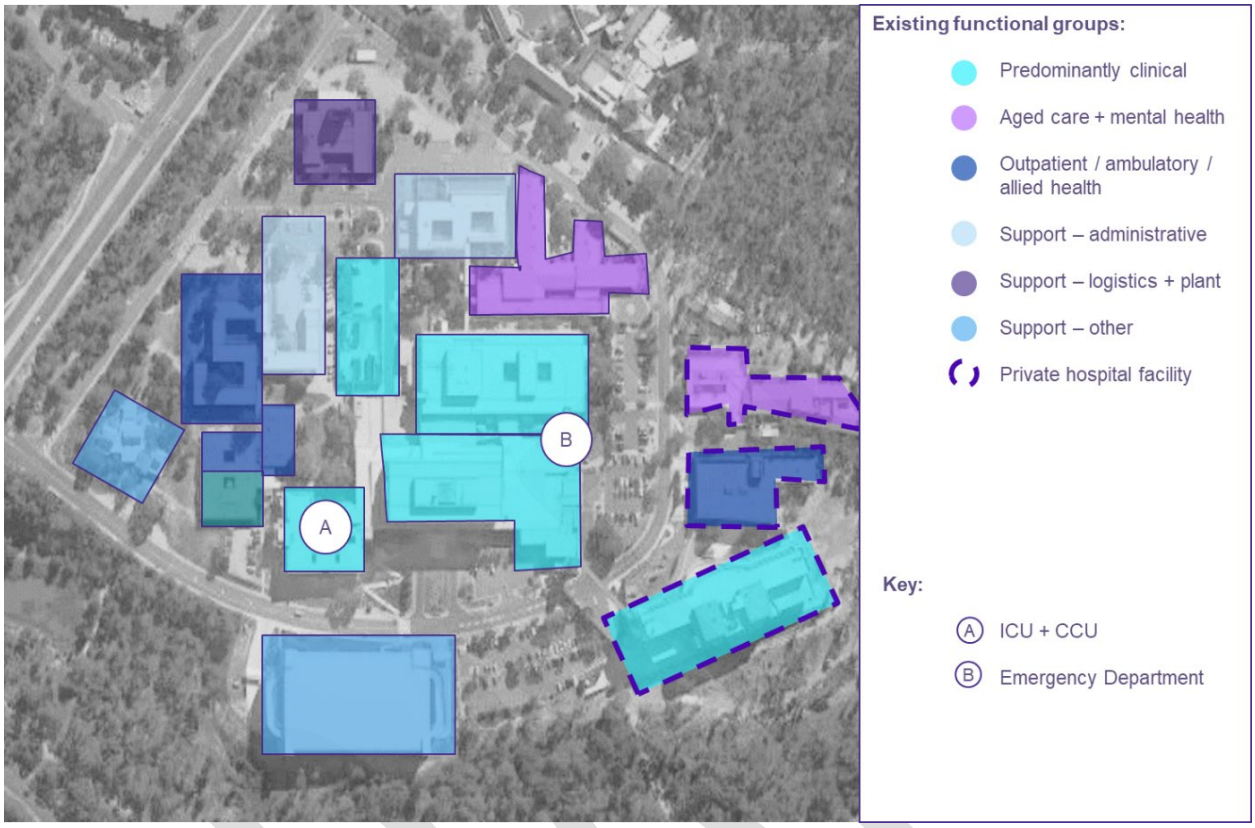
Reflective of the age of CPHB and limited capital investment since commissioning, the existing hospital infrastructure is dispersed, inflexible and functionality is poor. The configuration of the original build inhibits the ability of CPHB to meet contemporary health facility requirements, adapt to changing models of care and deliver best care environments.

Site configuration means sub optimal clinical adjacencies for contemporary service delivery. Figure 11 above demonstrates the incremental approach to the development and commissioning of buildings at CPHB, which has occurred between 1979 and 2009. The staged development of CPHB has resulted in a gradual addition of buildings, with inadequate connections and sub optimal adjacencies between clinical areas, making CPHB difficult to navigate and increasing inefficient patient flows. The current lack of wayfinding support also creates accessibility issues for patients and visitors to CPHB.

As presented in Figure 12, clinical services occur across five different buildings meaning some functional areas are split and / or spread across the site. This results in poor service stream coordination and creates operational and workflow inefficiencies for staff and delays in treatment for patients. Of particular note is the ICU / CCU, located in a separate location from the ED and theatres.

[68] AECOM Australia Pty Ltd (2021), CPHB Strategic Asset Management Plan, 16 April 2021

**Figure 13: Existing functional groups across CPHB**




*Source: Adapted from BVN (2022), Northside Hospital Master Plan Report, 22 July 2022*

## Infrastructure does not align to contemporary guidelines

The Australasian Health Facility Guidelines (**AusHFG**) provide information to assist in planning and designing health facilities. AusHFG create a common set of guidelines and specifications for best practice health facility design across Australasia. AusHFG consider the clinical and functional use of space, and user needs based on evidence from literature and research, industry input and consumer consultation. They were developed to enable the planning of health facilities to support and enhance the delivery of high standards of patient care.[69]

AusHFG are regularly updated to reflect changes in the delivery of healthcare. As most of the existing CPHB facilities were developed prior to the release of the current AusHFG spatial guidance for hospitals, clinical areas do not meet contemporary health facility requirements and any refurbishments or expansion in capacity is limited due to the constraints of the original design.

Applying AusHFG standards to the current points of care (**POC**) at CPHB would see the facility increase in size from the current 37,500 metres squared (**sqm**) of gross building area (**GBA**) to over 50,000sqm (a 33 per cent increase). This increase reflects space required for room sizes, circulation, plant, travel allowances and clinical spaces.

[69] Australasian Health Facility Guidelines (2016), Part A – Introduction and Instructions for Use, Revision 6.0, 1 March 2016 (viewed at www.healthfacilityguidelines.com.au)

### Infrastructure does not support emerging technologies

The condition, size and functionality issues currently facing CPHB do not enable contemporary models of care, including digital infrastructure to enable virtual care.[70] This impacts how healthcare is delivered at CPHB, its ability to meet the future health needs of the community and to efficiently deliver quality healthcare.

Advances in technology provide opportunities to improve healthcare including clinical diagnosis and treatment, delivery of support services, and communication with and between staff and patients. This includes developments in surgical services (e.g. robotics surgery) to maximise patient outcomes, genetic and genomic medicine to support clinical decision making and the use of telehealth and telemonitoring to provide improved access and care closer to home.[71]

A key area of service demand and reform noted in the ACT HSP (ACT Government Health, 2022) is to expand virtual care as a service delivery option, including early implementation of virtual technology to ensure models of care are embedded in clinical models and practice prior to facility planning. This will support agile ways of working, clinical networking and whole of health system collaboration.[72] Examples of virtual care which could be integrated into the ACT health system include:

- Telephone – an audio connection between two or more people
- Video conference – video connection of two or more people allowing all participants to speak to each other, see each other and in some cases exchange data simultaneously
- Remote monitoring – using technology to collect and send medical data to an app, device or service
- Store and forward – where a patient allows clinical information to be collected and sent electronically to another person or site for evaluation or management.[73]

With the right hospital infrastructure in place, it is estimated that 30 per cent of outpatient services could be provided through virtual care models.[74] However, whilst telehealth and telemonitoring are widely used in other jurisdictions, it has had limited uptake in the ACT to date.

### Challenge 4: Lack of system redundancy

The lack of redundancy in the ACT health system was made evident through capacity constraints experienced at hospitals during the COVID-19 pandemic. The sudden high demand from COVID-19 patients, within the already constrained health system, resulted in elective surgery being postponed and patients from Canberra Hospital and CPHB being transferred to the University of Canberra Hospital in order to accommodate the surge in capacity.[75] The surge in cases also led to the Garran Surge Centre, located on Garran Oval, being constructed to further support ACT Health efforts in COVID-19 vaccinations.[76]

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[70] ACT Government Health (2022), Draft Northside Clinical Services Plan v0.2
[71] ACT Government Health (2022), ACT Health Services Plan 2022 2030, page 20 (viewed at www.health.act.gov.au, page updated 24 October 2022)
[72] ACT Government Health (2022), Draft Northside Clinical Services Plan v0.2
[73] ACT Government Health (2022), Draft Northside Clinical Services Plan v0.2
[74] ACT Government Health (2022), Draft Northside Clinical Services Plan v0.2
[75] ACT Government (2020), Health service changes in response to COVID-19
[76] Canberra Health Services (2021 and 2022), Canberra Health Services Annual Report 2020 21 and 2021 22

A key underlying issue impacting the ACT health network's resilience is the capacity constraints of the two EDs at CPHB and Canberra Hospital and significant constraints on bed provision across the territory. For example, CPHB currently operates a 80 treatment space ED which received approximately 57,000 presentations in 2021-22.[77,78] Canberra Hospital currently operates a 75 treatment space ED which received 87,000 presentations in 2021-22.[79,80] Between 2021-22 and 2031-32, ED presentations at CPHB are expected to increase to 95,000 as shown in Table 10. CPHB is not equipped to expand in the case of surge capacity, placing the burden on Canberra Hospital to service any surge and overflow of patients.[81]

**Table 10: Forecasted CPHB ED presentations by triage category**

| Presentations | Actual | Projected | | | Average % change per annum |
|---|---|---|---|---|---|
| | 2017-18 | 2021-22 | 2026-27 | 2031-32 | |
| Triage 1 | 213 | 215 | 259 | 313 | 2.8 |
| Triage 2 | 4,966 | 6,281 | 7,597 | 9,049 | 4.4 |
| Triage 3 | 27,463 | 30,268 | 36,870 | 44,119 | 3.4 |
| Triage 4 | 22,572 | 26,074 | 29,893 | 33,633 | 32.9 |
| Triage 5 | 3,903 | 6,855 | 7,543 | 8,138 | 5.4 |
| **Total** | **59,117** | **69,694** | **82,163** | **95,252** | **3.5** |

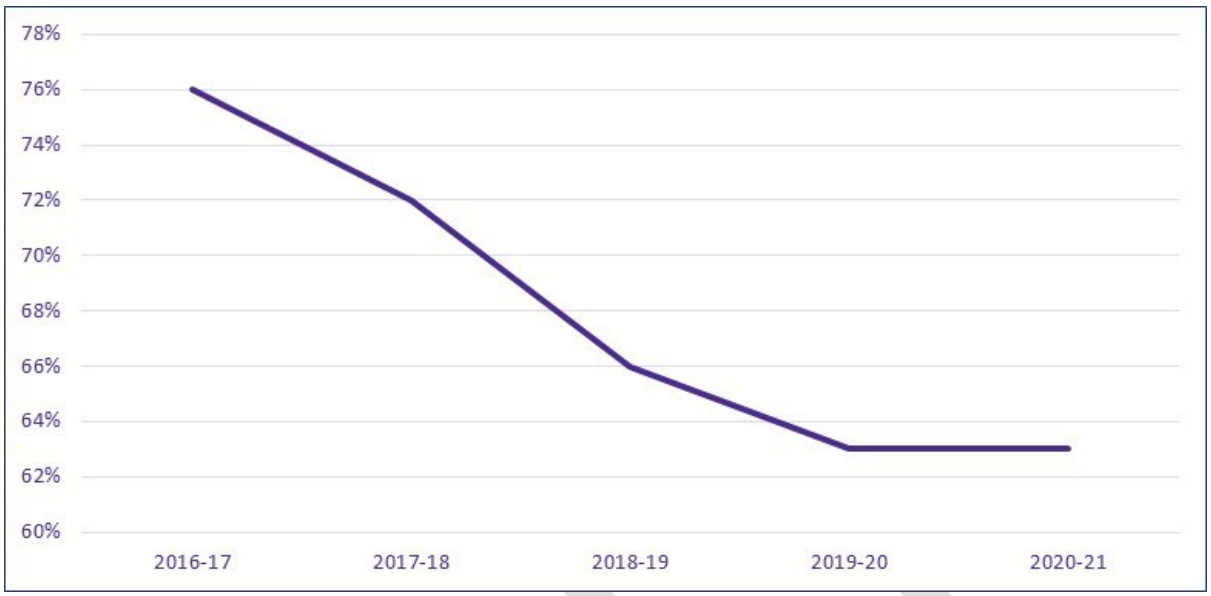
*Source: ACT Government Health (2022), ACT Health Services Plan, 2022-2030 (viewed at www.health.act.gov.au, page updated 24 October 2022)*

Despite the $6.7 million investment in 2019-20 to expand the CPHB ED by an additional 14 'see and treat' spaces and eight additional short stay beds, the demand for ED services is rising.[82] The number of presentations and median wait time at CPHB ED increased by nearly 5,000 people and 43 minutes between 2016-17 and 2020-21.[83] Similarly, the Canberra Hospital ED presentations have increased by over 8,000 people and median wait times by 51 minutes between 2016-17 and 2020-21.[84] This leaves ACT Health reliant on the NSW Health system to take on patients if there is any further surge.

Figure 13 presents the percentage of patients who departed the CHPB ED within the recommended time of four hours. This percentage has declined from 76 per cent in 2016-17 to 63 per cent in 2019-20 and 2020-21, indicating a deterioration in the performance of the ED at CPHB.

[77] AIHW (2022), Emergency department presentations, 2012-13 to 2021-22
[78] Note the difference in the number of ED presentations in 2021-22 as compared to **Error! Reference source not found.** is due to 2021-22 figures presented in the table being projected figures
[79] AIHW (2021), The Canberra Hospital, Version 8.0, 2 October 2021 (viewed at www.aihw.gov.au)
[80] ACT Government (2022), Key features of the Canberra Hospital Expansion's new Critical Services Building
[81] ACT Government Health (2016), Canberra Hospital and Health Services Operational Procedure: Capacity Escalation Procedure
[82] ACT Government Health (2020), Calvary Public Hospital Bruce ED Expansion
[83] AIHW (2021), Calvary Public Hospital Bruce, Version 8.0, 2 October 2021 (viewed at www.aihw.gov.au)
[84] AIHW (2021), The Canberra Hospital, Version 8.0, 2 October 2021 (viewed at www.aihw.gov.au)

**Figure 14: Percentage of patients who departed CPHB ED within four hours**




*Source:* AIHW (2022), Calvary Public Hospital Bruce, Version 8.0

In addition, while CPHB currently have existing aeromedical capabilities with landing at a nearby oval, the location and limited functionality has resulted in it not being utilised for a significant amount of time, driven by its lack of integration within the existing CPHB campus and still additional need for road transport from the oval to the hospital. As such, patient transfers are primarily for emergency care or any transfers to Canberra Hospital rely heavily on land travel (25 minutes by road).

## 3.3 Timing imperative

Given the existing capacity constraints and ageing infrastructure at CPHB, there is pressing need for investment in new hospital facilities for the northside of Canberra. Without this investment, there will be growing pressure on existing services and greater reliance on Canberra Hospital and hospitals outside of the ACT (e.g. NSW) to pick up potential patient overflow.

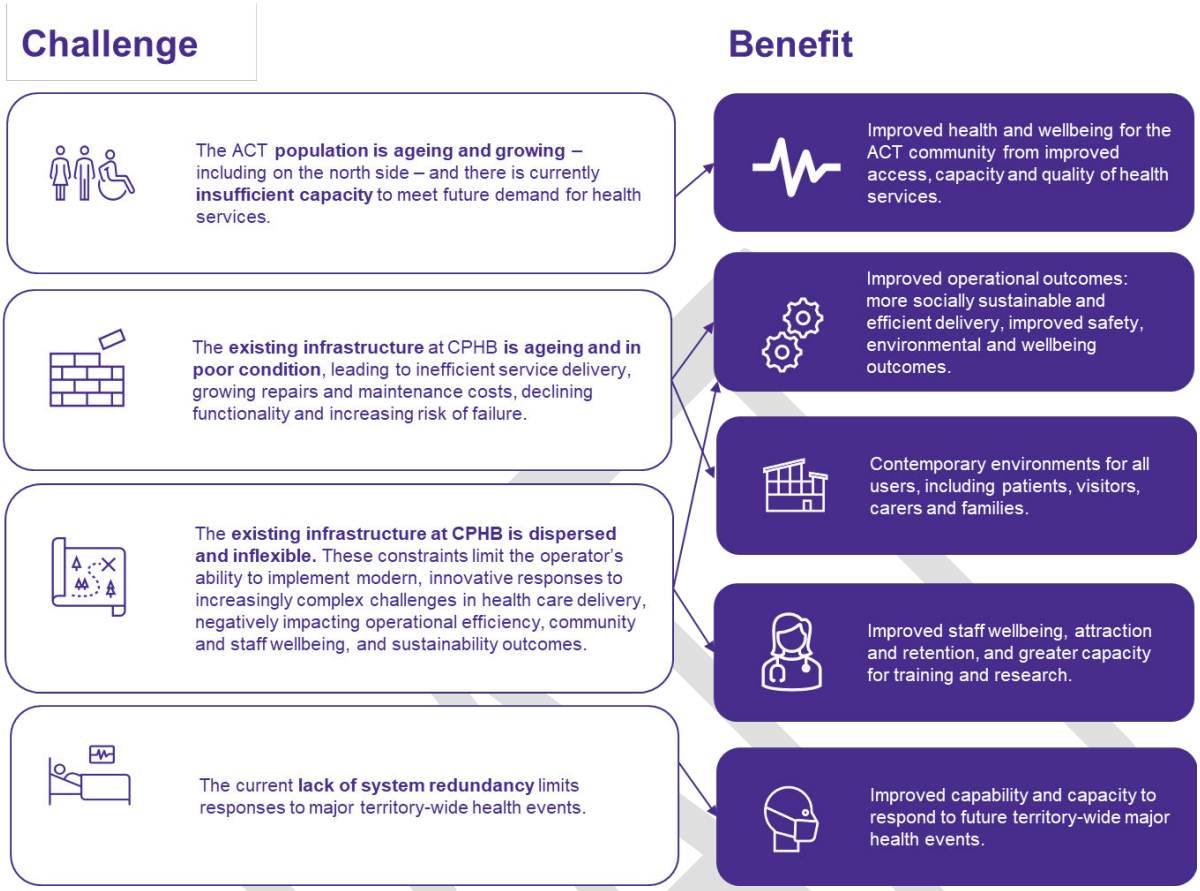
The proposed investment in a new Northside Hospital will enable self-sufficiency of healthcare on the northside through delivery of additional capacity and support the timely and equitable access to health services for residents of the ACT.

It is critical that funding in the 2023-24 Budget is provided to continue the planning and design activities for a new Northside Hospital, to enable the commencement of hospital construction by the mid-2020s before projected demand outstrips existing capacity and access to care becomes increasingly delayed.

## 3.4 Benefits

The delivery of a new Northside hospital will deliver a range of benefits to patients, their families/carers, ACT Government and broader ACT community. These benefits result from addressing the key challenges currently facing the delivery of healthcare on the northside of the ACT, as identified in the ILW and presented in Figure 14.

**Figure 15: Benefits of addressing the challenges currently facing the delivery of healthcare in the ACT as identified in the ILW**




The benefits identified above are expected to significantly improve health, environmental and wellbeing outcomes and support improvements to day-to-day hospital operations, workforce capability and system resilience.

A new Northside Hospital is expected to provide the following benefits:

- A better environment to improve health and wellbeing outcomes for staff, patients, carers and families
- Improved accessibility for staff, patients, carers and families from improved wayfinding, navigation and carparking spaces
- Improved staff satisfaction and efficiencies through building design enabling quality patient care
- Flexible, innovative and integrated models of care that use technology to deliver timely and effective person-centred digital solutions
- Implementation of a planned maintenance program that is proactive rather than reactive, including an increase in the utilisation of digital business systems
- Improved system redundancy and coordination between community partners across the ACT to provide appropriate and efficient response to future territory wide major events

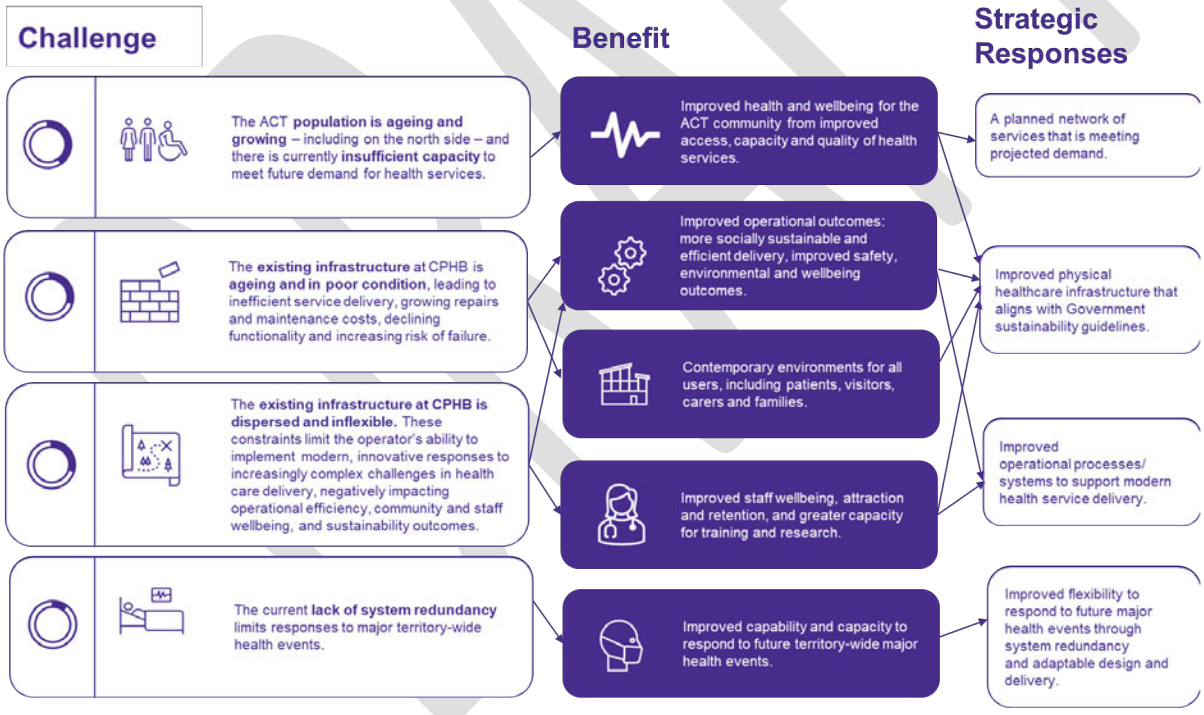
- Greater transparency of service delivery / contractual opportunities through improved coordination between operators and the ACTHD
- Broader economic benefits for the ACT including additional jobs and new businesses / services provided adjacent to the hospital.

Additionally, a new Northside Hospital presents an opportunity to improve the integration and coordination of health services across the entire health system. MoC at the new Northside Hospital with emphasise integration of care between the hospital, the community and primary care, including the sharing of information. The delivery of integrated and coordinated health services at the new hospital aligns with the Territory health network approach to linking primary and community healthcare providers.

## 3.5 Strategic responses

In considering the need for investment and drivers for the new Northside Hospital, ACTHD and MPC have considered a range of strategic responses spanning across a spectrum of network level interventions to capital intervention in new facilities to meet community needs. This is illustrated in Figure 15.

**Figure 16: Strategic responses to the challenges currently facing healthcare on the northside of the ACT**




As indicated, the range of strategic responses identify the need for change across a range of areas, including health planning, infrastructure development as well as health service operations and workforce capability. If implemented, these reforms are expected to deliver a range of outcomes, including:

- Additional capacity to meet future demand for health services that are technology enabled, functional, flexible, sustainable and adaptable for the northside of the ACT

- Improved risk management systems to identify safety measures and hazards and implementation of a proactive planned maintenance program
- Improved alignment with the opportunities identified in the ACT HSP
- Improved alignment with the sustainability guidelines of the ACT Climate Strategy
- A user centric experience that accommodates the entire journey of care for both the consumers, carers and family, promotes healing, improves accessibility and is culturally appropriate
- A future ready workforce
- Improved capability to respond to future health events / pandemics.

The mapping of problems, benefits and strategic responses highlighted that the foundation of an appropriate strategic response is the coordinated development of a new network health plan and new hospital facilities for the northside of Canberra.

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# 4. Strategic and Policy Alignment

**This chapter summarises how a new Northside Hospital aligns with key government policies and strategies.**

The targeted outcomes of a new Northside Hospital are strongly aligned to a range of ACT Government commitments, policies, strategic vision and objectives. Specifically, a new Northside Hospital supports strategic outcomes across three key areas, including:

- ACT Health service plans and strategies: a new Northside Hospital meets the service needs identified by the ACT HSP by delivering expanded inpatient and outpatient services to meet the rising demand, and by redesigning clinical service offerings on the northside to improve access and capacity across the care continuum and quality of health services. It also supports the Northside Clinical Services Plan (**CSP**) which identifies priority service directions across the northside and for the Northside Hospital.
- ACT Aboriginal and Torres Strait Islander health plans and agreements: a new Northside Hospital will support the targets of the ACT Aboriginal and Torres Strait Islander Agreement 2019 2028 through delivery of culturally appropriate healthcare options and services in Canberra to ensure equity in health and wellbeing outcomes.
- Broader ACT infrastructure and economic plans: a new Northside Hospital is identified as a long-term priority within the ACT Infrastructure Plan and also supports the Territory Plan to deliver health infrastructure in north Canberra where demand is high and urban development is concentrated. A new hospital will support a growing healthcare sector, contribute to the attraction and retention of healthcare workers and create opportunities for local residents.

A new Northside Hospital would also align with other projects and programs across the ACT including the Canberra Hospital Expansion, Community Health Hubs and nurse-led Walk In Centres, as well as a range of Commonwealth Government policies and priorities including Australia's Long Term National Health Plan and National Aboriginal and Torres Strait Islander Health Plan.

## 4.1 Alignment with ACT Government commitments and policies

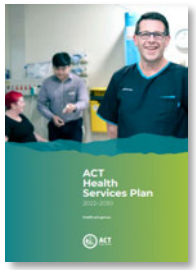
A new Northside Hospital aligns with and contributes to a range of ACT Government commitments, policies, strategic visions, and objectives:

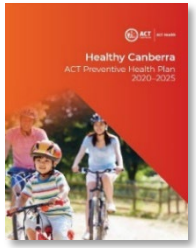
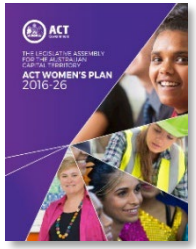
- ACT HSP, 2022-2030 (ACT Government Health, 2022)
- Draft Northside CSP 2022-2030 (V0.2) (ACT Government Health, 2022)
- Accessible, accountable, sustainable - A framework for the ACT Public Health 2020-2030 (ACT Government Health, 2022)
- Healthy Canberra ACT Preventative Health Plan, 2020-2025 (ACT Government Health, 2019)
- ACT Women's Plan 2016-2026 (ACT Government Community Services, 2016)
- ACT Mental Health and Suicide Prevention Plan 2019-2024 (Capital Health Network, 2020)
- ACT Wellbeing Framework (Capital Health Network, 2020)

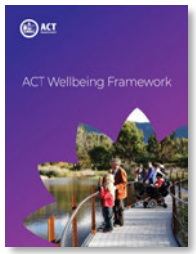
- Digital Health Strategy 2019 2029 (ACT Government Health, 2022)
- ACT Infrastructure Plan: Planning for the Future (ACT Government Treasury, 2019)
- The Territory Plan (ACT Government Environment, Planning and Sustainable Development Directorate – Planning, 2022)
- ACT Planning Strategy 2018 (ACT Government, 2018)
- ACT Climate Change Strategy 2019-2025 (ACT Government, 2019)
- ACT Aboriginal and Torres Strait Islander Agreement 2019-2028 (ACT Government Community Services, 2019)
- Canberra Switched On 2022-2025 (ACT Government ACT's Economic Development Priorities, 2021)
- Parliamentary & Governing Agreement for the 10th Legislative Assembly Australian Capital Territory (ACT Government, 2020)
- The ACT Carers Strategy 2018-2028, Final Report, First Action Plan (ACT Government Community Services, 2021)
- ACT Disability Health Strategy (ACT Government Health, 2022)
- Maternity in Focus – The Public Maternity System Plan for 2022-2032 (ACT Government Health, 2022)
- ACT Transport Strategy 2020 (ACT Government Transport Strategy, 2020)
- The Global Green and Healthy Hospitals (**GGHH**) network (GGHH, 2022)
- Lesbian, Gay, Bisexual, Trans and gender diverse, Intersex, Queer and questioning (**LGBTIQ+**) Health Scoping Study (ACT Government Health, 2021).

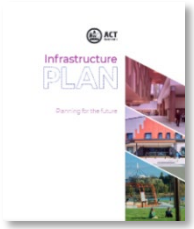
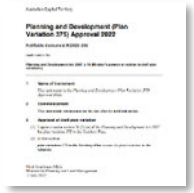
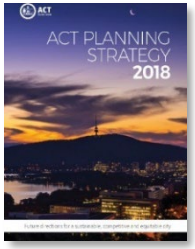
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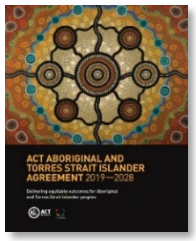
**Table 11: Alignment with ACT Government strategies**

| Government commitments and policies | Policy overview | A new Northside Hospital alignment |
|---|---|---|
| **ACT HSP, 2022-2030 (ACTHD, 2022)**<br>  | The ACT HSP sets a roadmap for the next 8 years to redesign, invest in and redevelop health services. The plan sets the ACT Government's vision for how they will meet the needs of Canberra's growing population and deliver healthcare for those in surrounding regions; to support the workforce to do what they do best; and to keep working towards true person centred care. The focus and desired outcomes of the plan include:<br>• Addressing key areas of service demand and reform<br>• Supporting seamless transitions of care<br>• Formalising ACT's role as a local, Territory and regional service provider<br>• Strengthening core ACT Government funded clinical support services. | The ACT Health Services Plan is based on an assessment of service need across the care continuum and taking into consideration current ACT Government commitments including a new Northside Hospital. A new Northside Hospital helps to meet the plan's vision by delivering increased inpatient and outpatient health services to meet rising demand and by redesigning clinical service offerings on the northside to improve access, capacity and quality of health services. |
| **Draft Northside CSP 2022-2030 (V2.0)**<br>  | The Draft Northside CSP takes forward many of the Territory wide actions from a northside planning perspective. The Northside CSP supports the achievement of the priority service directions identified in the ACT HSP and seeks to deliver care closer to home and improve health outcomes and access to care. The Draft Northside CSP has identified the health needs of the community across the overall health system and provides a plan to address those needs. | The Draft Northside CSP guides the facility planning and future service requirements for the new Northside Hospital. |
| **Accessible, accountable, sustainable - A framework for the ACT Public Health 2020 2030**<br>  | Accessible, Accountable, Sustainable: A Framework for the ACT Public Health System 2020-2030 has been developed to provide a common vision for the strategic, policy and planning activities that will shape the future direction of ACT health services over the next decade. The Framework was developed in consultation with an advisory group that included representatives from consumer, carer, peak and advocacy groups, primary health and clinical services.<br>The Framework identifies the priority population groups and key strategic partnerships to be focused on in delivering on the key strategies identified under each goal. Substantial work has been progressed on a number of | The new Northside Hospital supports the strategic goals of the framework by:<br>• Delivering increased capacity to make services more accessible for Canberrans in line with the changing demand<br>• Delivering new infrastructure which supports workforce training and development and enables implementation of contemporary models of care to improve accountability of the health service |

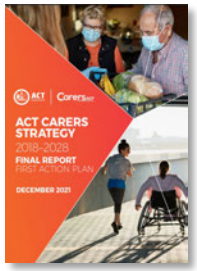
| Government commitments and policies | Policy overview | A new Northside Hospital alignment |
|---|---|---|
| | these strategies, including Healthy Canberra: ACT Preventive Health Plan 2020-2025, the Digital Health Strategy 2019-2029, the Regional Mental Health and Suicide Prevention Plan, the ACT HSP and Infrastructure Planning. | • Improving sustainability of health services by building resilience of the network and improving overall operational efficiency. |
| **Healthy Canberra ACT Preventative Health Plan, 2020 – 2025 (ACTHD, 2019)**   | The Healthy Canberra Plan sets the foundations for reducing the prevalence of chronic disease and supporting good health across all stages of life. It articulates strategic priorities and areas for government led action, taking into account the latest available evidence and needs of the ACT population. The plan identifies five priority areas: supporting children and families, enabling active living, increasing healthy eating, reducing risky behaviours and promoting healthy ageing. | A new Northside Hospital will support the promotion of healthy ageing by improving access to care within the community and focusing on early intervention and disease management. This will help reduce the risk factors of many chronic diseases, improve health and wellbeing in later life and reduce the social and health costs of the ageing population. |
| **ACT Women's Plan 2016 – 2026 (ACTHD, 2016)**   | The ACT Women's Plan 2016 26 is a 10 year plan to create an ACT community that values and respects women and girls, commits to gender equality and promotes and protects the rights, wellbeing and potential of all women and girls. The Plan identifies how the ACT Government will work with community members, the community sector and the private sector to ensure that everyone is actively working towards true equality for women and girls. | A new Northside Hospital will increase access to new and contemporary health services for women in the ACT. |
| **ACT Mental Health and Suicide Prevention Plan 2019 – 2024 (Capital Health Network, 2019)** | The joint regional ACT Mental Health and Suicide Prevention Plan is a 5 year plan that identifies local mental health and suicide prevention programs and service planning priorities and actions. The plan is informed by the priorities of the Fifth National Mental Health and Suicide Prevention Plan (Fifth Plan) and speaks to the local context and needs of the ACT region. The strategic priorities of the plan include improved outcomes; responsive and integrated services; a skilled and sustainable workforce; | A new Northside Hospital will increase the capacity of inpatient and outpatient mental health services on the northside of the ACT and contribute to meeting the future mental health needs of the ACT community. In addition, new and contemporary mental health facilities available to the ACT community is a key contributor to providing person centric, whole of person care, will support the reduction in |

| Government commitments and policies | Policy overview | A new Northside Hospital alignment |
|---|---|---|
|  | early intervention; whole of person care; reduced self-harm and suicide prevention; and improving the economic and social conditions of people's lives. | self-harm and suicide prevention and contribute to improving wellbeing of people with a lived mental health experience. |
| **ACT Wellbeing Framework (ACT Government, 2020)**  | The ACT Wellbeing Framework provides high level indicator outcomes for Canberra to support future policy design and decision making. The framework includes 12 domains of wellbeing, reflecting key factors that impact on the quality of life of Canberrans: Health, safety, living standards, housing and home, environment and climate, social connection, education and life-long learning, time, identity and belonging, governance and institutions, access and connectivity, and economy. The ACT Government is committed to using the Wellbeing Framework to inform Government priorities, policies and investment decisions – including through the annual Budget process. | A new Northside Hospital will deliver on 2 key wellbeing domains:<br>• Health: by improving patient outcomes including health and wellbeing, improving wellbeing for families and carers, and delivering care closer to home<br>• Economy: by supporting economic growth and job creation in the ACT during both the delivery and operation of the new hospital. |
| **Digital Health Strategy 2019 2029 (ACTHD, 2019)**  | The Digital Health Strategy presents ACTHD's strategic vision for enabling and delivering person centred care through digital innovation. The strategy outlines the direction and principles to guide the design and development of the digital capabilities needed to support a sustainable, innovative and world class health system. It illustrates a desired future state for the ACT with regard to digital health, based on the strategic themes of patient centred care; health services enabled by contemporary technology; and research, discovery and collaboration. | A new Northside Hospital presents an opportunity to deliver hospital infrastructure that embeds contemporary healthcare technologies and equipment and enables technology driven health services. |
| **ACT Infrastructure Plan: Planning for the Future (ACT Treasury, 2019)** | The ACT Infrastructure Plan outlines future infrastructure decisions and goals for the territory. Infrastructure investment decisions included in the plan span across various areas including health, education, transport, community services, cultural and recreational facilities, city services and city planning and land release. The new edition of the ACT Infrastructure | A new Northside Hospital is identified as a long term priority within the ACT Infrastructure Plan and is part of delivering infrastructure to support sustainable health services for the growing population of the ACT. A new Northside Hospital provides opportunities to harness contemporary models of |

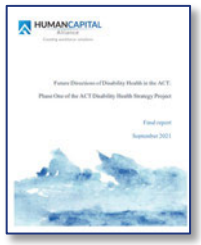
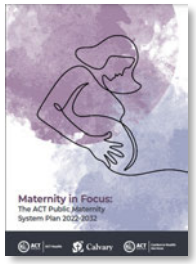
| Government commitments and policies | Policy overview | A new Northside Hospital alignment |
|---|---|---|
|  | Plan takes a longer term view of the communities needs and the infrastructure necessary to meet them. | care and digital technologies to support better health outcomes and to attract and retain medical practitioners as outlined in the plan. |
| **The Territory Plan (ACT Government, 2022)**<br>  | The Territory Plan is a statutory document that guides planning and development in the ACT to provide the people of the ACT with an attractive, safe and efficient environment in which to live, work and play. The Territory Plan contains a statement of strategic direction of broad strategic principles, maps, objectives and development tables and area codes for the territory. | A new Northside Hospital will be aligned with the Territory Plan and its objectives for development in north Canberra. It will provide increased access to healthcare close to home and additional jobs and opportunities for local residents. |
| **ACT Planning Strategy 2018 (ACT Government, 2018)**<br>  | The ACT Planning Strategy 2018 is a refresh of the 2012 strategy, building on its successes and incorporating social, economic and environmental changes currently occurring. It captures issues of concern for Canberrans and provides a clear, robust and contemporary urban planning framework to guide growth and prosperity. It complements other strategies in climate change, transport and housing. The five themes of the strategy are:<br>• Compact and efficient<br>• Diverse<br>• Sustainable and resilient<br>• Liveable<br>• Accessible. | A new Northside Hospital aligns to the themes of the ACT Planning Strategy 2018 by delivering improved access to healthcare, especially on the northside where demand is high and urban development is concentrated, supporting a growing healthcare sector and contributing to a more liveable city by supporting physical and mental health. |
| **ACT Climate Change Strategy 2019 – 2025 (ACT Government, 2019)** | The strategy outlines the next stage of the ACT Government's climate change response and identifies actions to meet the targets and prepare for climate change. The actions have been developed with the community and stakeholders and are focused on: meeting the 2025 target; building resilience to climate change impacts; ensuring that the ACT does not 'lock | A new Northside Hospital presents an opportunity to incorporate best practice sustainability features and support achieving a zero emissions public health sector by 2040. A new Northside hospital will be developed to work in |

| Government commitments and policies | Policy overview | A new Northside Hospital alignment |
|---|---|---|
|  | in' future emissions; and laying the foundations for achieving net zero emissions. | alignment with the standards in section 5D Zero Emissions Government, including:<br>• 5:10 Establish and implement a pathway to a zero emissions ACT Government health sector by 2040 informed by an assessment of all current and planned public health facilities<br>• 5:13 Ensure all newly built or newly leased Government buildings and facilities are all electric and climate wise. |
| **ACT Aboriginal and Torres Strait Islander Agreement 2019 – 2028 (ACT Government, 2019)**<br>  | The ACT Aboriginal and Torres Strait Islander Agreement acknowledges that Aboriginal and Torres Strait Islander leadership is central to the process of ensuring the long term emotional and physical wellbeing of Aboriginal and Torres Strait Islander communities. It also includes a specific target of "continued partnerships for the development of culturally appropriate rehabilitation and detox options in Canberra for Aboriginal and Torres Strait Islander people." Delivery of this Aboriginal and Torres Strait Islander specific service will help to ensure Aboriginal and Torres Strait Islander peoples have equity in health and wellbeing outcomes with other members of the community. | The new Northside Hospital project provides an opportunity to provide culturally appropriate spaces for Aboriginal and Torres Strait Islander people, and to develop dedicated programs and initiatives with the local community to deliver improved health outcomes. |
| **Canberra Switched On – ACT's Economic Development Priorities 2022 – 2025 (ACT Government, 2021)**<br>  | The ACT Government is currently delivering the agenda of the original statement in 2016, and has set 3 key missions to achieve the objectives and to create an ambitious shared future for Canberra:<br>• A city that gives back time<br>• Towards a net zero city and beyond<br>• Knowledge based economic growth. | A new Northside Hospital contributes to the shared future for Canberra through:<br>• Providing access to healthcare close to home for residents of the northside of the ACT and provides additional jobs for the local communities<br>• Providing new facilities that will support sustainability targets of the ACT<br>• Supporting increased research and training for the healthcare sector. |

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| Government commitments and policies | Policy overview | A new Northside Hospital alignment |
|---|---|---|
| **Parliamentary & Governing Agreement for the 10th Legislative Assembly**<br>  | The ACT Labour and ACT Greens Parliamentary and Governing Agreement for the 10th Australian Capital Territory Legislative Assembly represents the parties' shared commitment to serve the people of the ACT. The Labour and Greens government for the ACT have agreed on a list of priorities and outcomes to be achieved during the Parliamentary Term of the 10th Legislative Assembly through constructive and collaborative engagement as a two party government. | The Parliamentary and Governing Agreement notes that the Government aims to deliver high quality healthcare for Canberra, and state their intention to continue the planning and design work for a new Northside Hospital, with the aim to start construction by mid-decade. |
| **The ACT Carers Strategy 2018 – 2028, Final Report, First Action Plan**<br>  | The ACT Government is committed to recognising and supporting carers' rights, choices and opportunities to participate fully in all areas of life. The ACT Government committed to developing a carers strategy in close consultation with Carers ACT, stakeholder groups and the community in the Parliamentary Agreement for the 9th Legislative Assembly. A deliberative panel collaborated to develop the vision, outcomes and priorities for the ACT Carers Strategy 2018-2028. The strategy's vision is to have a community that that cares for carers and the people they care for. | The new Northside Hospital will be developed in consideration of the ACT Carer's Strategy. Of particular relevance are the following actions identified within the strategy:<br>• To acknowledge carers on health plans, including their role and support needs<br>• To consider carers needs during the hospital discharge process.<br>• Conduct a carer impact assessment for the 'Hospital in the Home' initiative, to consider carers' needs and their role as part of the care team. |

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| Government commitments and policies | Policy overview | A new Northside Hospital alignment |
|---|---|---|
| **Disability Health Strategy (under development)**<br>  | ACTHD, in collaboration with the Office for Disability, are co designing the ACT Disability Health Strategy with the ACT disability community to ensure better health outcomes for people with disabilities, their families, and carers. The strategy is still under development, with the launch of the final strategy expected towards the end of 2023. | The new Northside Hospital would seek to align to the ACT Disability Health Strategy, through enabling the provision of effective care for people with a disability attending the hospital. The design of the hospital will develop upon 'Universal design' of health services (including facilities, equipment and processes) which can improve access to care for the whole population, especially when co designed with consumers. |
| **Maternity in Focus**<br>**The ACT Public Maternity System Plan 2022-2032**<br>  | The ACT Government is committed to providing high quality, safe and woman and person centred care to all women and individuals accessing care through the public maternity system. Maternity in Focus incorporates a variety of national maternity related strategies and the Government's Response to the ACT Legislative Assembly's Inquiry into Maternity Services into one plan. Outlining the sector's priorities over the next 10 years, Maternity in Focus is designed to inform and prioritise practical steps to create sustainable and meaningful change across our services. | As part of this plan, the ACTHD, CHS and CPHB will work closely with stakeholders to deliver a public maternity system that delivers the right care in the right place at the right time and meets the needs of the community and workforce. The new Northside Hospital will be designed to reflect the changes and priorities identified in the Maternity in Focus System Plan. |
| **ACT Transport Strategy 2020**<br>  | The ACT Transport Strategy sets out the ACT Government's approach to achieving their vision and provides a framework for planning and investing in transport for the next 20 years. The vision for transport is for a world class system that supports a compact, sustainable, and vibrant city.<br>At a strategic level, the ACT Transport Strategy seeks to employ the following main avenues to bring about the transport system of the future:<br>• A future focused investment framework<br>• Refocused network planning and design<br>• Optimising our infrastructure | The new Northside Hospital will be planned with consideration for current and future transport infrastructure and services. |

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| Government commitments and policies | Policy overview | A new Northside Hospital alignment |
|---|---|---|
| **GGHH, 2022** | The ACTHD/ ACT Government is a member of GGHH. GGHH is an international network of hospitals, healthcare facilities, health systems, and health organisations with the shared goal of reducing the environmental footprint of the health sector and contributing to improved public and environmental health. The framework and roadmap to reach this goal is provided by the GGHH Agenda and its 10 interconnected sustainability goals for hospitals and health systems to work towards at their facilities. | The new Northside Hospital will be planned with consideration of the sustainability goals within the GGHH Agenda through implementation of sustainable design principles and operations. |
| **LGBTIQ+ Health Scoping Study, 2021**   | The ACT Government is focused on improving the health and wellbeing of LGBTIQ+ Canberrans to make Canberra the most LGBTIQ+ inclusive and welcoming city in Australia. The scoping study looks at the gaps and opportunities for health services for LGBTIQ+ people in the ACT and identifies barriers to seeking health services. The report details a range of recommendations to help ensure health services meet the diverse needs and priorities of the ACT's LGBTIQ+ community, including the need to focus on education, improve service provision and increase kindness and respect. | The new Northside hospital will be planned with consideration of the health and wellbeing LGBTIQ+ community in Canberra, through the delivery of inclusive health services in consultation with relevant stakeholders. |

*Source: ACT Government Health (2022), ACT Health Services Plan, 2022-2030 (viewed at www.health.act.gov.au, page updated 24 October 2022), ACT Government Health (2022), Draft Northside Clinical Services Plan 2022-2030 v0.2, ACT Government Health (2020), Accessible, accountable, sustainable A framework for the ACT Public Health 2020-2030, (viewed at: health.act.gov.au), ACT Government Health (2019), Healthy Canberra ACT Preventative Health Plan, 2020 – 2025, (viewed at: health.act.gov.au), ACT Government Community Services (2016), ACT Women's Plan 2016 – 2026 (viewed at: communityservices.act.gov.au) Capital Health Network (2020), ACT Mental Health and Suicide Prevention Plan 2019 – 2024 (viewed at: chnact.org.au), ACT Government (2020), ACT Wellbeing Framework (viewed at: act.gov.au), ACT Government Health (2022), Digital Health Strategy 2019 2029 (viewed at: health.act.gov.au), ACT Government Treasury (2019), ACT Infrastructure Plan: Planning for the Future (viewed at: treasury.act.gov.au), ACT Government Environment, Planning and Sustainable Development Directorate – Planning (2022), The Territory Plan (viewed at: planning.act.gov.au), ACT Government (2018), ACT Planning Strategy 2018 (viewed at: planning.act.gov.au), ACT Government (2019), ACT Climate Change Strategy 2019 – 2025 (viewed at: environment.act.gov.au), ACT Government Community Services (2019), ACT Aboriginal and Torres Strait Islander Agreement 2019 – 2028 (viewed at: communityservices.act.gov.au), ACT Government ACT's Economic Development Priorities (2021), Canberra Switched On 2022 – 2025 (viewed at: act.gov.au/cbr switched on), ACT Government (2020), Parliamentary & Governing Agreement for the 10th Legislative Assembly Australian Capital Territory (viewed at: cmtedd.act.gov.au), ACT Government Community Services (2021), The ACT Carers Strategy 2018 – 2028, Final Report, First Action Plan (viewed at: communityservices.act.gov.au), ACT Government Health (2022), ACT Disability Health Strategy (viewed at: health.act.gov.au), ACT Government Health (2022), Maternity in Focus – The Public Maternity System Plan for 2022-2032 (viewed at: health.act.gov.au), ACT Government Transport Strategy (2020), ACT Transport Strategy 2020 (viewed at: transport.act.gov.au), The Global Green and Healthy Hospitals network, 2022 (viewed at: greenhospitals.org), ACT Health (2021), LGBTIQ+ Health*

## 4.2 Wellbeing Impact Assessment

In line with the ACT Wellbeing Framework (ACT Government, 2020), a wellbeing assessment has been completed (see Appendix B -- Wellbeing Impact Assessment), which highlights improved wellbeing across the domains of health and economy of the ACT from the investment in a new northside hospital.

Two key wellbeing impacts have been identified, as summarised in Table 12.

**Table 12: Wellbeing Impact Assessment summary**

| Impact | Description | Type | Stakeholders | Timeframe |
|---|---|---|---|---|
| **Health** | Improved patient outcomes through improved health and wellbeing for patients and future generations, provision of care closer to home and improved wellbeing for families and carers and across the ACT community. | Positive<br>Major | • ACT residents and patients<br>• Healthcare workers<br>• Families and carers<br>• Business and local economy | 5+ years |
| **Economy** | Economic growth and job creation in the ACT during both the delivery and operation of the new hospital. | Positive<br>Major | • Workers in healthcare, construction and other associated industries<br>• Broader ACT community over the long term | 5+ years |

*Source: ACT Government Health (2022), Northside Hospital Wellbeing Impact Assessment, see Appendix B*

## 4.3 Alignment with other projects, programs and precincts

A range of investments in health and transport across the ACT have been considered in the planning of the new Northside Hospital, including:

- The Canberra Hospital Expansion
- Canberra Hospital Master Plan 2021-2041
- Digital Health Record Project
- Walk-in Centres across Canberra
- Watson Community Health Precinct
- Extension of Canberra's Light Rail Network to Belconnen
- Health workforce strategies.

A summary of these investments and their alignment with a new Northside Hospital are presented in Table 13.

**Table 13: Alignment with other projects, programs and precincts**

| Projects / programs / precincts | Description and timing | Alignment with a new Northside Hospital |
|---|---|---|
| **Health** | | |
| **The Canberra Hospital Expansion** | The Canberra Hospital expansion includes investment in a new Critical Services Building on the existing hospital campus in Woden . This new 40,000 square metre facility will enable a bigger, better Canberra Hospital to meet the needs of a growing population within central Canberra, including a new emergency room, additional operating rooms, treatment spaces and intensive care beds to expand the overall capacity of the Canberra Hospital. Construction of the new facility began in 2021 and is expected to be completed by 2024. | Construction of a new Northside Hospital will complement the commissioning of this new facility at Canberra Hospital through reducing the demand pressures from the northside of Canberra. The Canberra Hospital expansion and demand for services at this expanded facility have been taken into account when forecasting the demand for services at the new Northside Hospital. |
| **Canberra Hospital Master Plan** | The Canberra Hospital Master Plan outlines a path for the development of the Canberra Hospital campus over the coming 20 years. The investment will deliver a world leading medical environment to support the best healthcare in the region. | A new Northside Hospital will complement the vision of the Canberra Hospital Master Plan through the provision of health services for residents on the northside of the ACT. This will ensure equity of service and access to high quality healthcare across the Territory. A new Northside Hospital will also support resilience of the ACT health system by providing additional capacity during major incidents and events, easing the pressure on Canberra Hospital. |
| **Digital Health Record Project** | The ACT Government has made significant investments in health related information communications technology (**ICT**) infrastructure. Through the Digital Health Record project, $200 million will be invested over the 7 years to 2025-26 to transform and enhance the way healthcare is provided – with each person having a unique record that can be accessed at any service location. This will facilitate faster access to information, improve quality of care and provide better data to inform future investment priorities. | A new Northside Hospital presents an opportunity to incorporate the latest, most advanced healthcare technologies and equipment, to increase efficiency and quality of healthcare services delivery. This will support the roll out of the Digital Health Record and support both staff and patients in improved access to information and care. |

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| Projects / programs / precincts | Description and timing | Alignment with a new Northside Hospital |
|---|---|---|
| **Walk-in Centres across Canberra** | Operating alongside the public hospital system, the Government has now opened new nurse-led Walk In Centres in Belconnen, the Inner North, Gungahlin, Tuggeranong, and Weston Creek. These centres provide free healthcare for people with minor injuries and illnesses and help reduce pressure on the EDs. They provide accessible healthcare for people close to where they live and, in the case of the Weston Creek Walk In Centre, vital testing facilities during the COVID-19 pandemic. | Walk In Centres help to relieve the demand for health services from the ED, allowing the new Northside Hospital ED to have more capacity to service the most urgent cases. When forecasting demand for services at the new Northside Hospital, the activity levels at Walk in Centres have been taken into account. |
| **Watson Community Health Precinct** | The ACT Government is continuing to work with community partners to strengthen health services for young people and Aboriginal and Torres Strait Islander Canberrans as planning starts for the Watson Community Health Precinct. New facilities will be built for Ted Noffs and Catholic Care which currently operate on the site, to continue providing alcohol and other drug rehabilitation services for young people and residential care for young people with mental health conditions. Work is also underway to develop an Aboriginal and Torres Strait Islander community controlled residential alcohol and other drug rehabilitation facility on a separate part of the Watson site aimed at promoting rehabilitation and recovery in a culturally safe and inclusive environment. | The rehabilitation services delivered at Watson Community Health Precinct are expected to take the pressure off mental health and drug and alcohol rehabilitation services at current and future hospitals. When forecasting demand for services at the new Northside Hospital, the activity levels at Watson Community Health Precinct have been taken into account. |
| **Health workforce strategies** | Various workforce strategies have been developed by the ACT Government which outline a vision for the ACT public healthcare system where healthcare staff are supported and protected from harm and feel safe at all times. The strategies seek to create a safer and healthier environment for all staff and persons who enter ACT public health workplaces.<br>Workforce strategies include *Nurses and Midwives: Towards a Safer Culture* strategy, *Addressing Occupational Violence Strategy 2019-2022* (ACT Government), *Nurse/Midwife Ratios Framework* (ACT Government Health), *Independent Review into Workplace Culture* (ACT Government Health), the Occupational Violence Strategy Working Group run by CHS and the Great Workplaces Program run by CPHB. | The ACT Government will progress workforce reform to future proof health services in the ACT by creating a strong culture of respect and safety for staff. The aims of the workforce strategies will be applied to the new Northside Hospital. |

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| Projects / programs / precincts | Description and timing | Alignment with a new Northside Hospital |
|---|---|---|
| **Transport** | | |
| **Extension of Canberra's Light Rail Network to Belconnen** | ACT Light Rail Stage 2 is a proposed new 11km light rail corridor operating between Civic and Woden, via the Parliamentary Triangle. A long term priority of the ACT Government is to expand the Light Rail network along an east west link connecting Belconnen to the City. | Although plans for this stage of the Light Rail are yet to be considered by Government, it is expected that servicing the Northside Hospital site will be a consideration when determining the rail alignment. |

*Source: The Canberra Hospital Expansion: ACT Government (2022), Canberra Hospital Expansion takes shape, 1 June 2022 (viewed at: www.act.gov.au/ourcanberra/latest news), ACT Government Health (2021), Canberra Hospital Master Plan 2021-2041, (viewed at: health.act.gov.au), Watson Community Health Precinct: ACT Government (2022), Next stage in planning for health service upgrades in Watson, 18 February 2022, Media release from Rachel Stephen Smith, Minister for Health (viewed at: www.act.gov.au/open_government/inform/act_government_media_releases), Extension of Canberra's Light Rail Network to Belconnen: ACT Government (2022), Light Rail to Woden (viewed at: www.act.gov.au/lightrailtowoden/about)*

## 4.4 Consideration of Commonwealth Government policies and priorities

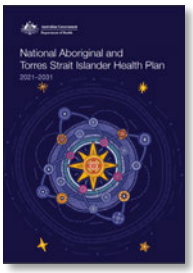
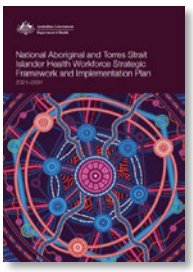
The planning of a new Northside Hospital has been conducted in alignment with the following Commonwealth Government policies and priorities:

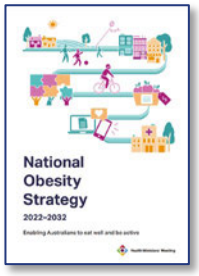
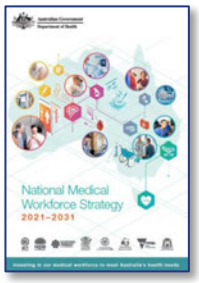
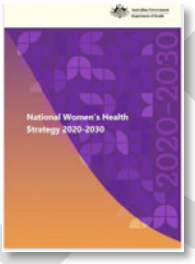
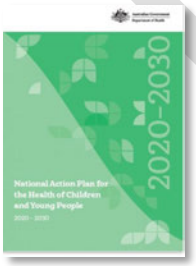
- Australia's Long Term National Health Plan (2019)
- National Aboriginal and Torres Strait Islander Health Plan (2021-2031)
- National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan (2021-2031)
- National Obesity Strategy (2022-2032)
- National Medical Workforce Strategy (2021-2031)
- National Women's Health Strategy (2020-2030)
- National Action Plan for the Health of Children and Young People (2020-2030)
- National Men's Health Strategy 2020-2030
- Fifth National Mental Health and Suicide Prevention Plan (2017)
- Australasian Health Facilities Guidelines (2022)
- Infrastructure Australia - 2021 Infrastructure Plan (2021).

A summary of these policies and priorities and their alignment with a new Northside Hospital are presented in Table 14.

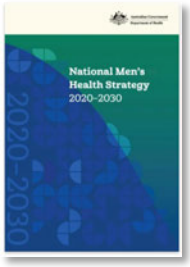
**Table 14: Alignment with Commonwealth Government policies and priorities**

| Policies and priorities | Description and timing |
|---|---|
| **Australia's Long Term National Health Plan (2019)** | Australia's Long Term National Health Plan (2019) outlines the way forward in key areas of mental health, primary care, hospitals, preventative health and medical research. The four key pillars in the reform plan are: |

| Policies and priorities | Description and timing |
|---|---|
|  | • Guaranteeing Medicare and improving access to medicines through the Pharmaceutical Benefits Scheme<br>• Supporting public and private hospitals, including improvements to private health insurance<br>• Prioritising mental health and preventive health<br>• Investing in health and medical research.<br>A new Northside Hospital will support the Australian Government achieving the objectives of this plan. |
| **National Aboriginal and Torres Strait Islander Health Plan (2021-2031)**<br>  | The National Aboriginal and Torres Strait Islander Health Plan 2021–2031 is the new national policy to improve health and wellbeing outcomes for Aboriginal and Torres Strait Islander people over the next 10 years. The plan identifies 12 priorities:<br>• Priority 1: Genuine shared decision making and partnerships<br>• Priority 2: Aboriginal and Torres Strait Islander community controlled comprehensive primary healthcare<br>• Priority 3: Workforce<br>• Priority 4: Health Promotion<br>• Priority 5: Early Intervention<br>• Priority 6: Social and emotional wellbeing and trauma aware, healing informed approaches<br>• Priority 7: Health environments, sustainability and preparedness<br>• Priority 8: Identify and eliminate racism<br>• Priority 9: Access to person centred and family centred care<br>• Priority 10: Mental health and suicide prevention<br>• Priority 11: Culturally informed and evidence based evaluation, research and practice<br>• Priority 12: Shared access to data and information at a regional level.<br>A new Northside Hospital will support the Australian Government achieving the objectives of this plan. |
| **National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan (2021 2031)**<br>  | The National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan (2021-2031) has been co designed with Aboriginal and Torres Strait Islander people. This plan outlines the Australian Government target for Aboriginal and Torres Strait Islander people to be fully represented in the healthcare workforce by 2031. The plan is guided by 6 overarching strategic directions to support the ongoing development of the size, capability, and capacity of the Aboriginal and Torres Strait Islander health workforce. It includes actions to attract, recruit and retain workers across all roles, levels and locations within the health sector.<br>A new Northside Hospital will support the Australian Government achieving the objectives of this plan. |
| **National Obesity Strategy (2022-2032)** | The National Obesity Strategy (2022-2032) is a 10 year framework for action to prevent, reduce, and treat, overweight and obesity in Australia. It focuses on prevention, but also includes actions to better support Australians who are living with overweight or obesity, to live their healthiest lives. 3 ambitions are identified for addressing obesity in Australia: |

| Policies and priorities | Description and timing |
|---|---|
|  | • Ambition 1: All Australians live, learn, work, play and age in supportive, sustainable and healthy environments<br>• Ambition 2: All Australians are empowered and skilled to stay as healthy as they can be<br>• Ambition 3: All Australians have access to early intervention and supportive healthcare.<br>A new Northside Hospital will support the Australian Government achieving the objectives of this plan. |
| **National Medical Workforce Strategy (2021-2031)**<br>  | The National Medical Workforce Strategy (2021–2031) has been developed to guide long term medical workforce planning across Australia. This 10 year strategy will improve access to healthcare by supporting the right people to have the right skills, where we need them most.<br>A new Northside Hospital will support the Australian Government achieving the objectives of this plan. |
| **National Women's Health Strategy (2020-2030)**<br>  | The National Women's Health Strategy (2020-2030) outlines Australia's national approach to improving the health of women and girls – particularly those at greatest risk of poor health – and to reducing inequities between different groups.<br>A new Northside Hospital will support the Australian Government achieving the objectives of this plan. |
| **National Action Plan for the Health of Children and Young People (2020-2030)**<br>  | The National Action Plan for the Health of Children and Young People (2020-2030) outlines the national approach to improving health outcomes for all children and young people. It aims to ensure that children and young people, from all backgrounds and all walks of life, have the same opportunities to fulfil their potential, and are healthy safe and thriving.<br>A new Northside Hospital will support the Australian Government achieving the objectives of this plan. |
| **National Men's Health Strategy 2020-2030** | The National Men's Health Strategy 2020-2030 outlines Australia's national approach to improving the health of men and boys – particularly those at greatest risk of poor health – and to reducing inequities between different groups.<br>A new Northside Hospital will support the Australian Government achieving the objectives of this plan. |

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| Policies and priorities | Description and timing |
|---|---|
|  | |
| **Fifth National Mental Health and Suicide Prevention Plan (2017)**  | The Fifth National Mental Health and Suicide Prevention Plan outlines the nationally agreed priority areas and actions to achieve an integrated mental health system. It builds on the foundation established by the 4 previous National Mental Health Plans and on existing state and territory mental health plans and reforms. Endorsed by the Council of Australian Government in 2017, the Fifth Plan focuses on suicide prevention, coordinating treatment and support for people with severe and complex mental illness, improving the physical health of people with mental illness and ensuring safety in the delivery of services.<br>A new Northside Hospital will support the Australian Government achieving the objectives of this plan. |
| **Australasian Health Facilities Guidelines (AHIA, 2022)** | AusHFG provide information to assist health services and design teams to plan and design health facilities. The guidelines enable planners and designers to use a common set of guidelines and specifications. The benefits of AusHFG include providing an Australasian best practice approach to health facility planning, access to standard spatial components and a flexible tool responsive to changes in the delivery of healthcare. A new Northside Hospital will be delivered to align with the AusHFG to meet contemporary health facility requirements. This includes an expansion in GBA to accommodate the specified POC. |
| **Infrastructure Australia 2021 Infrastructure Plan:**  | The 2021 Australian Infrastructure Plan is a practical and actionable roadmap for infrastructure reform. The Plan is focused on reforms and policy recommendations that will deliver better infrastructure outcomes for Australian communities.<br>Of particular relevance are the following 2 recommendations:<br>1.1 Rethinking our Fast growing Cities<br>8.1 Transforming social infrastructure to enhance quality of life.<br>A new Northside Hospital will support the Australian Government achieving the objectives of this plan. |

*Source: Australian Government Department of Health (2019), Australia's Long Term National Health Plan to build the world's best health system, August 2019 (viewed at: www.health.gov.au), Australian Government Department of Health (2022), National Aboriginal and Torres Strait Islander Health Plan 2021–2031, December 2021 – updated June 2022 (viewed at: www.health.gov.au), Australian Government Department of Health (2022), National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021–2031, March 2022 – updated July 2022 (viewed at: www.health.gov.au), Australian Government Department of Health (2022), National Obesity Strategy 2022 32, March 2022 (viewed at: www.health.gov.au), Australian Government Department of Health (2022), National Medical Workforce Strategy 2021–2031 (viewed at: www.health.gov.au), Australian Government Department of Health (2019), National Women's Health Strategy (2020 2030) (viewed at: www.health.gov.au), Australian Government Department of Health (2019), National Action Plan for the Health of Children and Young People 2020–2030 (viewed at: www.health.gov.au), Australian Government Department of Health (2019), National Men's Health Strategy (2020 2030) (viewed at: www.health.gov.au), Australian Government National Mental Health Commission, Fifth National Mental Health*

*and Suicide Prevention Plan (2017) (viewed at: mentalhealthcommission.gov.au), Australasian Health Infrastructure Alliance, Australian Health Facilities Guidelines (2022), (viewed at: healthfacilityguidelines.com.au), Australian Government, Infrastructure Australia (2021), The 2021 Australian Infrastructure Plan (viewed at: infrastructureaustralia.gov.au)*

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# 5. Options Analysis

**This chapter details the process undertaken to determine the preferred options for the Northside Hospital project.**

In 2020, the Northside Hospital Development Options Analysis conducted by AECOM Australia Pty Ltd identified and assessed five project options. This work confirmed that to increase capacity in the health system a new hospital on the northside would be required. Of the five project options, two options (Option C: CPHB single stage redevelopment and Option E: Generic green/brownfield site) were taken forward for further investigation through the Northside Hospital Budget Proposal (submitted for the 2021-22 ACT Budget).

An ILW undertaken in early 2022 confirmed a new Northside Hospital, in addition to a coordinated development of a new network health plan, as the appropriate strategic response to the problems currently facing healthcare delivery in Canberra's northern suburbs.

Throughout 2022, and in the development of this Business Case, a range of infrastructure options have been identified and developed to deliver the new Northside Hospital. This included a concept design process in 2022 aimed at determining how best to meet the identified need. A long list of seven options were identified for assessment:

- Four options for redevelopment on the existing Bruce campus site associated with Option C: CPHB single stage redevelopment of the 2020 Options Analysis (Options 1 - A, B, C, D).
- One option for a greenfield site development associated with Option E: Generic green/brownfield site of the 2020 Options Analysis (Option 2).
- Two smaller scale and site agnostic options (Options 3, 4).

A multi criteria analysis (**MCA**) framework was developed and applied through a workshop with the Northside Hospital project team to support the prioritisation of the seven long listed options. The MCA results determined that Option 2 ranks the highest against the established criteria, followed by Option 1A.

This Business Case has assessed the two shortlisted options and the Base Case through economic and financial analysis. The options considered in this Business Case are summarised below:

**Base Case:** The base case represents a business-as-usual scenario whereby only a risk based approach to asset maintenance and minor capital works is adopted to keep the hospital safe and operational. The Base Case accommodates no growth in demand or clinical services, and assumes continuation of the existing CNA. The Base Case presents a capital cost of $531 million (nominal) over 30 years to cover the cost of critical asset replacement as identified through the CPHB SAMP.

**Option 1: Redevelopment on Bruce:** Option 1 refers to delivering the Northside Hospital on block 1 section 1 Bruce (site of the current CPHB). A range of sub-options for Bruce were developed through concept design and Business Case development (Options 1A, 1B, 1C, 1D). All options use the same footprint for the main building, but differ in the scope of the facility, the location of the mental health services and the timing for delivery of the facility.

- **Option 1A: Bruce multiple buildings in a single stage:** Option 1A proposes redevelopment on the Bruce campus to provide capacity to meet 2040-41 demand for health services on the northside of the ACT. It includes the delivery of satellite mental health facilities on the north block and development of an acute services building with optimal inpatient unit (IPU) configuration. [redacted]
- **Option 1D: Bruce multiple buildings in a single stage (reduced size):** Option 1D is based on the scheme for 1A with a reduced capital spend. Rather than delivering capacity to 2040-41 across all Departments, this option will deliver capacity in ambulatory care and inpatient units to 2030-31. The critical services would still be built to 2040-41 reflecting the difficultly in expanding these services later, especially on the Bruce site. While Option 1D does not rank highly through the MCA, it is still considered a viable, cost-effective option to meet service need, with many of the same advantages of Option 1A. This option is discussed in [redacted]

**Option 2: Greenfield:** Option 2 proposes development on a preferred greenfield site to provide capacity to meet 2040-41 demand for health services on the northside of the ACT. In line with Option 1A, Option 2 delivers stand-alone mental health facilities. [redacted]

ACTHD is recommending developing the new Northside Hospital on the Bruce campus[91]. This is the preferred site to be progressed for further assessment and detailed design reflecting the following:

- Operator considerations.
- Option 1 does not involve any opportunity costs associated with a greenfield site.

[redacted]

- Option 1 also includes the cost of relocating the ageing rehabilitation facilities located on the northern block providing new community health infrastructure. This will reduce the need for future expenditure to replace these facilities.
- Option 1 enables the existing health precinct and linkages with the Calvary Private Hospital to be maintained benefiting both patients and carers and clinicians.
- Option 2 requires planning and rezoning changes which carry higher program risk.

## 5.1 Options development process overview

The project options identification and assessment process for the Northside Hospital commenced in 2020 with the Northside Hospital Development Options Analysis conducted by AECOM Australia Pty Ltd. The purpose of the Options Analysis was to consider and inform the decision-making process on the strategic options for delivering public hospital health services on the northside into the future. AECOM's strategic assessment identified five options that best responded to the service need.

Subsequently, two project options were short listed for further investigation: Option C: CPHB single stage redevelopment on the existing Bruce Campus site and Option E: Generic green/brownfield site. These options were further explored through the Northside Hospital Budget Proposal submitted for the 2021-22 ACT Budget.

Through a process of master planning, site assessments and concept design in consultation with ACTHD, MPC and key stakeholders, a long list of seven options was refined, aligned to the strategic responses established through the ILW. This process is illustrated in Figure 16.

From the long list of seven options, two options were identified through an MCA as the preferred options for the new Northside Hospital, in addition to the Base Case:

- **Base Case:** Represents a business-as-usual scenario whereby only a risk based approach to asset maintenance and minor capital works is adopted to keep the hospital safe and operational. [redacted]
- **Option 1A: Bruce multiple buildings in a single stage:** Redevelopment on the Bruce campus to provide capacity to meet 2040-41 demand for health services on the northside of the ACT. It includes the delivery of satellite mental health facilities on the north block and development of an acute services building with optimal IPU configuration. [redacted]
- **Option 2: Greenfield:** Development on a preferred greenfield site to provide capacity to meet 2040-41 demand for inpatient health services on the northside of the ACT. The preferred greenfield site is 32.7 hectares located on a peninsula within Lake Ginninderra, approximately

[redacted]

3 kilometres from the current CPHB site. In line with Option 1A, Option 2 delivers stand-alone mental health facilities. [redacted]

Appendix C - Options Assessment Report documents the options identification and assessment process. It provides the detailed scope of the long list of options (including capacity, cost, site, program and key considerations) and documents the MCA process through which the preferred options were identified. Only the two preferred options and the Base Case are explored further in the remainder of this Business Case.

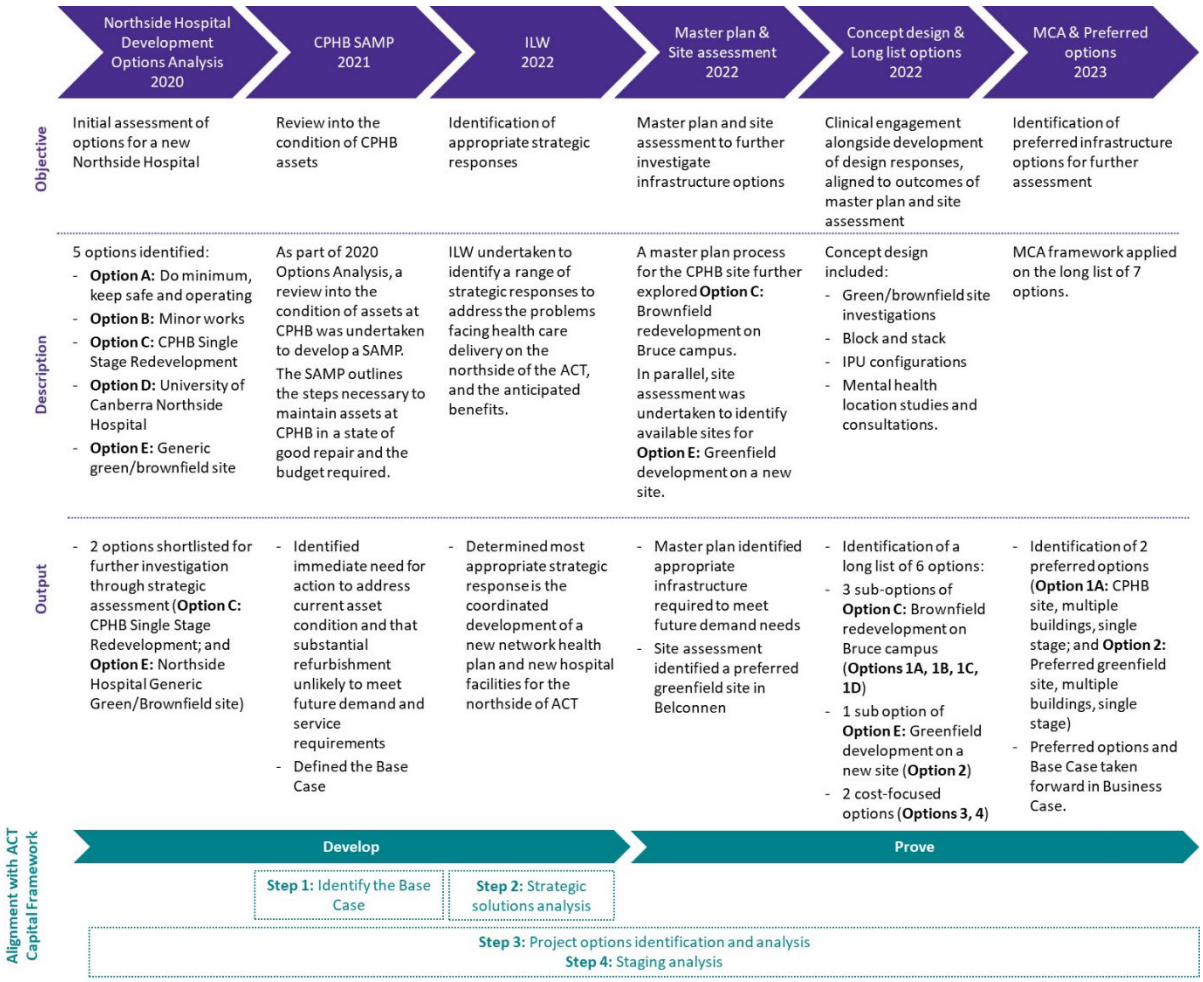
The options identification and assessment process for the new Northside Hospital has been conducted in alignment with the ACT Capital Framework Options Analysis Process (ACT Government, 2022).

There are a range of ways operator model may also contribute improving the delivery of healthcare in the Territory. As outlined earlier, operator considerations are occurring in a parallel process and do not form part of this analysis.

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[redacted]

**Figure 17: Project options process**




*Source: AECOM Australia Pty Ltd (2020), Northside Hospital Development Options Analysis, 7 September 2020; AECOM Australia Pty Ltd (2021), CPHB Strategic Asset Management Plan, 16 April 2021; BVN (2022), Northside Hospital Master Plan Report; BVN (2022), Northside Hospital Campus Greenfield site assessment; BVN, Arup, TSA, Genus Advisory and Planit (2022), Northside Hospital Concept Design Report, December 2022*

## 5.2 Base Case

The Base Case represents a business-as-usual scenario where CPHB operates in its current capacity without accommodating for any growth in demand or clinical services. The Base Case proposes that a risk-based approach to capital replacement is implemented, to keep the hospital safe and operational. The detailed scope of the Base Case is provided in Appendix C -- Options Assessment Report.

A review of the condition of assets at CPHB was undertaken to develop the CPHB SAMP (AECOM, 2021) as part of the Northside Hospital Development Options Analysis conducted by AECOM Australia Pty Ltd. The SAMP concluded that:

- The SAMP determined that CPHB will not be able to meet demand to 2036 27 in its current state

- The SAMP determined that substantial refurbishment of the main CPHB buildings is unlikely to result in a modern Level 4 / Level 5 hospital and will not meet contemporary standards of clinical service delivery
- The SAMP identified the immediate need for action to address the current condition and increasing risk relating to the asset condition at CPHB whereby many assets are at or approaching end of life.[96]

In absence of investment in a new Northside Hospital, the CPHB SAMP (AECOM, 2021) identified a range of actions and investments required to minimise the risk of service failure and keep CPHB safe and operating for 20 years (commencing 2021). Two options were identified:

- **Option A – Low capital option: Do minimum, keep safe and operating.** This option proposes that the highest priority capital works are implemented, with all other assets managed through routine maintenance budgets. [redacted]
- **Option B – Risk based approach: Maintain assets.** This option proposes a risk based approach to capital replacement in the short to medium term to extend the lifespan of the facility. These works will not increase the capacity of the CPHB but will aim to maintain the existing assets in an adequate condition. [redacted]

Option B was the preferred option by AECOM as it enables the assets to be maintained in the preferred state of good repair (an 'adequate' condition). Option A, while less capital intensive, results in significant degradation of asset condition and does not effectively manage risks to service failure.

The Base Case has therefore been defined as the adoption of Option B, assuming that the capital works currently committed and funded by the ACT Government in response to the SAMP will be delivered at CPHB under both the Base Case and Project options. It is estimated that approximately $23 million ($2021) in funding has been committed to address urgent upgrades to a range of building systems including fire safety, electrical and hydraulics. The Base Case also assumes the continuation of the existing CNA and the continued funding through the Better Infrastructure Fund to cover minor capital expenditure at CPHB. [redacted]

The Base Case assumes the continued delivery of existing services at CPHB within its current assets in a safe and operational environment but does not address the existing challenges facing the delivery of healthcare on the northside of the ACT or meet the objectives of the new Northside Hospital.

[redacted]

## 5.3 Strategic solutions

In consultation with MPC and ACTHD, four strategic responses, aligned to the ACT Government Capital Framework (2022) have been developed as part of the ILW to address the service need and challenges presented in this Business Case (see Section 3.2). The strategic responses are summarised in Table 15.

**Table 15: Alignment of strategic solutions with the ACT Government Capital Framework**

| Strategic Solutions | Examples | Strategic responses for a New Northside Hospital |
|---|---|---|
| **Regulatory changes** | • Regulatory regimes<br>• Market frameworks<br>• Improved standards<br>• Licensing<br>• Pricing structures<br>• Queueing and rationing | • N/A |
| **Changes to improve asset use** | • Active management systems<br>• Intelligent systems<br>• Smart cards or metering<br>• Pricing and demand management | • Improved flexibility to respond to future major health events through system redundance and adaptable design and delivery |
| **Governance changes** | • Administrative and institutional frameworks<br>• Public service delivery processes<br>• Approval processes<br>• Contractual provisions | • Current contractual arrangements are being explored external to the Business Case process |
| **Capital investment** | • Expansion of existing infrastructure<br>• New infrastructure<br>• Programs of projects from across a network | • Increased health system capacity through expanded infrastructure<br>• Improved healthcare infrastructure that aligns with Government sustainability guidelines |
| **Service changes** | • Service delivery / quality reform<br>• Comfort and amenity programs<br>• Information and open data | • A planned network of services with increased capacity to meet projected demand<br>• Improved operational processes / systems to support modern health service delivery |
| **Land use reform** | • Planning or land use controls<br>• Strategic regional planning<br>• Integrated decision making | • N/A |

*Source: ACT Government (2022), ACT Capital Framework, Detailed Technical Guidance, Options Analysis, (viewed at www.treasury.act.gov.au/capitalframework)*

### Recommended strategic solution

The strategic solutions identified that there is not a single capital or non-capital solution to meet the key challenges facing the delivery of healthcare on the northside of the ACT. The recommended solution reflects the need for reform across a range of areas, including health planning, infrastructure development as well as health service operations and workforce capability.

The mapping of problems, benefits and strategic responses through the ILW highlighted that the foundation of an appropriate strategic response is the co-ordinated development of a new network health plan and new hospital facilities for the northside of Canberra.

## 5.4 Long list of project options

As shown in Figure 16, the project options identification and assessment commenced in 2020 with the Northside Hospital Development Options Analysis conducted by AECOM Australia Pty Ltd, where five project options were identified. Through a strategic assessment, two project options were short listed for further investigation: Option C: Brownfield / CPHB site redevelopment and Option E: Greenfield development. These options were further explored through the Northside Hospital Budget Proposal submitted for the 2021-22 ACT Budget (see Figure 17).

The following activities were undertaken to progress the two shortlisted options:

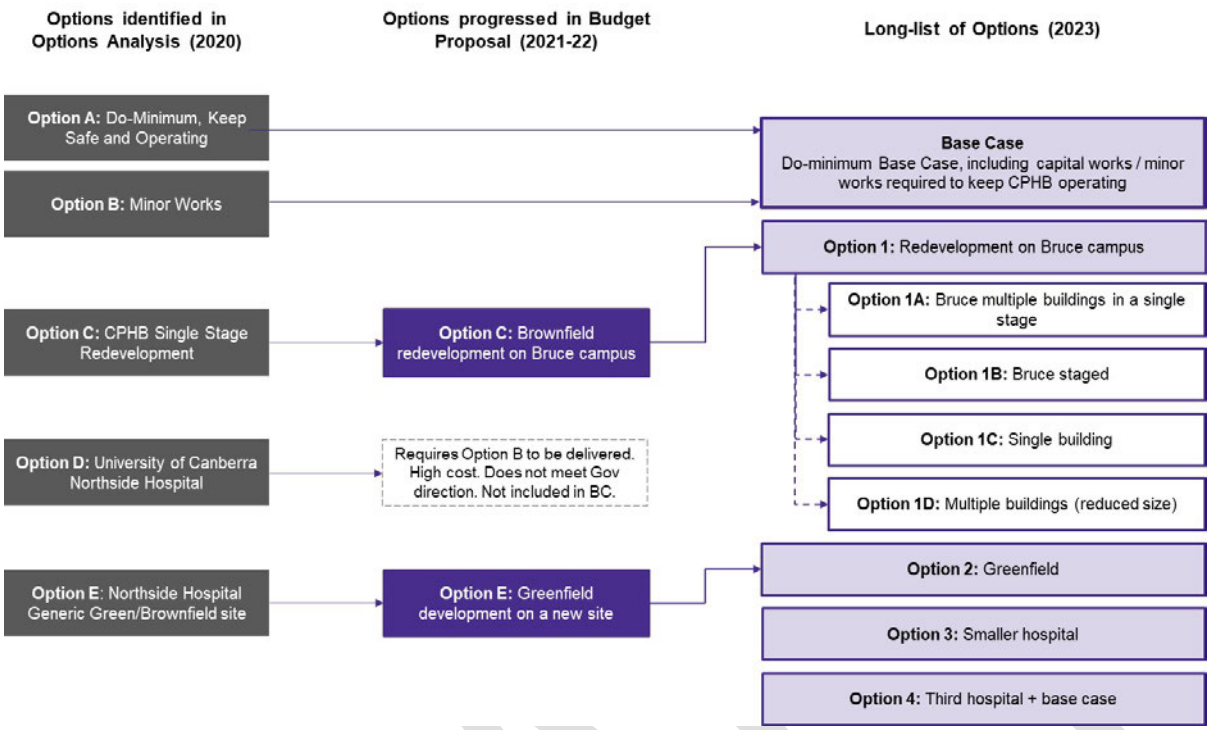
- A master plan process for the Bruce campus further explored Option C: CPHB single stage redevelopment to demonstrate the indicative footprint of the new hospital and its relation to the broader site.
- A site assessment was progressed to confirm the available sites for Option E: Generic green/brownfield site. A long list was developed across government, from which two greenfield sites were shortlisted for assessment by the Technical Advisory Team. Through site studies and desk top due diligence, the Belconnen site was identified as the preferred greenfield site for the Northside Hospital.

In 2022, a concept design process commenced building on the outcomes of the master plan and site assessment. It involved in depth studies of site assessments, hospital block and stack, staging, IPU and podium configurations and massing. Several configurations and design options were prepared through this process. As illustrated in Figure 17, a refined long list of seven preferred options were informed by clinical planning, functional relationships and site constrains:

- Four options for redevelopment on the existing Bruce campus site associated with Option C: CPHB single stage redevelopment of the 2020 Options Analysis (Options 1 - A, B, C, D).
- One option for a greenfield site development associated with Option E: Generic green/brownfield site of the 2020 Options Analysis (Option 2).
- Two smaller scale and site agnostic options (Options 3, 4).

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**Figure 18: A New Northside Hospital Options Identification**




The seven project options, including proposed stages, are summarised in Table 16 below and further detailed in Appendix C - Options Assessment Report.

The Business Case is focused on infrastructure options for the Northside Hospital project, to address the immediate clinical need. It does not address the proposed operating model of the hospital which is being considered external to this Business Case.

## Table 16: Long list options summary

| Name | Site | Description | CNA continuation | Capacity year | Shelled space | Total capacity at commissioning | [redacted] |
|---|---|---|---|---|---|---|---|
| **Base Case** | Bruce campus | A do minimum scenario where assets are maintained through a risk based approach to keep the hospital safe and operating. | Yes | 2022 | No | - Multiday beds: 249<br>- ED **POC**: 80<br>- Operating suites: 7<br>- Ambulatory: 17 | [redacted] |
| **Option 1A: Bruce multiple buildings in a single stage** | Bruce campus | Redevelopment of the existing Bruce campus to deliver a new hospital with a stand-alone mental health facility. Delivery of an 800-space car park. | Subject to negotiation and value for money | 2040-41 | Yes | **2030/31**<br>- Multiday beds: 434<br>- ED POC: 81<br>- Operating suites: 15<br>- Ambulatory: 154<br>**2040/41**<br>- Multiday beds: 543<br>- ED POC: 99<br>- Operating suites: 17<br>- Ambulatory: 164 | [redacted] |
| **Option 1B: Bruce staged** | Bruce campus | As per Option 1A, with a staged delivery of the stand-alone mental health facility.<br>Delivery of an 800-space car park. | | 2040-41 | Yes | | [redacted] |
| **Option 1C: Single building** | Bruce campus | Redevelopment of the existing Bruce campus to deliver a new hospital in a single building (including mental health). Delivery of an 800-space car park. | | 2040-41 | Yes | | [redacted] |
| **Option 1D: Multiple buildings (reduced size)** | Bruce campus | Redevelopment of the existing Bruce campus to deliver a smaller, new hospital with a stand-alone mental health unit (MHU). Delivery of a 600-space car park. | | <2030 for ambulatory care<br>2040-41 for critical services[4] | No | - Multiday beds: 452<br>- ED POC: 99<br>- Operating suites: 17<br>- Ambulatory: <154 | [redacted] |
| **Option 2: Greenfield** | Preferred greenfield site | Development on a preferred greenfield site to deliver a new hospital with a stand-alone mental health facility. Delivery of an 800-space car park. | | 2040-41 | Yes | - Multiday beds: 543<br>- ED POC: 99<br>- Operating suites: 17<br>- Ambulatory: 164 | [redacted] |
| **Option 3: Small hospital** | Site agnostic (brownfield / greenfield) | Development of a new hospital to meet 2030-31 demand. Delivery of a 600-space car park. | | 2030-31 | No | - Multiday beds: 434<br>- ED POC: 81<br>- Operating suites: 15<br>- Ambulatory: 154 | [redacted] |
| **Option 4: Third hospital + base case** | Site agnostic (greenfield) | Continuation of health services at the existing CPHB and the development of an additional smaller greenfield hospital to meet demand to 2040-41. Delivery of a 600-space car park. | Yes – for existing CPHB | 2040-41 | No | - Multiday beds: 294<br>- ED POC: 19<br>- Operating suites: 10<br>- Ambulatory: 147 | [redacted] |

[redacted]

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## 5.5 Options shortlisting process

An MCA was used to rank, shortlist and identify the preferred capital options for further assessment within this Business Case. The MCA framework has been developed in accordance with the ACT Capital Framework (ACT Government, 2022) and Infrastructure Australia Assessment Framework (Infrastructure Australia, 2021).

The MCA consisted of the following key steps:

- Step 1: Determine a set of appropriate evaluation criteria (see Table 17)
- Step 2: Assign a relative importance to each criterion (see Table 17)
- Step 3: Provide a rating for each option against each criterion
- Step 4: Rank each option, review the results and provide a written justification.

**Table 17: MCA criteria and relative importance**

| Theme | Objective | Criteria | Relative importance |
|---|---|---|---|
| **Access** | **Improve the health and wellbeing of Canberrans** | 1) Meets current and future healthcare demand (in terms of capacity) of the community | High |
| | | 2) Provides appropriate health services to meet the needs of the community in a location that is accessible | High |
| | | 3) Improves the wellbeing outcomes of patients and carers | High |
| **Models of care (MoC) / Accountability** | **Support ACT health workforce outcomes** | 4) Improves the skills, capacity, flexibility of the ACT health workforce to respond to future service demands | High |
| | | 5) Improves staff wellbeing and experience | High |
| | **Improve the quality of healthcare for Canberrans** | 6) Provides ability and flexibility to implement contemporary MoC | High |
| **Sustainability** | **Build digital capabilities** | 7) Supports building of digital capabilities needed to support a sustainable and innovative health system | High |
| | **Increase resilience of the ACT health network** | 8) Improves system redundancy and ability to respond to major territory wide health events | High |
| | **Improve operational efficiency** | 9) Improves operational efficiency of the hospital and the network | High |
| **Deliverability and operability** | **Level of investment required from ACT Government** | 10) Order of magnitude capital costs | High |
| | **Management of delivery and operating risk** | 11) Level of delivery and operating risk for each option | High |
| | | 12) Level of planning and program risk | High |
| | | 13) Certainty of land tenure | High |

*Source: ACTHD and MPC (2023)*

An MCA workshop held with the new Northside Hospital project Team where each option was assessed against each criterion and scored using a non-numeric scale. An overall rank for each option was determined based on the relative importance of each criterion and the scoring of each option against the criteria.

Detail on the approach to MCA development, its application to the Northside Hospital project and the results is provided in Appendix C - Options Assessment Report.

## 5.6 Shortlisted options

Following the criteria analysis, Options 1A and 2 have been identified as the shortlisted options for further consideration in this Business Case. The outcome of the MCA is presented in Table 18.

Both Options 1A and 2 deliver increased inpatient capacity to service the community to 2040-41, including a stand-alone mental health facility designed to better support patient recovery. Through the delivery of new and contemporary facilities, both options support improved quality of care, better support the training and development of the workforce and improve the sustainability and resilience of the health network.

The operating model for the preferred options is a key consideration for Government as it moves into the later business case phases as the existing CNA which expires in 2098. Accordingly, the MCA will need to be updated taking into consideration the implementation of either an insourced (Territory) or outsourced (Calvary) led operating model for the new hospital.

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## Table 18: Summary of MCA outcomes[99]

| | Objectives / benefits of Project | MCA criteria | Base Case | Option 1A<br>Bruce multiple buildings in a single stage | Option 1B<br>Bruce staged | Option 1C<br>Single building | Option 1D<br>Multiple buildings (reduced size) | Option 2<br>Greenfield | Option 3<br>Smaller hospital | Option 4<br>Third hospital + base case |
|---|---|---|---|---|---|---|---|---|---|---|
| Access | Improve health and wellbeing for the ACT community | 1) Meets current and future healthcare demand and reduces patient wait times | D | A | A | A | B | A | C | B |
| | | 2) Provides appropriate health services in a location of population growth | C- | A | A | B | B | A- | B | B |
| | | 3) Improves patient and carer wellbeing outcomes | D | A+ | A | B | A | A+ | B | C- |
| Accountability | Improve staff wellbeing, retention and training capacity | 4) Develops the skills and flexibility of the ACT healthcare workforce | D | A | A | A | C | A | B | C |
| | | 5) Improves staff wellbeing and experience | D | A | A | A | B | A | B | C |
| Sustainability | Provide a contemporary healthcare environment | 6) Enables contemporary models of care | D | A | A | A | C | A | B | C |
| | | 7) Supports digital capabilities for a sustainable and innovative health system | D | A | A | A | A | A | A | C |
| | Increase resilience of ACT health network | 8) Improves system redundancy and response to major health events | D | A | A | A | A | A | B | B |
| | Improve operational outcomes | 9) Improves operational efficiency of the hospital and ACT health network | D | A- | A- | A | B | A | B | C |
| Deliverability and operability | Asset performance | 10) Order of magnitude capital costs and removal of asset maintenance backlog | A | C | C | C | C | C | C | B |
| | Delivery and operating risk | 11) Level of delivery and operating risk (including operational disruption at CPHB) | B | C | D | C | C | B | C | C |
| | | 12) Level of planning and program risk (including approvals and public acceptance) | A | C | C- | B | C | D | B- | B- |

[99] The MCA undertakes a qualitative analysis of project characteristics with affordability measured through economic and financial analysis within the Business Case

| Objectives / benefits of Project | MCA criteria | Base Case | Option 1A Bruce multiple buildings in a single stage | Option 1B Bruce staged | Option 1C Single building | Option 1D Multiple buildings (reduced size) | Option 2 Greenfield | Option 3 Smaller hospital | Option 4 Third hospital + base case |
|---|---|---|---|---|---|---|---|---|---|
| | 13) Certainty of land tenure[100] | **D** | **D** | **D** | **D** | **D** | **A** | **B** | **B** |
| | Overall ranking | **8** | **2** | **4** | **3** | **6** | **1** | **5** | **7** |

*Source: MPC and ACTHD (2023)*

[100] The operating model for the new Northside Hospital is a key consideration for Government, and the Territory is currently assessing both an insourced (Territory) and outsourced (Calvary) led operating model for the new hospital. Contractual negotiations with Calvary commenced in 2022, external to the Business Case process, with the aim of agreeing a new and modern service agreement. Determination of negotiation outcomes is anticipated in 2023 and will determine the operating and service delivery model of the new Northside Hospital and inform the consideration of the preferred option. The operator decision will impact on the certainty of land tenure on the Bruce site and is anticipated to result in a positive change in the scoring for Options 1 -A, B, C, D. The land tenure criterion changing to a score of A for Options 1 – A, B, C, D results in Option 1A becoming the highest ranking option, followed by Option 2.

## 5.7 Recommended preferred option

A financial and economic assessment of Option 1A: Bruce multiple buildings in a single stage and Option 2: Greenfield has been undertaken in this Business Case to inform the identification of the preferred option in line with ACT Capital Framework. The outcomes of the financial analysis and economic appraisal are detailed in Sections 9 and 10 respectively.

As part of the development of the business case, ACTHD identified an additional option (Option 1D) as a subset of Option 1: Redevelopment on Bruce campus. This option is based on the scheme for 1A with a reduced capital spend from a smaller hospital size and time horizon for the facility. Option 1D is discussed in Appendix C - Options Assessment Report, but is not further explored in this Business Case document. Timing did not allow for the full financial and economic analysis to be undertaken on this option, however full capital cost plans were prepared (whole of life and operational costings have not been prepared at this stage). This represents a reduced cost (and capacity) option for ACT Government to consider in addressing the service need.

ACTHD is recommending developing the new Northside Hospital at Bruce[101] (Option 1). This is the preferred site to be progressed for further assessment and detailed design reflecting the following:

- Operator considerations.
- Option 1 does not involve any opportunity costs associated with a greenfield site. Option 2 involves a significant opportunity cost of the Belconnen site, whether it be retention of the existing parkland or potential future uses, including alternative mixed residential redevelopment.
- Option 1 also includes the cost of relocating the ageing rehabilitation facilities located on the northern block providing new community health infrastructure. This will reduce the need for future expenditure to replace these facilities.
- Option 1 enables the existing health precinct and linkages with the Calvary Private Hospital to be maintained benefiting both patients and carers and clinicians.
- Option 2 requires planning and rezoning changes which carry higher program risk.

[101] Noting that this business case is based on Option 1A as the preferred Bruce option, however Option 1D is also a viable option for delivery at Bruce campus should Government want a lower capital option.

# 6. Project Scope

**This chapter summarises the capacity and service scope delivered through the Northside Hospital project.**

**Scope of detailed design and planning**

This Business Case seeks support for a funding decision to continue the Project through to detailed design over the next two years and provision for construction. The detailed design scope of works will include confirmation of operator, planning approvals, detailed design, [redacted] and period and development of the Enabling Works and Main Works Business Cases.

The next stage of detailed design will focus on the preferred capital option, as determined by this Business Case.

The scope of the shortlisted options assessed within this Business Case is detailed below.

**Option 1A: Bruce multiple buildings in a single stage**

Option 1A proposes the single stage redevelopment of the Bruce campus to provide capacity to meet 2040-41 demand for inpatient health services on the northside of the ACT. It delivers mental health services in a stand-alone facility on the northern block, which enables the freeing up of the acute services building to explore an optimal IPU configuration and supports the delivery of mental health services in a safe, consumer centric environment.

The redevelopment proposes to deliver 543 multi day beds, 99 ED POC, 17 operating suites, 164 ambulatory spaces and supporting medical imaging across 109,687sqm. Option 1A proposes to commission POCs to meet 2030-31 demand (434 multiday beds, 81 ED POCs, 15 operating suites and 154 ambulatory spaces) and shelling the remaining POCs until required (2040-41).

**Option 2: Greenfield**

Option 2 proposes development on a preferred greenfield site to provide capacity to meet 2040-41 demand for inpatient health services on the northside of the ACT. In line with Option 1A, Option 2 delivers stand-alone mental health facilities.

The preferred greenfield site is 32.7 hectares located on a peninsula within Lake Ginninderra, approximately 3 kilometres from the CPHB site. The site is currently used for cycling and walking tracks, dog parks, access to waterfront activities and public facilities.

The proposed design developed for Option 1A has been applied to Option 2. This includes 543 multi-day beds, 99 ED POC, 17 operating suites, 164 ambulatory spaces and supporting medical imaging across 109,687sqm. Option 2 also proposes to commission POCs to meet 2030-31 demand and shelling the remaining POCs until required (2040-41).

**Project interdependencies**

The development of a new Northside Hospital will align with a number of projects currently being delivered across the ACT. The Project is dependent on the delivery of the Canberra Hospital

Expansion and Master Plan, Walk in Centres and the Watson Community Health Precinct as the forecasted demand for the new Northside Hospital takes into consideration the patient flow and increased capacity at the network level.

In addition to the above, other project workstreams that will affect and be affected by the Northside Hospital project are:

- The northside clinical services and workforce planning
- The selection of an operating model for the new hospital
- The relocation of the northern block services at the existing CPHB (if Option 1A is selected)
- The feasibility of birthing centres
- The need for operation commissioning (which would need to be funded separately from this Project).

## 6.1 Service requirements

As detailed in Section 3.2, the demand for healthcare services is rising in the ACT, driven by the ageing and growing population. The current and forecasted demand across care type beds for a new Northside Hospital is presented in Table 19. CPHB's current built capacity is insufficient to support future demand across multi day beds, day stay beds, ED, operating suites, ambulatory care and medical imaging. As such, the scope of the project options has been developed to align with the forecasted demand to 2030-31 and 2040-41.

**Table 19: Current and forecasted demand, CPHB**

| Care type beds | Current | 2030-31 | 2040-41 |
|---|---|---|---|
| **Multi day beds** | **234** | **407** | **507** |
| Medical beds | 99 | 174 | 218 |
| Inpatient Behavioural Unit | | 16 | 18 |
| Surgical beds | 24 | 78 | 100 |
| Cardiology beds | | | |
| Rehab & aged care | 28 | | |
| Specialist medical beds | | | |
| Intensive Care | 8 | 12 | 15 |
| High Dependency Unit | | | |
| Stroke Unit | 4 | 7 | 9 |
| Cardiac Care Unit | 6 | 8 | 10 |
| Adult & OPMHIU | 36 | 72 | 91 |
| Specialist ECT | | | |
| Women's Beds | 15 | 22 | 24 |
| Special Care Nursery | 10 | 12 | 14 |
| Birthing Rooms | 4 | 6 | 8 |
| **Day Stay Beds** | **15** | **27** | **36** |
| Day Chemo | | 6 | 8 |

| Care type beds | Current | 2030-31 | 2040-41 |
|---|---|---|---|
| Maternity Day Only | | 2 | 2 |
| Adult Day Surgery Beds | 15 | 19 | 26 |
| Same Day Medical | | 0 | 0 |
| Renal Dialysis | | 0 | 0 |
| **Emergency Department** | **80** | **81** | **99** |
| Resus/Cubicles/Fast Track | | | |
| Resus | | 6 | 7 |
| Fast Track | 61 | 13 | 16 |
| Acute | | 36 | 45 |
| Behavioural / mental health | | 6 | 6 |
| Seclusion and de-escalation room | | 1 | 1 |
| Short stay | 19 | 19 | 24 |
| **Operating Suite** | **7** | **15** | **17** |
| Operating Room | 5 | 11 | 12 |
| Procedure Room | 2 | 4 | 5 |
| **Ambulatory** | **17** | **154** | **164** |
| Acute site Outpatients hub – Consultation Spaces | | 63 | 73 |
| Acute site Outpatients hub – Treatment Spaces | | 6 | 6 |
| Acute site Outpatients hub – Specialist Spaces | | 34 | 34 |
| Acute site Outpatients hub – Cardiac Treatment | | 5 | 5 |
| Virtual Care Spaces | | | |
| Paediatric, adolescent and neonatology | | 8 | 8 |
| Ambulatory Procedures/Infusion Centre – Consult | | 4 | 4 |
| Ambulatory Procedures/Infusion Centre – Treat | | 27 | 27 |
| Ambulatory Procedures/Infusion Centre – Spec | | 7 | 7 |
| Allied Health | | | |
| **Medical Imaging** | **12** | **20** | **20** |
| Interventional Radiology | | 2 | 2 |
| Interventional Radiology CT | | 1 | 1 |
| General X ray | | 4 | 4 |
| MRI | | 2 | 2 |
| CT | | 2 | 2 |
| Ultrasound | | 6 | 6 |
| OPG | | 1 | 1 |
| Fluoroscopy – fixed | | 2 | 2 |
| Mammography | | | |

*Source: ARUP (2022), Northside Hospital – Technical Advisor; Concept Design Portfolio*

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## 6.2 Scope of services

Table 20 summarises the main services that will be delivered through the Project.

**Table 20: Summary of benefits and services to be delivered through the Project**

| Benefit | Service description |
|---|---|
| **Reduced time to receive care** | Increased service capacity will result in timely access to healthcare, including reduced ED wait times. |
| **Improved quality of inpatient health services** | Delivery of new and contemporary health facilities, enabled with the latest technology, will support the implementation of contemporary models of care and improve the quality of healthcare provision. This includes, for example:<br>• Medical inpatient unit supported by a mix of rooms to allow for increased adaptability and flexibility in caring for a wide range of patient groups, with all beds and treatment areas fit for multipurpose use.<br>• Stroke unit providing nursing capabilities and 24-hour telemetry for patients with suspected cardio-embolic strokes.<br>• Mental Health Adult Inpatient Unit which provides a safe clinical and therapeutic environment for people who may be characterised as complex, difficult to treat and are of serious ongoing risk to themselves or others. |
| **Improved range of health services** | Delivery of an appropriate range of services to meet the predicted future service case mix to 2040-41. This includes additional adult and older person mental health inpatient unit (**OPMHIU**) to support an ageing population, delivery of maternity day only beds to support increased maternity services, increased ED capacity for paediatric cases, and increased ambulatory and outpatient consultation spaces. |
| **Improved amenity for patients, carers and staff** | Increased commercial, café, public amenity, staff amenity, cultural spaces, accommodation, end of trip facilities and additional car parking spaces to improve the experience for patients, carers, family and staff. |
| **Improved efficiency of health service delivery** | Improved design and configuration of the facilities in line with AusHFG, implementation of latest technology and contemporary MoC will enable improved operational and technical efficiency, clinical flows and overall service delivery. This includes, for example:<br>• ED will have formal linkages to enable 24 access to support for service provision above the hospital's service capability including assistance to decision making, care planning and management of critically ill patients.<br>• Surgical inpatient unit will aim to decrease the length of stay in overnight hospital care by engaging patients and carers in the healthcare experience and when appropriate, transition them through the continuum of care to a range of multidisciplinary health services e.g. ambulatory and outpatient clinics.<br>• Outpatient services will cluster sub-specialty clinics, specialty diagnostic and support services and allied health services into a co-located environment to support efficient service delivery. It will also provide the basis for virtual clinics/telehealth service delivery.<br>• The ICU will be supported through functional links with a higher level ICU, in a networked approach to service delivery to enable timely access via telehealth/remote monitoring to senior critical care clinical advice and transfer of patients requiring more complex care. |

| Benefit | Service description |
|---|---|
| **Improved redundancy of health services** | Increased capacity of inpatient services, ED and flexibility in the configuration of the facilities will support the improved redundancy of the health network in future cases of demand surges. |

## 6.3 Scope of works

The scope of works to be delivered under the preferred project options is summarised in the sections below and provided in more detail in Appendix C - Options Assessment Report.

### Option 1A: Bruce multiple buildings in a single stage

Option 1A proposes the single stage redevelopment of the Bruce campus to provide capacity to meet 2040-41 demand for inpatient health services on the northside of the ACT. The redevelopment is proposed to include a new 94,563 sqm (including contingency) main hospital building including a child care centre, and a new 15,124sqm (including contingency) satellite mental health facility on the northern block, as presented in Figure 18.[102]

Option 1A is on the same block as the current CPHB, can be developed while the current hospital still operates and requires only minimal decanting and demolition work. The hospital site is at the western edge of the block and runs parallel along Haydon Drive (fronting Sylvia Curley Drive).

The aim of this option is to deliver mental health services in a stand-alone facility on the northern block. This enables the freeing up of the acute services building to explore an optimal IPU configuration and supports the delivery of mental health in a safe, consumer centric environment.

[102] TSA (2023), 230317_Northside Hospital high level SOA_V3.7

**Figure 19: Site plan Option 1A Bruce multiple buildings in a single stage**




*Source: BVN, Arup, TSA, Genus Advisory and Planit (2022), Northside Hospital Concept Design Report, December 2022*

The clinical scope of the redevelopment is summarised in Table 21. Option 1A proposes to commission POCs to meet 2030-31 demand and shelling the remaining POCs until required. Fit out of the shelled spaces is planned for 2039-40, for commissioning in 2040-41. In further stages of planning the timing of fit out and commissioning of shelled spaces will be further explored.

**Table 21: Option 1A clinical capacity**

| Care type beds | Capacity at commissioning | | |
|---|---|---|---|
| | 2030-31 | *Shelled* | 2040-41 |
| **Multi day beds** | 434 | *109* | 543 |
| **ED** | 81 | *18* | 99 |
| **Operating suite** | 15 | *2* | 17 |
| **Ambulatory** | 154 | *10* | 164 |
| **Medical imaging** | 20 | | 20 |

*Source: BVN, Arup, TSA, Genus Advisory and Planit (2022), Northside Hospital Concept Design Report, December 2022*

Table 22 presents the non-clinical scope of Option 1A.

**Table 22: Option 1A non-clinical scope**

| Category | Scope |
|---|---|
| Enabling works | Enabling works to clear the construction site:<br>• Relocation of communications rooms and information technology (**IT**) networks |

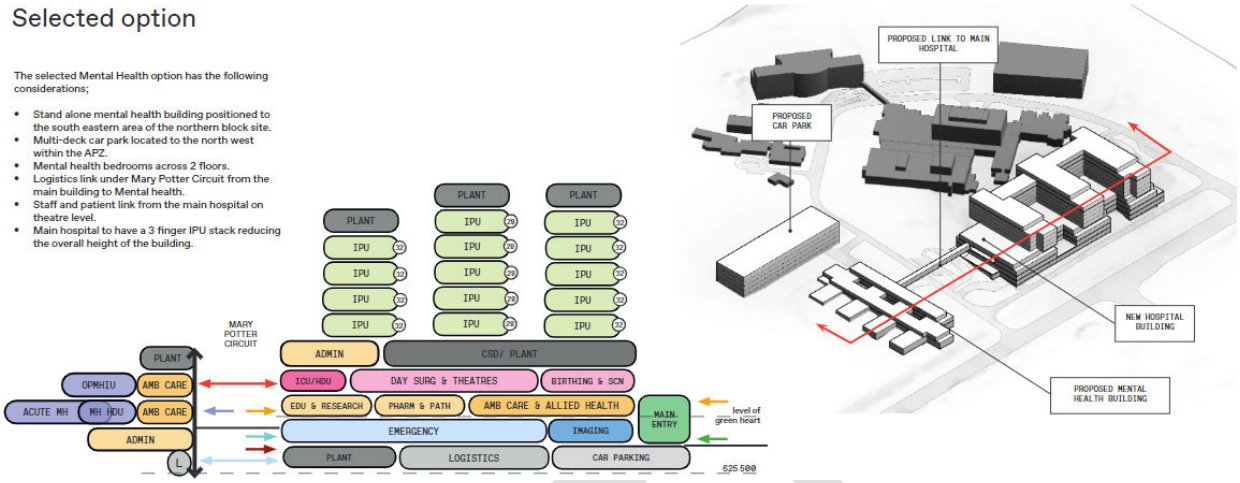
| Category | Scope |
|---|---|
| | • Demolition of the child-care centre, O'Shannassy, Lewisham and Residences B and C<br>• Planning for staged demolition of facilities on the north block<br>• Provision of temporary access to the existing loading area, substains and bulk oxygen<br>• Utility diversions<br>• Site remediation<br>• Temporary car park solution. |
| Main works | [redacted] Main works includes:<br>• Bulk earthworks completion.<br>• Other construction works for the development, including roads, paths and paving, carparking, retaining walls, boundary walls and fences, outbuildings and covered ways, tunnels and linkways, landscaping and conservation works, and any special provisions.<br>• Commissioning and setting to work of the buildings<br>• Moving staff into the new buildings and full operations. |
| Car park | 7-level 800 space multi deck car park. |
| Childcare | 1,705sqm childcare centre. |
| Amenities (main hospital building and mental health facility) | • Overnight rooms/junior medical officer lounge, end of trip facilities and family accommodation<br>• Administrative space, cultural spaces, education space and clinical research space. |
| Environmentally Sustainable Development (**ESD**) considerations | ESD initiatives to achieve a minimum 5 Star Green Star rating (or equivalent) performance level, including:<br>• All-electric Hospital Building<br>• Rooftop photovoltaic solar<br>• Electric vehicle charging enabled |
| Existing buildings | Decanting and decommissioning of Xavier and Marian (Buildings 1 and 3). |
| Rehabilitation Services Relocation | • Demolition, decanting and relocation of the existing Rehabilitation Services building ahead of the development of the Northside Hospital on the northern block |

*Source: Genus Advisory (2023), Northside Hospital Canberra Concept Design Cost Plan Workstream 2a Option C2*
*Note: Items not within scope include refurbishment/demolition of Xavier and Marian and helipad.*

The preferred block and stack for Option 1A, as presented in Figure 19, includes:

- A five-storey podium accommodating the ED, imaging, ambulatory care and allied health, pharmacy and pathology, education and research, birthing, operating theatres, intensive care unit / high dependency unit and admin
- Three five to six storey IPU towers with plant rise above the podium

**Figure 20: Block and stack of Option 1A Bruce multiple buildings in a single stage**




*Source: BVN, Arup, TSA, Genus Advisory and Planit (2022), Northside Hospital Concept Design Report, December 2022*

## Option 2: Greenfield

Option 2 proposes the development of a new Northside Hospital on a greenfield site to provide capacity to meet 2040-41 demand for inpatient health services on the northside of the ACT.

The preferred greenfield site is located on a peninsula within Lake Ginninderra across 32.7 hectares, known as Diddams Close. The site is approximately three kilometres from the existing CPHB site. The site is currently used for cycling and walking tracks, dog parks, access to waterfront activities and public facilities. Given the nature of the site additional site works, including internal roads, will be required.

Development of the site would contribute to improving access and upgrading the quality of these activities for the broader community. However, there is a significant opportunity cost of delivering a hospital on the proposed site which may have alternative uses such as parkland or residential development.

**Figure 21: Preferred greenfield site on Lake Ginninderra**

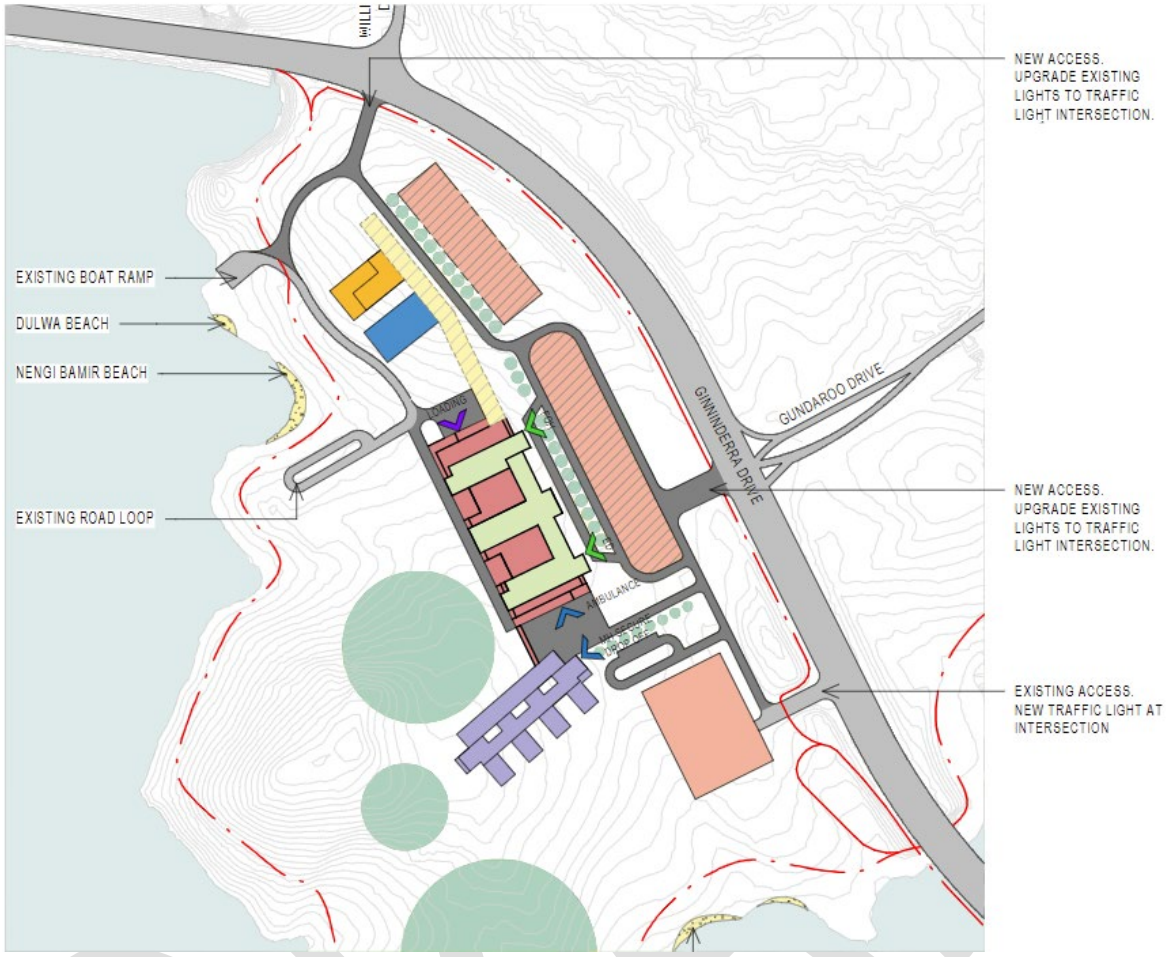



*Source: BVN, Arup, TSA, Genus Advisory and Planit (2022), Northside Hospital Concept Design Report, December 2022*

The proposed design developed for Option 1A has been applied to Option 2 with some modifications in response to the different site opportunities and constraints. The design includes a new 94,563sqm (including contingency) main hospital building including a childcare centre, and a new 15,124sqm (including contingency) satellite mental health facility, as presented in Figure 21.[103]

[103] TSA (2023), 230317_Northside Hospital high level SOA_V3.7

**Figure 22: Site plan Option 2 Greenfield**




*Source: BVN, Arup, TSA, Genus Advisory and Planit (2022), Northside Hospital Concept Design Report, December 2022*

The clinical scope of the redevelopment is summarised in Table 23. Aligned to Option 1A, Option 2 proposes to commission POCs to meet 2030-31 demand and shelling the remaining POCs until required. Fit out of the shelled spaces is planned for 2039 40, for commissioning in 2040-41. In further stages of planning the timing of fit out and commissioning of shelled spaces will be further explored.

**Table 23: Option 2 clinical capacity**

| Care type beds | Capacity at commissioning | | |
|---|---|---|---|
| | 2030-31 | 2036-37 | 2040-41 |
| **Multi day beds** | 434 | *18* | 543 |
| **ED** | 81 | *2* | 99 |
| **Operating suite** | 15 | *10* | 17 |
| **Ambulatory** | 154 | | 164 |
| **Medical imaging** | 20 | *109* | 20 |

*Source: BVN, Arup, TSA, Genus Advisory and Planit (2022), Northside Hospital Concept Design Report, December 2022*

Table 24 presents the non-clinical scope of Option 2.

**Table 24: Option 2 non-clinical scope**

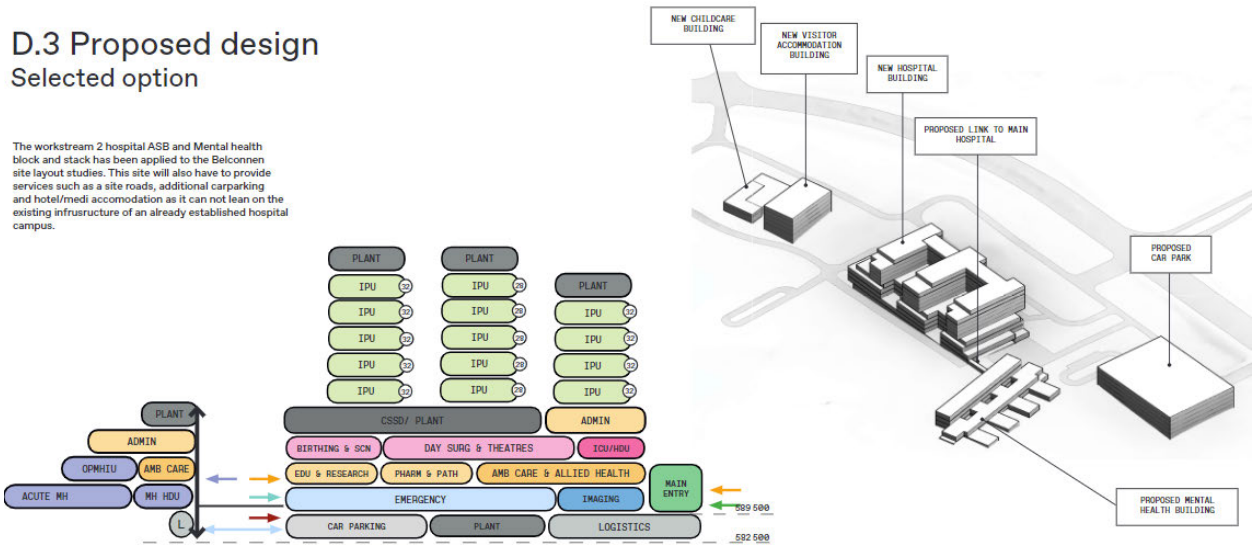
| Category | Scope |
|---|---|
| **Enabling works** | Enabling works includes:<br>• Site preparations e.g. services diversions, lighting poles, setting up of site supplies<br>• Demolition of existing trees, grub up and disposal of existing roads, pavements and footpaths<br>• Bulk excavation |
| **Main works** | [redacted] Main works includes:<br>• Bulk earthworks completion<br>• Other construction works for the development, including roads, paths and paving, carparking, retaining walls, boundary walls and fences, outbuildings and covered ways, tunnels and linkways, landscaping and conservation works, and any special provisions.<br>• Commissioning and setting to work of the buildings<br>• Moving staff into the new buildings and full operations. |
| **Car park** | 4 level 800 space multi deck car park. |
| **Childcare** | 1,705sqm childcare centre. |
| **Amenities (main hospital building and mental health facility)** | • Overnight rooms/junior medical officer lounge, end of trip facilities and family accommodation<br>• Administrative space, cultural spaces, education space and clinical research space. |
| **Environmentally Sustainable Development (ESD) considerations** | ESD initiatives to achieve a minimum 5 Star Green Star rating (or equivalent) performance level, including:<br>• All-electric Hospital Building<br>• Rooftop photovoltaic solar<br>• Electric vehicle charging enabled |

*Source: Genus Advisory (2023), Northside Hospital Canberra Concept Design Cost Plan Workstream 3 Option E1*
*Note: Items not within scope include any proposed works (e.g. refurbishment) for the Bruce campus and helipad.*

The preferred block and stack for Option 2, as presented in Figure 22, includes:

- A five-storey podium accommodating the ED, imaging, ambulatory care and allied health, pharmacy and pathology, education and research, birthing, operating theatres, intensive care unit / high dependency unit and admin
- Three five to six storey IPU towers with plant rise above the podium

**Figure 23: Block and stack of Option 2 – Greenfield**




*Source: BVN, Arup, TSA, Genus Advisory and Planit (2022), Northside Hospital Concept Design Report, December 2022*

## 6.4 Detailed design and overarching next steps

Given the current stage of project development, this Business Case seeks support for a funding decision to continue the Project through to detailed design over the next two years and provision for construction. The detailed design scope of works include:

- Confirmation of the hospital operator
- Site surveys including ecology, hazmat and geotechnical and land surveys
- Planning approvals for:
  - Early inter government notification
  - Pre-development application (DA) community consultation
  - National Capital Design Review Process
  - Schematic design, including clinical planning
  - Detailed design
  - Construction documentation
  - Decant and accommodation strategy
  - Enabling works [redacted]
  - [redacted]

## 6.5 Project interdependencies

As noted in Section 4.3, the development of a new Northside Hospital will align with a number of projects currently being delivered across the ACT. The Project is dependent on the delivery of the Canberra Hospital Expansion and Master Plan, Walk in Centres and the Watson Community Health Precinct as the forecasted demand for the new Northside Hospital takes into consideration the patient flow and increased capacity at the network level. Impacts on the timing or capacity of the

projects will mean that the scope delivered under the Northside Hospital project will be insufficient to meet the network demand.

In addition to the above, other project workstreams that will affect and be affected by the Northside Hospital project are:

- **The northside clinical services and workforce planning** – The Northside Hospital CSP identifies the need for increased access to a range of health services on the northside, sufficient planned capacity for residents in northside community facilities and in the Northside Hospital, and improved access to specialised services. It also highlights the need for workforce planning including teaching and training the number of staff required to deliver services across the ACT, introducing new roles to support specialised staff, extending the scope of roles for nursing and allied health to support doctors, and adapting the ways of working across the service system to meet the needs of the community. Planning for the new Northside Hospital should consider the issues and strategies identified in the CSP to inform the scope of services and works of the Project. It is noted that the Northside Hospital CSP is currently under development and further clinical planning and finalisation of the CSP will also need to be considered for the Project.
- **The selection of an operating model for the new hospital** – The operating model for the new Northside Hospital will need to consider the existing CNA which expires in 2098. At this stage, the Territory is currently assessing both an insourced (Territory) and outsourced (Calvary) led operating model for the new Hospital. This decision will be finalised through the assessment of the operating model that provides the best long term alignment with the Territory's strategic objectives, provision of the best health and wellbeing outcomes for the ACT community, risk and value for money. Irrespective of an in sourced or outsourced led operator model, the process may result in changes to the existing contractual arrangements between the Territory and Calvary. These workstreams will continue to progress and outcomes would be captured as part of further business case stages.
- **The relocation of the northern block services at the existing CPHB (if Option 1A is selected) –** Option 1A proposes removing the Child and Adolescent Mental Health Services and the Acute Mental Health Service from the main hospital building and relocating them to the Northern site, and relocating the existing rehabilitative services currently located on the northern block elsewhere on the campus. It has already been identified that delivery of mental health services on the northern block relies on the relaxation of the APZ requirements to the northern portion of the site. Additionally, further ecology studies must be conducted prior to any enabling or main works commencing. The outcomes of these assessment may have delivery implications on the Project.
- **The feasibility of birthing centres** – The ACT currently has two birthing centres that are at capacity.[104] There has been a longstanding desire from Canberrans and midwives for a freestanding midwife led family birth centre located separately to a hospital. There is an opportunity for a six-bed stand-alone birthing centre to be built adjacent to the new Northside

[104] Australian Government Department of Health and Aged Care (2022), Having a baby in the ACT

Hospital. Feasibility of the birthing centre will be tested in the next phase of planning and with an update to the masterplan to include space for the birthing centre currently underway.

- **The Canberra Hospital Masterplan** – In 2021, construction started on the Canberra Hospital's Critical Services Building (**CSB**), the largest healthcare infrastructure project undertaken in ACT's history.[105] The CSB will include 22 operating theatres, 147 ED spaces, 55 day surgery beds, 32 cardiac care beds, 156 inpatient beds, and 60 ICU treatment spaces (including 4 paediatric ICU beds). The Canberra Hospital Expansion will significantly increase the capacity of Canberra Hospital over the coming years and address current and future demand pressures. The Canberra Hospital Master Plan outlines a path for the development of the Canberra Hospital campus over the coming 20 years. A new Northside Hospital will complement the vision of the Canberra Hospital Master Plan through the provision of health services for residents on the northside of the ACT. This will ensure equity of service and access to high quality healthcare across the Territory. A new Northside Hospital will also support resilience of the ACT health system by providing additional capacity during major incidents and events, easing the pressure on Canberra Hospital.

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[105] ACT Health (2021), Canberra Hospital Master Plan

# 7. Risk Analysis

**This chapter provides an overview of the Risk Analysis Process in relation to the Northside Hospital project including the risk management framework applied and risk quantification results.**

The Northside Hospital project's approach to risk management is aligned with the ACT Government Risk Management Policy through the development of a comprehensive risk management culture and framework, use of a risk register to identify and manage risks effectively, and alignment of risk management activities with strategic objectives.

This involves a systematic process of identifying, assessing, and monitoring all risks, with a risk assessment process serving as the foundation for their risk management strategy, enabling identification and prioritisation of potential risks, and continuous monitoring for quick response to changes in risk status. This approach is consistent with the international standard ISO 31000:2018.

**Risk Identification, Analysis and Quantification:**

A risk register has been created through the Business Case development process, where a range of project risks were identified and evaluated.

The risk register will be updated regularly to reflect the current risk status and any changes that have occurred.

A risk quantification exercise was conducted, through the use of Monte Carlo calculation, to determine a risk contingency amount for the project options.

The results of the risk quantification provided a P50 and P90 risk contingency which has been incorporated in the capital costs for the project options.

## 7.1 Risk Overview

The Northside Hospital project Team is committed to developing a risk management culture that is fully integrated into all aspects of the project. This will be accomplished through the use of a comprehensive risk management framework that is guided by several key policies and guidelines, including the ACT Government Treasury Capital Framework, the ACT Government Risk Management Policy 2021, and the ACTIA Risk Matrix 2021.

In applying these frameworks and policies, the Project has adopted six key attributes being as follows:

- Cultivate a positive risk culture
- Establish a risk management framework and risk management plan
- Establish a robust risk assessment process
- Definite responsibility and accountability
- Align risk management activities with strategic objectives

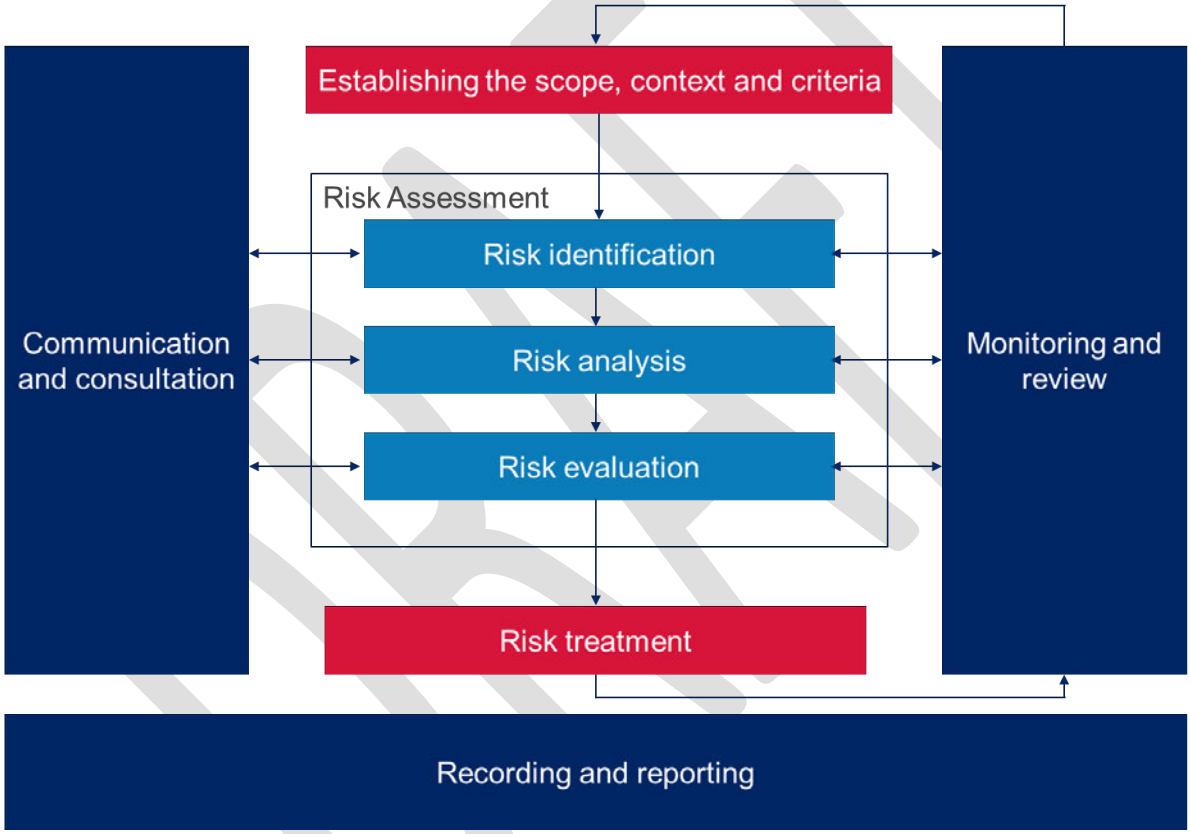
- Enabled risk management activities into all operations and processes.

As part of this process, a risk register has been developed and maintained throughout the development of the Business Case to guide the ongoing assessment and reporting of risks. This will ensure that risks are identified, understood, and managed in a timely and effective manner, and that the Project Team is able to make informed decisions throughout the project's lifecycle.

## 7.2 Risk management process

The Project Team has implemented a comprehensive approach to risk management that is fully compliant with the ACT Government Risk Management Policy and the international standard ISO 31000:2018. This approach involves a systematic and ongoing process of identifying, assessing, and monitoring all risks that may potentially impact the project's objectives and deliverables.

**Figure 24: Risk assessment process; ISO 31000:2018**




*Source: ACT Government Risk Management Policy 2021 & ISO 31000:2018*

The risk assessment process, as outlined in Figure 23, serves as the foundation for the Project Team's risk management strategy. This process includes several key steps, including identifying and documenting all potential risks, evaluating the likelihood and impact of each risk, determining the appropriate risk treatment options, and implementing and monitoring risk management plans.

Through this process, the Project Team is able to identify and prioritise potential risks, ensuring that the most critical risks are addressed in a timely and efficient manner. Additionally, the continuous monitoring of risks throughout the Project's lifecycle allows the team to quickly respond to any changes in risk status and adjust their risk management plans accordingly.

## 7.3 Risk identification and evaluation

A risk register was developed as part of this Business Case. The risk management process was applied throughout this process, ensuring that all potential risks were identified and assessed in a consistent and comprehensive manner.

The risk identification process was conducted through a series of risk workshops. These workshops were designed to engage all stakeholders in the risk management process, allowing for a thorough and inclusive identification of potential risks.

The outcomes of the risk identification process were captured in Appendix F - Risk Register. This document serves as a comprehensive record of all identified risks, including their likelihood and potential impact. The risk register will be regularly reviewed and updated throughout the Project's lifecycle, ensuring that the Project Team is always aware of the current risk status and can respond quickly to any changes.

## 7.4 Risk categorisation

The category of risks and risk matrix have been based on the ACT Insurance Authority (**ACTIA**) framework. The categories are detailed in Table 25.

**Table 25: Risk categories**

| Category of risk | Contextual Definition |
|---|---|
| **Business Operations** | Achievement of strategic and operational business objectives |
| **Service Delivery** | Delivery of functions of the business / branch / entity depending on their classification as essential/critical or not |
| **Compliance / Regulation** | Non-compliance with legislation, regulation, policy or procedure (including conflicts of interest), and the associated consequences to operations |
| **Cultural and Heritage** | Damage or adverse outcomes to items or places of culture or heritage value |
| **Financial** | Financial losses from the project or entity represented as either a percentage of the project/entity budget or a dollar amount, whichever is greater |
| **Information and Records Management** | Access to and security of information and records that enable the conduct of business and provision of services |
| **Natural Environment** | Adverse outcomes for the natural environment |
| **People Injuries** | Direct physical and psychological injuries to people (staff, contractors, customers) arising from the risk occurring |
| **Reputation & Image** | Observable measures of how the risk may impact the reputation or image of the ACT Government |
| **Emergency / Disaster Management** | Measures of the social impact to the ACT arising from emergencies |

*Source: ACTIA (2021)*

## 7.5 Monitoring and reporting

Risk management is a process that involves ongoing engagement with key stakeholders and continuous monitoring, review, and control for each identified risk. This process is necessary to ensure that potential risks are identified and managed in a timely and effective manner, minimising the impact on the Project's success.

Throughout the development and implementation of the Project, the Risk Register will be maintained as a live document, reviewed, and challenged by risk management specialists, as required, in consultation with the risk owners. The Risk Register will be updated regularly to reflect the current risk status and any changes that have occurred.

The effectiveness of risk management activities will be reviewed during regularly scheduled Project meetings. These reviews will include:

- Reviewing the status of all risks to determine if there are any factors to indicate a heightened probability of occurrence or change in impact
- Identifying new risks based on daily team interactions and activities
- Monitoring any detailed risk management activities that are assigned
- Reporting on the risk response status for risks assigned.

## 7.6 Risk analysis

Having identified a comprehensive risk register, a risk analysis process was conducted through a workshop with the Project team to determine:

- The potential consequence of each risk
- The likelihood of each risk occurring.

With each of the above assigned, a Risk Rating was determined based on the risk matrix outlined in Section 7.7.7.4

## 7.7 Risk matrix

The risk rating framework (ACTIA) matches the probability determined likelihood against an assessed consequence by utilising a visual representation of defined levels of risk ratings as outlined in Figure 24 below.

**Figure 25: ACTIA Risk Matrix**

| Risk Rating | | Consequence | | | | |
|---|---|---|---|---|---|---|
| | | Insignificant (1) | Minor (2) | Moderate (3) | Major (4) | Catastrophic (5) |
| Likelihood | Almost Certain (5) | Medium | High | High | Extreme | Extreme |
| | Likely (4) | Medium | Medium | High | High | Extreme |
| | Possible (3) | Low | Medium | Medium | High | Extreme |
| | Unlikely (2) | Low | Medium | Medium | High | High |
| | Rare (1) | Low | Low | Medium | Medium | High |

*Source: ACTIA 2021*

## 7.8 Risk quantification

In order to quantify the cost impact in the event that the risk occurs, based on the risk matrix rating, the impact of each risk was classified into the following categories:

- Impact on capital costs associated with the design, fit out and procurement of equipment prior to the commencement of operations
- Delay impact, resulting from a delay to the pre contract and/or post contract programme
- Capital and delay impact, in relation to risks that require both additional capital costs to rectify the delivery and fit out and result in a delay to the operations start date.

A best, likely and worst case outcome has been quantified resulting from the occurrence of the risk assigned. For risks that were determined to have a capital and delay impact, the separate capital and delay costs were totalled to calculate the impact of the risk. The cost assigned for each risk fluctuates across the project options as the magnitude of impact among risks differs between project options.

### Risk modelling

The risk model developed incorporated the inputs as determined based on the approach above and processed into a Monte Carlo calculation using the @Risk software package and Microsoft Excel.

Monte Carlo simulation is a well-established method for modelling random variables and generating a range of potential outcomes. The method involves randomly selecting values from a probability distribution for each risk considered.

Monte Carlo sampling is used in probability analysis in the following way:

To incorporate the risk estimates, the cost estimates for the "Best Case", "Likely Case", and "Worst Case" scenarios as determined based on the risk impact type are input into the risk model as a probability distribution to represent the values at the 50th percentile (P50) and the 90th percentile (P90).

The 50th percentile represents the mean outcome at which outputs will roughly be evenly split above and below the P90 level. Meanwhile, the 90th percentile represents the outcome at which roughly 90 per cent of results should fall below the P90 level and roughly 10 per cent should lie above this level.

The Monte Carlo simulation is performed by randomly selecting values for each risk within the specified range and repeating the calculation a number of times to obtain the probability distribution of the risks in the project. To minimise sampling bias, the model performs 10,000 iterations.

In addition, the risk cashflows are timed according to the stage of the project and aligned with the project's timing assumptions. The total risk cashflows are then discounted to the base date to calculate the risk contingency adjustment to the total project cost for each option.

In summary, the risk analysis defines a probability distribution for each risk and considers the effects of these risks in combination over the course of the project. The outcome is a range of values in which the final outcome could lie, based on the consequence and likelihood assumptions agreed upon during the risk workshop process.

**Key project risks and risk quantification results**

Table 26 below summarises the key project risks which have a high relative impact on the total contingency, including the method applied to determine the risk cost.

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The quantification of the risk differs across the two project options. Where there are similar risks for each of the options, the cost consequence has been formulated from a base number and then applying a pro-rata approach to achieve a cost consequence. This process enables relative differences to the cost consequences between each of the options.

The other key difference between the options is that Option 2 has the following risks added to reflect the greenfield site:

- Risks related to site identification - Competition
- Risks related to site identification - Native Title Risks
- Risks related to site identification - Strategic Planning
- Local community protest
- Broader precinct development and other enabling infrastructure costs
- Time for planning and zoning approvals is under-estimated.

[redacted]

The total contingency allowed for in the Project Capital Costs for each option is similar to the P90 contingencies quantified as part of this process, providing reasonable comfort that the Project Capital Costs provide an adequate buffer.

# 9. Financial Analysis

**This chapter provides an overview of the Financial Analysis process in relation to the Northside Hospital project to under financial implications and assess value for money of each option.**

For the base case and shortlisted Options 1A and 2, cost and revenue estimates were determined as follows:

- Capex and Lifecycle for Base Case and Project Cases provided by Genus Advisory, including P90 contingency.
- Operating costs for the Base Case have been developed in accordance with the CNA funding amount projections.
- Operating costs for Project Cases have been benchmarked against other hospital developments and consider key categories including Employee Expenses, Contracted Services, Clinical Supplies, IT Expenses, Other Expenses.
- Lifecycle costs for the Project Cases provided by Genus Advisory, which includes recurrent maintenance, capital maintenance, recurrent FF&E, replacement MME, utilities and building operating costs

The Financial Analysis (FA) has been undertaken in line with the ACT Capital Framework. The FA evaluates and summarises the costs and revenues associated with the base case and Project Options 1A and 2 and has used these cash flows to determine the NPV of the Project and other key metrics associated with its implementation.

Sensitivity analysis of the FA has been conducted to determine the impact of varying key assumptions and inputs on the overall results.

## 9.1 Financial analysis approach

### Overview

A financial analysis (**FA**) has been undertaken by to understand the financial and funding implications of the two project options. The financial analysis considers only the cash inflows and outflows to the hospital. The objective of the financial analysis is to compare the estimated capital cost and whole-of-life cashflows associated with the two project options and the base case.

### Financial analysis framework

The financial analysis is concerned with the profitability of an investment. Its scope is narrowed to financial costs and benefits, and to those financial costs and benefits that are incurred by, or accrue to, the entity undertaking the investment which for this business case is ACT Government.

The financial analysis framework has been designed to evaluate the financial viability of the Project and to assist decision makers to assess options that will best deliver the objectives given budget considerations and the fiscal context.

The key steps undertaken in developing the financial analysis are summarised below:

- **Identifying and measuring the cashflows:** forecast the incremental costs and revenues incurred by, or accrued to, the ACT Health; and calculate the nominal cashflows over the Project's economic life.
- **Identify the discount rate and discounting cashflows:** determine an appropriate nominal discount rate – Net cashflows are to be discounted at a rate reflective of the risk inherent for the Project.
- **Calculating the NPV of the Project:** subtract a project's outflows (total costs) from its cash inflows at each period and discount revenue to the current financial year.
- Analysing the sensitivity associated with the cashflows: conduct sensitivity tests.
- **Review results:** Conduct review of results.

The financial analysis framework has been designed to capture the whole of life analysis of net project costs for the Northside Hospital building(s) and is reflected on a nominal and an NPV basis over the analysis period.

### Key assumptions and parameters

The key analysis assumptions and parameters used in the financial analysis are presented in Table 34.

**Table 34: Input parameters for financial analysis**

| Parameter | Assumption | Rationale / Source |
|---|---|---|
| **Base year** | 2022-23 | Current year / base year for cost plans. |
| **Unit of account / price year** | 2022-23 | Parameters designated in prices prior to the base price year are inflated to 2022-23 dollars. |
| **Analysis period** | 30 years from FY2023 to FY2052 | Includes the operations of the current hospital under base case and construction and operation under project cases |
| **Asset life** | 40 years | The average composite asset life for a hospital has been estimated through academic research to be an average of 40 years, which captures both the asset life associated with the building and equipment |
| [redacted] | [redacted] | [redacted] |
| [redacted] | [redacted] | [redacted] |

| Parameter | Assumption | Rationale / Source |
|---|---|---|
| [redacted] | [redacted] | [redacted] |
| [redacted] | [redacted] | [redacted] |
| **Capital costs** | Base Case – provided by MPC (using AECOM SAMP Report)<br>Project options were provided by Genus Advisory with additional inputs provided by ACTHD and MPC. | MPC (2023), Attachment A – Base CaseCalculations_UPDATED.xlsx<br>Genus Advisory, ACTHD and MPC |
| **Contingency** | Deterministic Contingency (validated against P90 quantification) | Genus Advisory, in line with ACT Government Capital Framework |

Key assumptions around the estimates include:

- 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.
- Capital costs and Lifecycle for Base Case have been derived from the AECOM SAMP Report. Escalation has been applied to these amounts based on rates provided by Genus Advisory and also extrapolated the cost to 30 years to align with the analysis period (extending the average annual cost).
- Operating costs for the Base Case have been developed in accordance with the CNA funding amount projections.
- Operating costs for Project Cases have considered the key categories of:
  - Employee Expenses based on Workforce profile provided by Capital Insight and PwC analysis of ACT salary benchmarks
  - Contracted Services and Clinical Supplies based on NWAU projections and costs per NWAU derived from Annual Financial Report FY21 Calvary Health Care ACT Limited
  - [redacted]
  - [redacted]
- For the purposes of this business case and supporting economic and financial analysis:
  - capital costs have been developed excluding the costs associated with the purchase of land and this will be considered as the project progresses.

  - operating costs for the Project Options have been developed agnostic of the potential future operating model for the new Northside Hospital. The implications of this are being considered separately to the business case process.

- Lifecycle costs for the Project Cases provided by Genus Advisory, which includes recurrent maintenance, capital maintenance, recurrent FF&E, replacement MME, utilities and building operating costs. Note, building operating costs only include the costs of operating the facility and external works arising from the building itself rather than from its occupancy and as such does not overlap with any other operating cost items above.
- Revenues for Project Case are projected pro rata within *Canberra Health Services Annual Financial Statements FY22*.
- Residual value of the building infrastructure has not been included in the financial analysis. Refer to Section 9.2 for further information.
- Activity Based Funding projections are based on NWAU projections *Northside Hospital: NWAU projections, 2020-21 to 2040-41* provided to PwC by ACTHD.

## 9.2 Financial costs and revenues

### Capital costs

The financial analysis of the delivery phase includes an analysis of the direct construction costs (including early works), project on costs and other principal costs incurred by client to deliver the Project and prepare the Project to be fully operational. The raw costs have been risk adjusted with the inclusion of a deterministic contingency, and a cashflow profile for all risk adjusted Capital Cost items was provided for each option, in real and nominal dollar terms.

The key data source and assumptions for the delivery phase costs are detailed in Table 35.

**Table 35: Assumptions – Capital costs**

| Item | Source / Assumption |
|---|---|
| **Cost estimates (including risk adjustments)** | Option 1A and 2: Capital Cost estimates developed by Genus Advisory, as detailed in Section 9.1 above.<br>Base case: AECOM SAMP Option B Adjusted Capital Costs report adjusted as detailed in Section 9.1 above. |
| **Construction spend profile** | Annually |
| **Construction base date** | December 2022 |
| **Construction staging** | Construction Completion based on the program prepared for the shortlisted options:<br>• Enabling Works: Q4-26 for 1A and 2<br>• Multi Deck Car Park: Q2-30 for 1A and 2<br>• Child Care Centre: Q3-27 for 1A and 2<br>• Rehabilitation Services Relocation: Q2-28 for 1A only<br>• Mental Health Unit (2031 Base Build): Q3-30 for 1A and 2<br>• Public Hospital (2031 Base Build): Q3-30 for 1A and 2<br>• Mental Health Unit (2041 Base Build): Q3-40 for 1A only<br>• Mental Health Unit (2041 Fitout Gap): Q3-40 for 2 only |

| Item | Source / Assumption |
|---|---|
| | • Public Hospital (2041 Fitout Gap): Q3-40 for 1A and 2 |
| **Escalation rates** | Provided by Genus Advisory, refer to Appendix I - Financial Analysis and Economic Appraisal Report for further details. |

*Source: Genus Advisory 2023 NHTA Concept Design Cost Plan Report.*

[redacted]

## Lifecycle, workforce projections and operating costs

### Lifecycle costs

To inform the financial analysis, a detailed lifecycle cost cashflow profile was developed and considered the following categories of costs, in accordance with ISO:15686 part 5: 'Service Life Planning':[106]

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- Recurrent maintenance costs
- Capital maintenance costs
- Recurrent FF&E and ICT costs
- Replacement MME costs
- Utilities
- Building operating costs.

Lifecyle costs for Project Options 1A and 2 are based on a cashflow profile prepared by Genus Advisory that includes all risk adjusted operations and lifecycle cost items has been estimated for each option.

The lifecycle costs have been based upon the costs within the initial Concept Design Cost Plan and rely on the current building and landscaping areas included within these. Both Options 1A and 2 comprise of multiple stages due to be completed at different times over multiple years. To account for this the total lifecycle costs have been calculated by amalgamating the costs for each of the separate stages.

The nominal lifecycle costs for the Base Case have been derived from the AECOM SAMP Report. The Base Case lifecycle costs also include the 'Better Infrastructure Funding' which the ACT Government provides through ACTHD to Calvary, for minor repairs and maintenance works.

Table 37 below summarises the lifecycle costs for the 30 year analysis period (FY2023 to FY2052).



*Source: Base case: AECOM, SAMP Option B Adjusted Capital Costs with escalation applied using rates provided by Genus Advisory*

*Option 1A and Option 2: Genus Advisory 2023, NHTA Concept Design Cost Plan Report.*

Note, under the Base Case, utilities and building operating costs are funded via the CNA. Under option 1A and 2, building operational costs included in Table 37

The key assumptions as in developing the lifecycle costs set out above include the following:

- Assets are to be maintained in accordance with good practice and manufacturers requirements.
- Assets are replaced in accordance with the anticipated life cycle (when they reach their economic life)
- Assets are unaffected by economic, fiscal, social, legal or technological change
- Reasonable access to carryout replacements and maintenance is provided
- Includes all preliminaries and on costs
- Excludes design and project management related costs

### Workforce projections

As part of the business case, high level workforce planning and projections have been undertaken to provide insight into operational costs and inform decision making. This analysis is a crucial element in identifying the necessary staffing requirements and associated costs for the new Northside Hospital, which is a vital aspect of ensuring the long term success of the hospital.

The workforce planning considered national and international trends in the health workforce such as increasing specialisation in clinical scope of practice within medicine, nursing and allied health. The growth in the use of Enrolled nurses, opportunities for employing allied health assistants, and the potential for health technologies such as Assistive Technology and Tele Medicine/Telehealth to facilitate more efficient models of care have been taken into account.

This analysis has been informed by several sources, including ACT Health and Commonwealth regulatory and legislative requirements, guidelines from interstate health agencies including NSW Ministry of Health, Department of Health and Human Services, Victoria, and Queensland Department of Health, recommendations from professional bodies, and benchmarking against similar facilities in other states. This provided a comprehensive perspective on the workforce requirements for the new Northside Hospital and allowed for the identification of best practices and industry standards.

The workforce Full Time Equivalents (FTE) have been estimated using projected POC, benchmarks and facility square metres for each staff category set out below:

- Management and Administration
- Medical
- Nursing
- Allied Health
- Clinical Support
- Non Clinical Support

By structuring the analysis in this way, it was possible to estimate the labour costs associated with each staff category, providing a clear understanding of the financial implications of the proposed facility.

The workforce projections were estimated for the opening bed profile at 2030-31 and for the hospital capacity at 2040-41, and structured using staff sub-categories to support the estimate of labour costs. The detailed projections are set out in Appendix I – Financial Analysis and Economic Appraisal Report.

It is important to note that these projections are subject to change and may be adjusted as more information becomes available. Additionally, the actual staffing requirements may vary depending on the final design and operational model of the facility. However, by conducting a thorough workforce planning and projection analysis, the proposed facility will be in a strong position to adapt and respond to any changes in the healthcare landscape and ensure that the workforce is equipped to deliver high quality care to patients.

The detailed Workforce Planning report prepared by Capital Insight has been attached in Appendix D - Workforce Planning Report.

### Operating costs

The financial analysis of the operations phase includes an analysis of the operational expenditure incurred and incremental revenue during operations over the analysis period. This section sets out the operation phase costs apart from the lifecycle costs.

The base case operating costs have applied an approach of including costs associated with the maintaining the existing contractual arrangements with Calvary and includes the CNA Funding - the funding provided by the ACT Government, through ACTHD to Calvary, for the provision of services, operation, and management at the current hospital (CPHB)

The operating costs for Options 1A and 2 have been modelled using an approach that involved developing detailed cost estimates and projections for the five categories set out below. This approach provides a more robust estimate for the potential operating costs of the new hospital.

- Employee Costs – all costs associated with staff, including superannuation, LSL, workers compensation and employee administrative costs.
- Contracted services Costs – all costs associated with clinical contracted services in the hospital
- Clinical Supplies Costs – all costs associated with clinical and medical supplies, including medications, sterilisation equipment, wearables and PPE.
- IT Expenses – all ongoing costs associated with software licences, digital health record projects and systems maintenance, not including fixed assets that are accounted for under Lifecycle costs.
- Other Expenses – all other service delivery related administrative and minor operating expenses

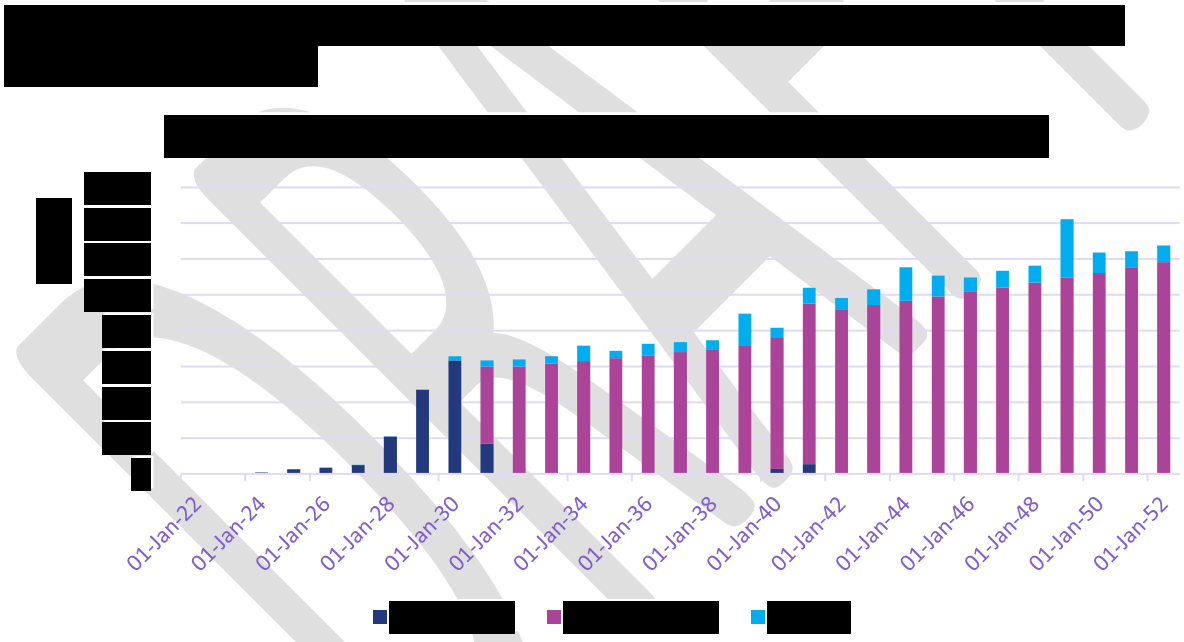
The key data sources, assumptions and methodology for the operating cost modelling are detailed in Appendix I - Financial Analysis and Economic Appraisal Report.

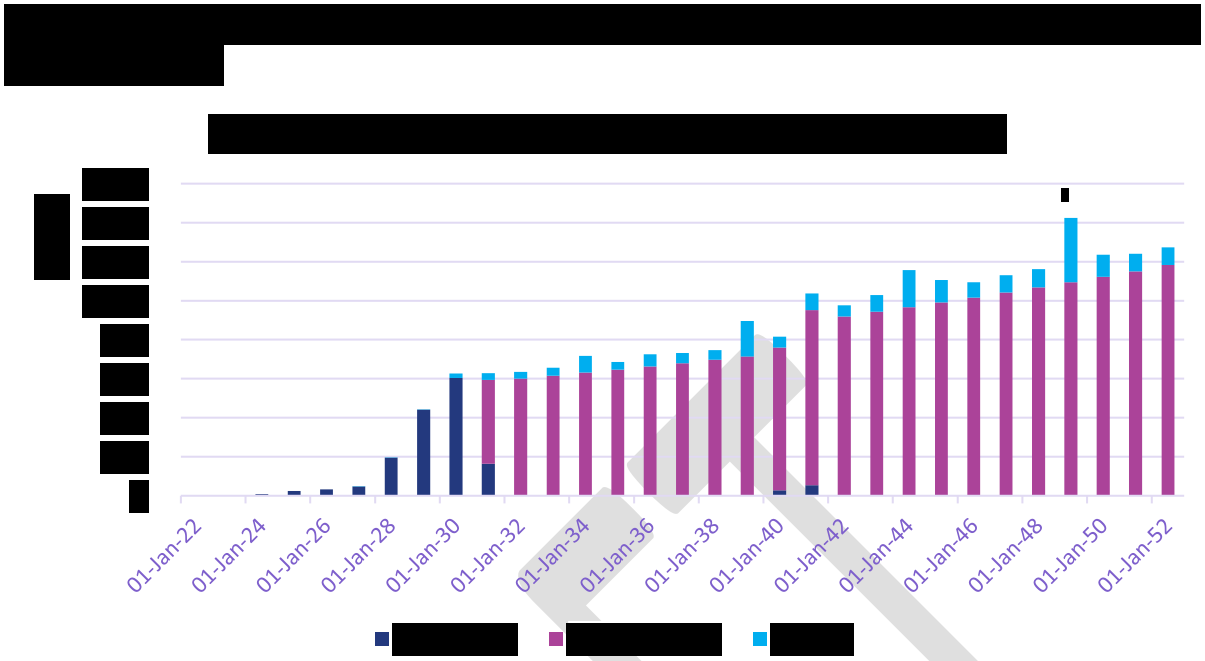
Table 38 below summarises the total operating costs for the 30 year analysis period.



*Source: PwC (2023) based on inputs from Genus Advisory, Capital insight, ACTHD and MPC*

Figure 26 and Figure 27 below set out the cash flows for capital costs, operating costs and lifecycle for the 30 year analysis period, in nominal terms. As noted in the graph, the second phase of capital works occur from 2039-40 to 2040-41, resulting in expanded capacity and an increase in operating costs.





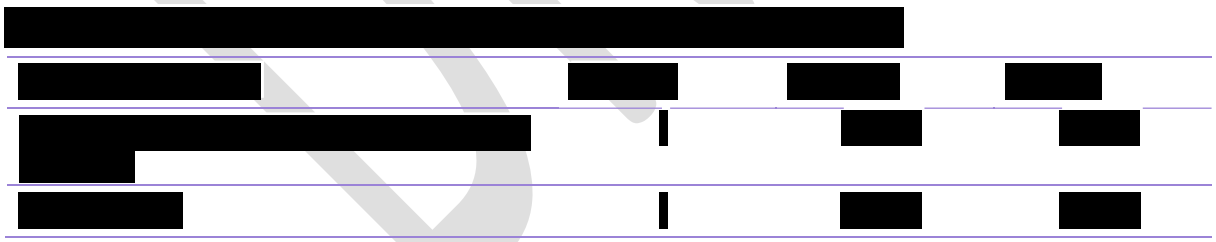

## Revenues

The financial analysis of the operations phase includes an analysis of the operational expenditure incurred and incremental revenue during operations over the analysis period. This section focusses on the revenues expected during the operations phase, which includes Net Sale of Goods and Services from Contracts with Customers.

This captures all services revenue, inpatient fees and facilities fees associated with compensable patients.

The key data sources, assumptions and methodology for the Project revenue/funding sources during the operations phase are detailed in Appendix I - Financial Analysis and Economic Appraisal Report.

Table 39 below summarises the total revenues for the 30 year analysis period.



*Source: PwC 2023 with input from ACTHD and MPC*

## Residual value

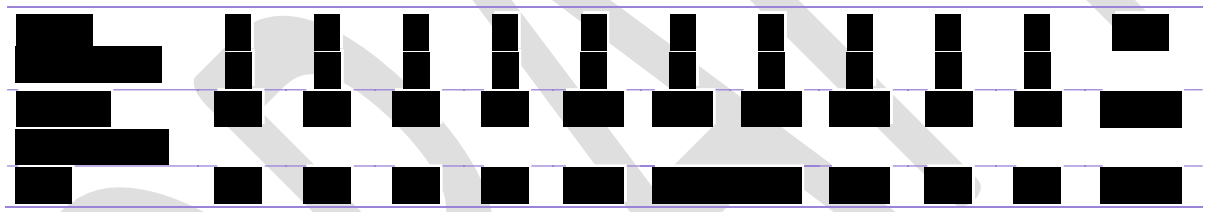
The financial analysis does not consider any residual value for the Northside Hospital Development's building infrastructure. Consistent with the ACT Capital Framework, the financial analysis considers cash flows during the analysis period only and there are no specified cash flows associated with the value of the building in the final analysis period (2051 52). Note, the residual value is considered as part of the Economic Appraisal – refer to Section 10.4 for further information. PwC consider this

appropriate for the financial analysis as any cash flow generated from a divestment of the hospital, would be offset by a cost associated with developing a replacement hospital.

**Funding**

The expected funding requirement through the delivery and operations phases of the options is significant and will require funding allocation to achieve the full scope of the project without time or cost delay. The funding requirement based on traditional delivery models where all costs and risks are assumed to be retained by the Territory at this stage of the business case development, in line with the delivery model analysis undertaken to date, for each of the options are shown as follows.

[redacted]



[redacted]

year.

[redacted]

### Funding considerations

The assessment of delivery models has considered various traditional and private sector delivery models, including their respective opportunities and weaknesses in delivering value for money and to optimise affordability to government. These options will be further investigated in the next stages of business case development. Any further operational efficiencies and staging options that could reduce the funding requirement will also be considered in the next stage of the business case development, to enable project delivery of current scope and design.

## 9.3 Financial analysis results

[redacted]

[redacted]

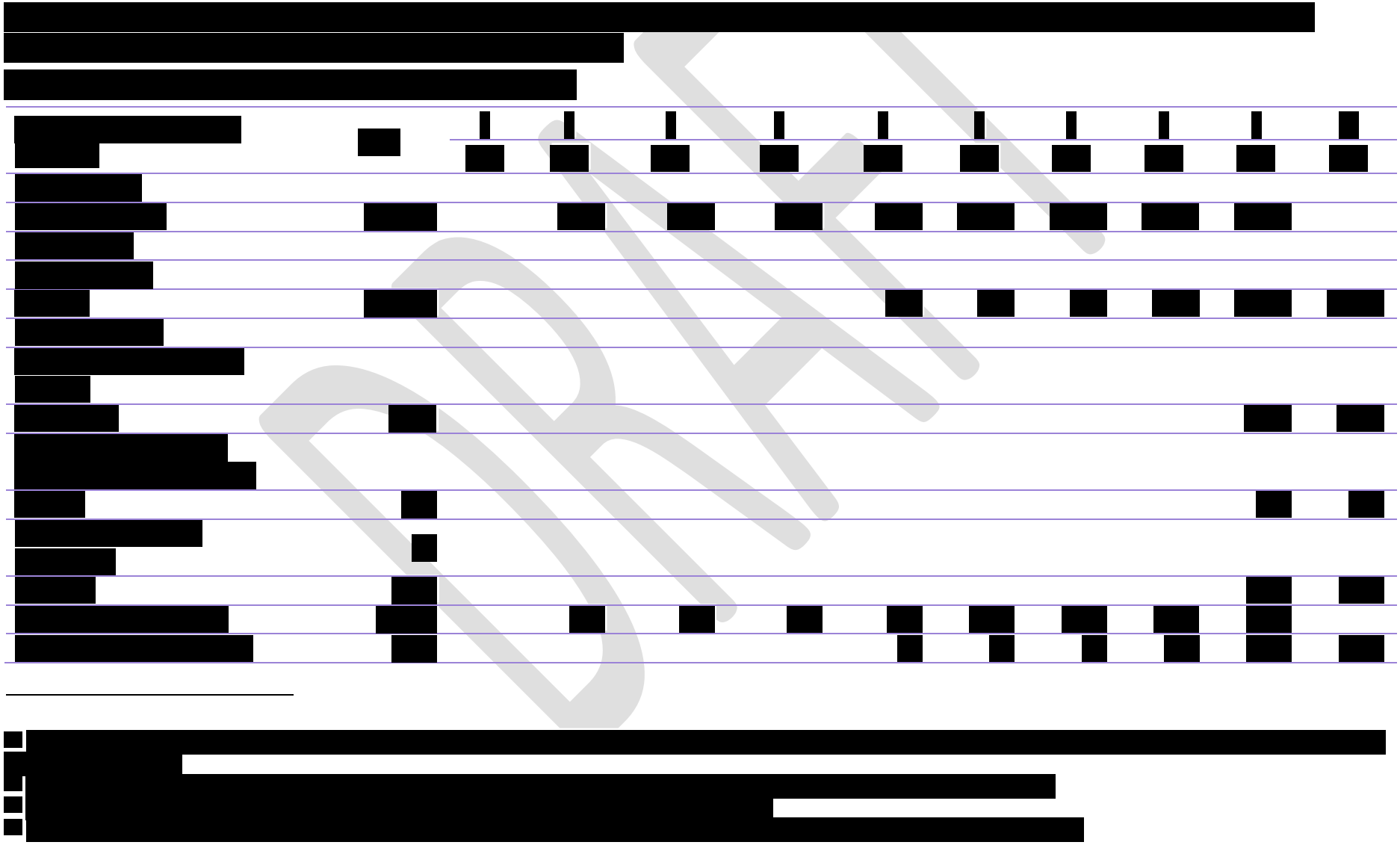
## 9.4 Sensitivity analysis

Sensitivity analysis has been conducted to determine the impact of varying key assumptions and inputs on the overall results. The sensitivity analysis considers potential changes in various cost and commercial offset parameters, as well as the discount rate applied, and is performed at defined upper and lower bounds to assess the impact on the financial NPV under each option.

[redacted]

## 9.5 Financial impacts summary

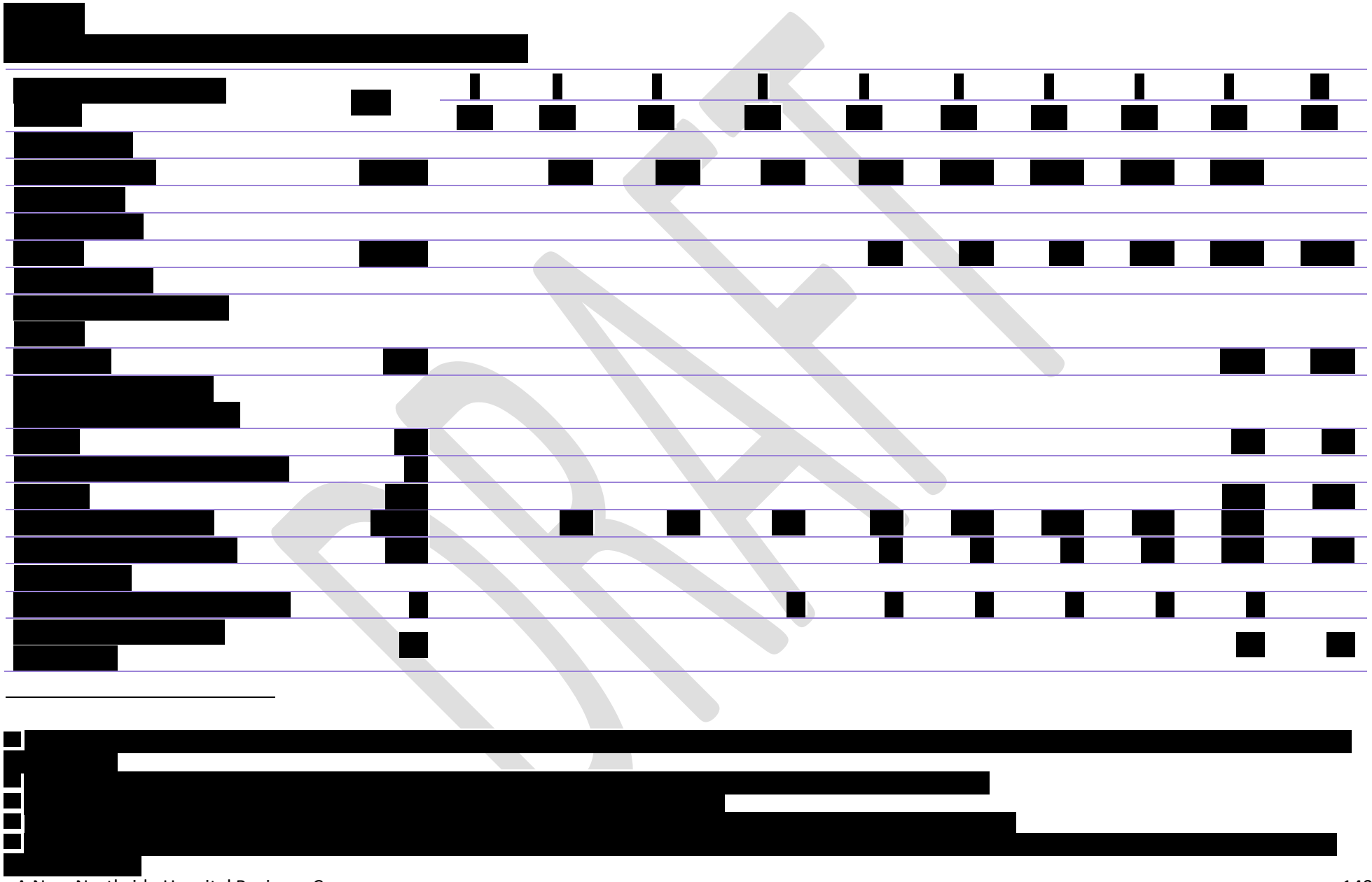
The Business Case seeks a funding request for the preferred option (Option 1A) of $64.2 million to progress the proposed capital solution of the Northside





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[111] Additional FTE required for the operations of the new Northside Hospital based on workforce projections for FY31 (2,265 – Provided by Capital Insight) incremental to current CPHB FTE (1,353 - Provided by ACTHD)



# 10. Economic Appraisal

**This chapter provides an overview of the economic assessments conducted for the preferred options to understand the net impact, in terms of economic benefits and costs, on society as a whole.**

To inform the Business Case, two economic assessment approaches have been adopted to articulate the full suite of benefits and costs associated with the Project, including:

- **Quantitative assessment:** this assessment involves the quantification of all monetisable costs and benefits through a cost-benefit analysis (CBA), in alignment with the ACT Capital Framework Detailed Technical Guidance on Economic Appraisal (ACT Government, 2022). The objective of the of quantitative assessment is to demonstrate whether the economic benefits associated the Project exceed the costs of investment.
- **Qualitative assessment:** this assessment considers the full suite of benefits associated with the Project, based on the benefits framework. The objective of the qualitative assessment is to compare the scale of benefits delivered across the options, relative to the Base Case.

The economic assessment assesses the preferred options (Option 1A and Option 2) against the Base Case to understand the net impact on society, with the economic assessments identifying and, where possible, quantifying:

- Economic costs reflecting the value of the real resources that are used as inputs under each of the options such as capital and operating expenditure associated with each option. In the instance where quantification of economic costs is not possible, a qualitative approach is used to capture economic costs such as disruption during construction, impacts on green-space, etc.
- Economic benefits reflecting the value of the real outputs under each of the options such as improved patient health outcomes from increased inpatient and ED capacity, community health benefits, avoided travel costs and residual value. Where it is not possible to quantify a particular benefit, a qualitative analysis is used to capture economic benefits such as resilience of the healthcare network to effectively manage demand, innovative and integrated models of care, etc.

Overall the result of the economic assessment indicates:

- Investment in a new Northside Hospital would deliver significant economic benefits improving patient health outcomes through increased in-patient, outpatient and ED capacity, as well as improved resilience in the health sector. With marginal differences between the options economic benefits and costs driven by the choice of location and scale of capital costs.
- The results of the CBA demonstrate that over the 30 year appraisal period, both options generate positive economic outcomes, with positive Net Present Values (NPV) and Benefit Cost Ratios (BCR) greater than one.
- Distributional analysis found that consumers (i.e. patients) receive the largest proportion of benefits in the form of improved health outcomes from the new Northside Hospital.

The results of the CBA have been subject to sensitivity tests to determine the impacts of varying key assumptions and inputs on the results. The sensitivity tests indicate that the ranking of options in terms of NPV and BCR remains unchanged across all options.

## 10.1 Overview of economic assessment

The Project will deliver a range of benefits to a number of key stakeholders throughout the ACT, including patients, visitors and the broader community. To inform the Business Case, two economic assessment approaches have been adopted to articulate the full suite of benefits and costs associated with the Project, including:

- **Quantitative assessment** which involves the quantification of all monetisable costs and benefits through a cost-benefit analysis (CBA). The objective of the of quantitative assessment is to demonstrate whether the economic benefits associated the Project exceed the costs of investment.
- **Qualitative assessment** which considers the full suite of benefits associated with the Project, based on the benefits framework. The objective of the qualitative assessment is to compare the scale of benefits delivered across the options, relative to the Base Case.

The economic assessment has been applied to the two preferred options: Option 1A and Option 2 compared against the Base Case to identifying and, where possible, quantifying:

- **Economic costs** reflecting the value of the real resources that are used as inputs under each of the options such as capital and operating expenditure associated with each option. In the instance where quantification of economic costs is not possible, a qualitative approach is used to capture economic costs such as disruption during construction, impacts on green-space, etc.
- **Economic benefits** reflecting the value of the real outputs under each of the options such as improved patient health outcomes from increased inpatient and ED capacity, community health benefits, avoided travel costs and residual value. Where it is not possible to quantify a particular benefit, a qualitative analysis is used to capture economic benefits such as resilience of the healthcare network to effectively manage demand, innovative and integrated models of care, etc.

The quantitative assessment was undertaken using a CBA framework that applies discounted cash flow techniques to estimate a Benefit-Cost Ratio (**BCR**) and Net Present Value (**NPV**) in alignment with ACT Treasury's Capital Framework, ACT Treasury's Economic Appraisal guidance, Infrastructure Australia's (IA) Assessment Framework Guide to Economic Appraisal, and further national guidance on health infrastructure and capital investment economic appraisals. Table 40 presents an overview of the parameters and assumptions used for the quantitative assessment.

The economic analysis has been undertaken independent of operator considerations, as these are being considered separately. However, Option 2 has the potential additional operational expenses associated with the current CNA.

**Table 46: Quantitative assessment appraisal assumptions**

| Parameter | Assumption | Source and comment |
|---|---|---|
| **Base year** | 2022-23 | Current year / base year for cost plans based on ACT Capital Framework Detailed Technical Guidance on Economic Appraisal, with parameters designated in prices prior to the base price year are inflated to 2022/23 dollars |
| **Appraisal period** | 30 years from 2022-23 to 2051-52 | Appraisal period commences from the base year based on ACT Capital Framework Detailed Technical Guidance on Economic Appraisal |
| **Commissioning years** | For both Options 1A and 2: 2030-31 and 2040-41 | Based on Genus Advisory (2023) Concept Design Cost Plan – Option C2, Genus Advisory (2023) Concept Design Cost Plan – Option E1 and Arup (2022) Arup – Draft Program.xlsx |
| **Real discount rates** | Central: 7%<br>Sensitivities: 3%, 4%, 10% | As per ACT Treasury Budget Memo 2022 32 (SP) Cost Benefit Assumptions Guide, and on ACT Capital Framework Detailed Technical Guidance on Economic Appraisal |
| **Asset life** | 40 years | The average composite asset life for a hospital of 40 years has been estimated through academic capturing the asset life associated with the building itself, external infrastructure and fit out |

*Source: ACT Government (2022), ACT Government Capital Framework, Detailed Guidance on Economic Appraisal (viewed at www.treasury.act.gov.au/capitalframework); ACT Government CMTEDD (2022), Budget Memo 2022 32 (SP) Cost Benefit Assumptions Guide; Genus Advisory (2023), Concept Design Cost Plan – Option C1; Genus Advisory (2023) Concept Design Cost Plan – Option E1; Arup (2022), Canberra Northside Hospital Construction Programme (High Level) – Calvary Site, ECI Procurement; Holmes, J. et. al. (2009), Depreciating and stating the value of hospital buildings: what you need to know: hospital financial statements should accurately reflect the depreciated cost of their building's structure*

## 10.2 Project options

The options assessed through the economic assessment are summarised in Table 47. Detail on the scope of the options is provided in Section 6.3.

**Table 47: Summary of preferred options (assessed through the economic assessment)**

| Project option description | Key features | Capacity | [redacted] |
|---|---|---|---|
| **Base case – Business as usual** | • Continued delivery of existing services at CPHB within its current assets<br>• Provide capacity to meet 2021 demand | **2021**<br>Multi day beds: 249<br>ED POC: 80<br>Operating suites: 7<br>Ambulatory care: 17 | [redacted] |
| **Option 1A: Bruce multiple buildings in a single stage**  | • Redevelopment on Bruce campus including a 94,563sqm acute services building and 15,124sqm satellite mental health facility<br>• Construction to include additional shell unit to allow increased capacity in 2041<br>• Begin operation in Q4 2031, with inpatient capacity to meet 2031 demand and subsequent fit out and expansion of shell unit in Q4 2041, providing sufficient additional capacity to meet 2041 demand<br>• Multi deck car park located to the northwest within the precinct<br>• Additional capacity for outpatient and ambulatory care. | **2031**<br>Multi day beds: 424<br>ED POC: 81<br>Operating suites: 15<br>Ambulatory care: 154 | [redacted] |
| **Option 2: Greenfield**  | • Greenfield site development on 32.7 hectares located on a peninsula within Lake Ginninderra<br>• Construction of a new 94,563sqm acute services building and 15,124sqm satellite mental health facility<br>• Begin operation in Q4 2031, with inpatient capacity to meet 2031 demand and subsequent fit out and expansion of shell unit in Q4 2041, providing sufficient additional capacity to meet 2041 demand<br>• Multi deck car park located to the northwest within the precinct<br>• Additional capacity for outpatient and ambulatory care. | **2041**<br>Multi day beds: 534<br>ED POC: 99<br>Operating suites: 17<br>Ambulatory care: 164 | [redacted] |

*Source: BVN, Arup, TSA, Genus Advisory and Planit (2022), Northside Hospital Concept Design Report, December 2022*

[redacted]

[3]*Capital costs exclude land acquisition costs associated with a greenfield site development*

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Activity projections were provided by ACTHD for the purpose of the CBA and FA. Only inpatient and ED activity was assessed within the scope of the CBA.

Under the Base Case, CPHB is assumed to be operating at capacity, and therefore have no increase in activity beyond current levels. Both Option 1A and Option 2 deliver increased capacity to meet 2030 31 demand at commissioning and 2040 41 demand following shell fit out.

The forecasted demand for health services on the northside of the ACT, to which the preferred options align, is presented in Table 48.

**Table 48: Activity projections**

| | Actual | Projections | | |
|---|---|---|---|---|
| | 2021 | 2031 | 2036 | 2041 |
| **Inpatient** | | | | |
| **Overnight separations** | 20,952 | 26,029 | 29,178 | 32,375 |
| **Same day separations** | 18,118 | 26,427 | 29,731 | 33,107 |
| **ED** | | | | |
| **ED presentations** | 75,265 | 105,287 | 121,396 | 136,083 |

*Source: ACT Government Health (2023), PwC data request summary.xlsx*

## 10.3 Project costs and benefits

The Northside Hospital project is anticipated to deliver a range of benefits to patients, staff and the community through increased capacity of health services and delivery of contemporary infrastructure. An overview of the economic benefits and costs assessed through the CBA is presented in Figure 28.

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**Figure 29: Summary of economic costs and benefits**

| Economic costs | Economic benefits |
|---|---|
| **Quantitative:**<br>• Capital expenditure<br>• Operational expenditure | **Quantitative:**<br>• Improved patient health outcomes from increased inpatient capacity<br>• Improved patient health outcomes from increased ED capacity<br>• Community health benefits<br>• Avoided travel time and costs<br>• Residual value |
| **Qualitative:**<br>• Potential operational inefficiencies from separation of logistics and hospital support services<br>• Disruption during construction phase of project, with impacts on existing patients and staff throughout the construction and delivery phase<br>• Reduction of green-space and public land as a result of greenfield development, resulting in reduced amenity for ACT residents<br>• Opportunity cost of a greenfield development as opposed to brownfield<br>• Noise and air pollution during construction of the project resulting in increased noise and dust from building works for patients and staff<br>• Disruption to local traffic flows during construction and delivery phase of the project, resulting in travel delay and increased congestion for staff and patients<br>• Potential interference with Indigenous sites and archaeological remains | **Qualitative:**<br>• Improved resilience of the healthcare network to effectively manage demand<br>• Additional health benefits associated with expansions in non-admitted patient services to communities outside the north side catchment<br>• Precinct-wide efficiency benefits and cost savings associated with co-location of private and public hospital facilities<br>• A better environment to improve health and wellbeing outcomes for staff, patients, carers and families<br>• Improved accessibility for staff, patients, carers and families from improved wayfinding, navigation and carparking spaces<br>• Improved staff satisfaction and efficiencies through building design enabling quality patient care<br>• Flexible, innovative and integrated models of care that use technology to deliver timely and effective person-centered digital solutions<br>• Improved planned maintenance program that is proactive rather than reactive, including an increase in the utilisation of digital business systems<br>• Improved system redundancy and coordination between community partners across the ACT to provide appropriate and efficient response to future territory-wide major events<br>• Broader economic benefits for the ACT including additional jobs and new businesses / services provided adjacent to the hospital. |

## Economic costs

### Quantitative costs

The CBA for the Northside Hospital project considers the following economic costs:

- **Capital expenditure** associated with the delivery of the Project options including costs associated with planning, design, construction and commissioning. These costs have been sourced from the Cost Plan prepared by Genus Advisory, dated 20 January 2023, which contains a breakdown of order of magnitude cashflows of capital costs associated with the Project options.
- **Operational expenditure** associated with ongoing operations of the Project options including staffing costs, maintenance, replacement and other costs. Operational expenditure was developed by Genus Advisory and staffing costs from PwC analysis of NWAU projections provided by ACT Health Directorate.

The costs included in the CBA differ from the FA in three ways:

- Economic costs are analysed in real terms (i.e. exclude escalation) presented in 2022-23 prices and they exclude economic transfers such as taxes

[redacted]

- Economic costs reflect all costs associated with the delivery and the operations of each option, irrespective of the funding source, and therefore include incremental costs incurred by the Project.

Table 49 presents the economic costs of the options, incremental to the Base Case. To incorporate the cost estimates into the CBA, the real cost estimates are profiled across the appraisal period and discounted back to current day. The results of the total quantifiable costs associated with the Project options, incremental to the Base Case over a 30-year appraisal period is presented in Table 49.



*) Attachment A – Base Case Calculations_UPDATED.xlsx; ACT Health Directorate (2023) PwC data request summary.xlsx*

## Qualitative costs

In addition to the quantified capital and operating costs outlined above, there are several unquantified costs that would arise under the project options. These non-quantifiable costs are summarised in Table 50.

**Table 50: Unquantifiable costs**

| Qualitative costs | Option 1A: Bruce multiple buildings in a single stage | Option 2: Greenfield |
|---|---|---|
| Potential operational inefficiencies from separation of logistics and hospital support services | Medium | Medium |
| Disruption during construction phase of project, with impacts on existing patients and staff throughout the construction and delivery phase | High | Low |
| Reduction of green space and public land as a result of greenfield development, resulting in reduced amenity for ACT residents | N/A | High |
| Opportunity cost of a greenfield development as opposed to brownfield | N/A | High |
| Noise and air pollution during construction of the project resulting in increased noise and dust from building works for patients and staff | High | Medium |
| Disruption to local traffic flows during construction and delivery phase of the project, resulting in travel delay and increased congestion for staff and patients | Medium | Medium |
| Potential interference with Indigenous sites and archaeological remains | Low | High |

## Economic benefits

### Quantitative benefits

The CBA quantified five economic benefits that would arise from the Project:

- **Improved patient health outcomes from increased inpatient capacity:** which reflects the health benefits associated with increased inpatient capacity and models of care, through an additional 249 multi-day beds by 2040/41, reducing the disability burden and avert mortality.
- **Community health benefits:** which captures the positive impact on community health outcomes and improved quality of life through increased provision of integrated outpatient and community services. These include increased outpatient consultation, treatment and specialist spaces, virtual care spaces, paediatric, adolescent and neonatology services, ambulatory procedures and allied health services that will be provided through integrated outpatient services increasing from 17 spaces currently to 164 in 2040-41.
- **Improved patient health outcomes from increased ED capacity**: which reflects the health benefits associated with reduced crowding in an emergency department (ED through the provision an additional 19 ED POCs by 2040-41, improving services and lowering mortality rates.
- **Avoided travel time and costs:** which reflects reduced travel costs (both in terms of time saved and resources used) incurred by some patients and carers who would no longer be required to travel elsewhere for treatment (e.g. Canberra Hospital) due to the increased capacity at the new Northside Hospital.
- **Residual asset value:** which reflects the residual value of the new assets / buildings, as a capitalised value of future user benefits beyond the appraisal period.

Table 51 presents the economic benefits of the options, incremental to the Base Case.

**Table 51: Total quantified benefits, incremental to the Base Case (real $2022 23, discounted at 7% over 30 year appraisal period, $million)**

| | Option 1A: Bruce multiple buildings in a single stage | Option 2: Greenfield |
|---|---|---|
| Improved patient health outcomes from increased inpatient capacity | 2,683 | 2,683 |
| Improved patient health outcomes from increased ED capacity | 226 | 226 |
| Community health benefits | 572 | 572 |
| Avoided travel time and costs | 5 | 5 |
| Residual asset value | 100 | 95 |
| **Total incremental benefits** | **3,585** | **3,581** |

*Source: PwC analysis based on Genus Advisory (2023), Northside Hospital – Canberra Whole of Life Costing; ACT Health Directorate (2023) PwC data request summary.xlsx; HI CBA Toolkit; Australian Transport Assessment and Planning (2016), Australian Transport Assessment and Planning Guidelines – PV2 Parameter Values; Sprivulis et al (2006), The association between hospital overcrowding and mortality among patients admitted via Western Australian emergency departments; Geelhoed and de Klerk (2012), Emergency department overcrowding, mortality and the 4-hour rule in Western Australia; Richardson (2006), Increase in patient mortality at 10 days associated with emergency department overcrowding; AIHW (2022), Calvary Public Hospital Bruce - Emergency Department Care Activity*

### Qualitative benefits

In addition to the quantified benefits, there are a range of additional benefits that have not been monetised. The qualitative benefits of the Project and the anticipated magnitude of each under the project options are summarised in Table 52.

**Table 52: Qualitative benefits**

| Qualitative benefit | Option 1A: Bruce multiple buildings in a single stage | Option 2: Greenfield |
|---|---|---|
| Improved resilience of the healthcare network to effectively manage demand | High | High |
| Additional health benefits associated with expansions in non-admitted patient services to communities outside the northside catchment | High | High |
| Precinct-wide efficiency benefits and cost savings associated with co-location of private and public hospital facilities | High | N/A |
| A better environment to improve health and wellbeing outcomes for staff, patients, carers and families | Medium | Medium |
| Improved accessibility for staff, patients, carers and families from improved wayfinding, navigation and carparking spaces | High | High |
| Improved staff satisfaction and efficiencies through building design enabling quality patient care | High | High |
| Flexible, innovative and integrated models of care that use technology to deliver timely and effective person centred digital solutions | High | High |
| Improved planned maintenance program that is proactive rather than reactive, including an increase in the utilisation of digital business systems | Medium | Medium |
| Improved system redundancy and coordination between community partners across the ACT to provide appropriate and efficient response to future territory wide major events | Medium | Medium |
| Broader economic benefits for the ACT including additional jobs and new businesses / services provided adjacent to the hospital. | Medium | Medium |

## 10.4 CBA results

The results of the CBA, incremental to the Base Case, are presented in Table 53, presented in terms of the NPV of the investment over the 30 year appraisal period at a 7 per cent discount rate and using a BCR for comparison of options.



The results of the quantitative and qualitative economic assessments demonstrate that all options present a range of economic benefits to patients, staff, the community and the ACT Government. On the basis of the results of the economic appraisal, both options assessed generate net economic benefits, with positive NPVs and BCRs greater than one. In economic terms, both options deliver similar benefits at a similar cost, resulting in similar economic outcomes with marginal differences in the NPV and BCR.

A distributional analysis has also been undertaken to understand the relative impacts of the Project's benefits on different groups in the community. The outcomes of the distribution analysis as summarised in Table 54 shows that consumers (i.e. patients) receive the largest proportion of benefits in the form of improved health outcomes from the new Northside Hospital.

**Table 54: Distributional analysis results, incremental to the Base Case (real $2022 23, discounted at 7% over 30 year appraisal period, $million)**

| Incremental economic benefit | Businesses | Consumers | Workers | Government |
|---|---|---|---|---|
| **Option 1A: Bruce multiple buildings in a single stage** | - | 3,438 | 48 | 100 |
| **Option 2: Greenfield** | - | 3,438 | 48 | 95 |

The results of the CBA have been subject to sensitivity tests to estimate the impacts of changes in some of the key assumptions that underpin the analysis. The sensitivity tests results indicate that the ranking of options in terms of NPV and BCR remains unchanged across all options.

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# 11. Project Governance

**This chapter explores the governance structure for the Northside Hospital as a non-designated or designated Major Project, the key roles and responsibilities of the key groups under the structure.**

The concept design phase of the Project has been led by ACTHD and aligned with the ACT Capital Framework Project Governance Guidelines and ACTHD processes for infrastructure projects of this scale and complexity. It is proposed that the existing project governance structure for the Northside Hospital project remain in place until a decision is made around the Project being designated (or not designated) as a major project by the Chief Minister.

If the project is designated as a major project, the Project will be procured and delivered by MPC on behalf of the client directorate. Project responsibility, budget and project team will transfer to MPC and be managed under the established project governance structure applicable to designated major infrastructure projects. This structure incorporates a Project Advisory Board as its key governing body, including an Independent Chair and Independent member.

If / when the Project is designated as a major project, a detailed governance framework will be prepared for Minister endorsement, setting governance arrangements for the Project including the governance structure, governance principles, and decision making hierarchies and accountabilities.

## 11.1 Overview of governance structure

The Northside Hospital project is a high priority project for the ACT Government. The Project's governance structure has been established to support timely, accountable, well informed decision making, commensurate to the Project's complexity, value and relationships to other Government projects and initiatives.[117]

The concept design phase of the Project has been led by ACTHD and aligned with the ACT Capital Framework Project Governance Guidelines and ACTHD processes for infrastructure projects of this scale and complexity. It is proposed that the existing project governance structure for CPHB remain in place until a decision is made around the Project being designated (or not designated) as a major project by the Chief Minister.

If the Project is designated as a major project, the Project will be procured and delivered by MPC on behalf of the client directorate. Project responsibility, budget and project team will transfer to MPC and be managed under the established project governance structure applicable to designated major infrastructure projects.

The Project Governance arrangements for MPC (designated Major Project) are set out in Appendix K - Major project designation.

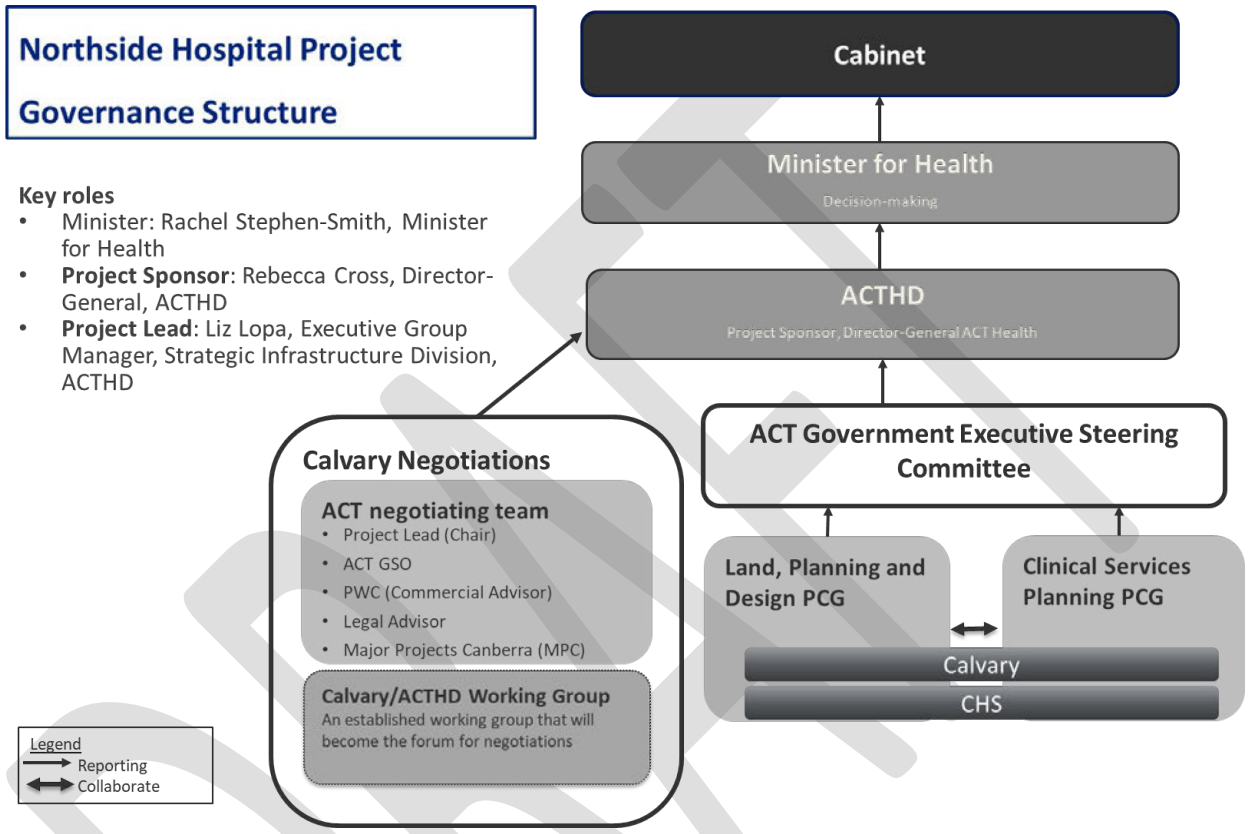
[117] ACT Government Health (2022), Northside Hospital Planning Project Governance Protocol: Strategic Infrastructure Division

## 11.2 Governance structure

The project governance structure has been prepared in alignment to the Capital Framework Project Governance Protocol, as presented in Figure 29. The roles and responsibilities under the governance structure are summarised below and detailed in Appendix L - Project governance.

**Figure 30: Northside Hospital project governance structure**

Source: ACT Government Health (2022), Northside Hospital Planning Project Governance Protocol:




Strategic Infrastructure Division

### Key roles and responsibilities

The roles and responsibilities of the key groups under the governance structure are summarised in Table 55.

**Table 55: Summary of key roles and responsibilities**

| Governing body/ stakeholder/group | Role/responsibility |
|---|---|
| **Cabinet and the Expenditure Review Committee (ERC)** | Cabinet and the ERC of Cabinet will set directions, make key policy and funding decisions in relation to the project on the recommendation of the Minister for Health. |
| **Minister for Health** | The Minister for Health will make decisions at the strategic and leadership level. The Minister for Health has responsibility for the overall project with delegated responsibility flowing to the Director General ACT Health through to the Project Lead and Project Team. |
| **Project Sponsor** | The Director General of ACT Health (the Project Sponsor) oversees the overall project, including key milestones, decisions or sensitive matters depending on |

| Governing body/ stakeholder/group | Role/responsibility |
|---|---|
| | the stage of the project. The project sponsor also operates as the first escalation point for any matters requiring escalation through the commercial negotiations. |
| **Project Lead** | The Director General of ACT Health has appointed the Executive Group Manager (**EGM**) of the Strategic Infrastructure Division (**SID**) as a Project Lead to manage the day to day project management, including leading commercial negotiations, engagement with stakeholders, and recommendations to Cabinet (through ACT Health and the Minister) through the delivery of a draft Business Case. |
| **Executive Steering Committee (ESC)** | The ESC will provide crucial leadership, oversight and advice relevant to the Northside Hospital project. Membership will be limited to decision makers. The ESC will receive recommendations for the Project Control Groups and the Project Team in relation to the Northside Project. Membership consists of ACT Health, Major Projects Canberra and CMTEDD representatives. |
| **Project Control Groups (PCG)** | These groups will make recommendations to the ESC on matters pertaining to their area of focus, being Land Planning and Design, and the Clinical Services Planning streams of work:<br>• Land Planning and Design PCG is chaired by the Project Lead, EGM SID, ACT Health.<br>• Clinical Services Planning Steering Committee is chaired by the EGM, Health System Planning and Evaluation, ACT Health.<br>The core functions of these committees are to oversee and provide advice on matters relating to the Northside Hospital Planning Project, such as the masterplan and the health services planning. Membership includes key ACT Government Directorates and clinical services representatives to inform the project streams. Limited membership of these committees facilitates effective discussion and decision making abilities. |
| **ACTHD/Calvary Northside Working Group** | This working group meets monthly to discuss the Project, specifically matters relating to the options for a new Northside Hospital on the current site of CPHB. The ongoing role of this working group will be defined once government has made further decisions in relation to the project and related negotiation parameters. |
| **ACT Negotiating Team** | The team will sit within ACTHD. It will be led by the Project Lead (EGM, SID) and is made up of ACT Government Solicitors Officer and commercial and legal advisors and other expertise across ACT Government as required. Any issues that cannot be resolved by the negotiating team and in line with the parameters (negotiation protocol), will be escalated to the Project Sponsor (Director General of ACTHD), and if required the Minister for Health. |

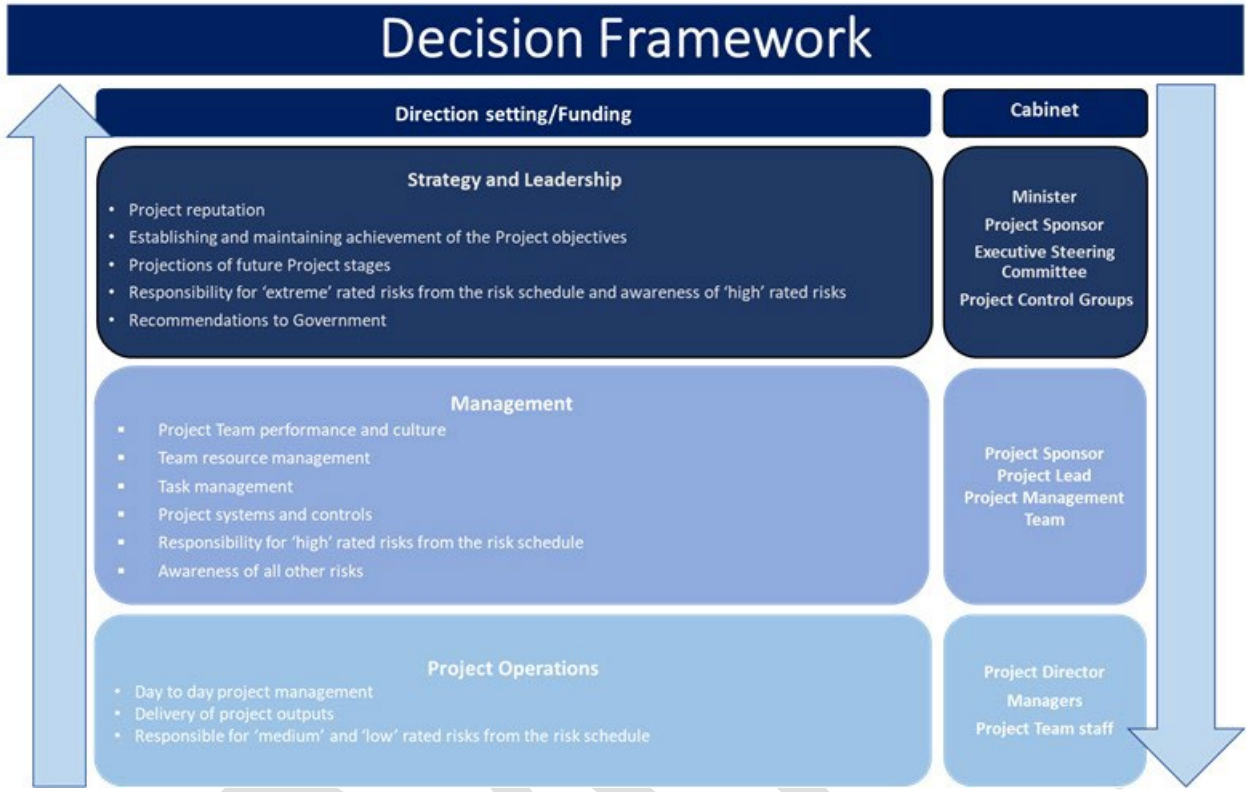
*Source: ACT Government Health (2022), Northside Hospital Planning Project Governance Protocol: Strategic Infrastructure Division*

### Decisions and accountability

A decisions framework was created to outline the levels of decision making and which groups / individuals are involved based on its impact on the Project's objectives. It is expected that matters brought to the ESC for consideration will, if relevant and appropriate, have first been considered by the PCGs or other participants in the governance structure.

The decisions framework is presented in Figure 30.

**Figure 31: Decision framework**




*Source: ACT Health (2022), Northside Hospital Planning Project Governance Protocol: Strategic Infrastructure Division*

In addition, for any conflicts of interest that may arise, where a committee participant has an interest that conflicts, could be perceived, or has the potential to conflict with the interests of the project, ACT Health or the Territory more generally in conducting the project, committee members must:

- Disclose to the chair any actual, perceived or potential conflicts of interest which may exist as soon as they become aware of the issue; and
- Take any necessary and reasonable measures to try and resolve the conflict.
- Declarations of conflicts of interest will be considered by the Probity Advisor on a case by case basis to ensure the impartiality of committee participants can be assured without imposing undue burdens on the individuals concerned.

The Northside Hospital project Team will report monthly to the ESC in a Project Directors report. This report outlines updates on the key streams of work, along with reporting on the project milestones and Cabinet dates.

## 11.3 Project team

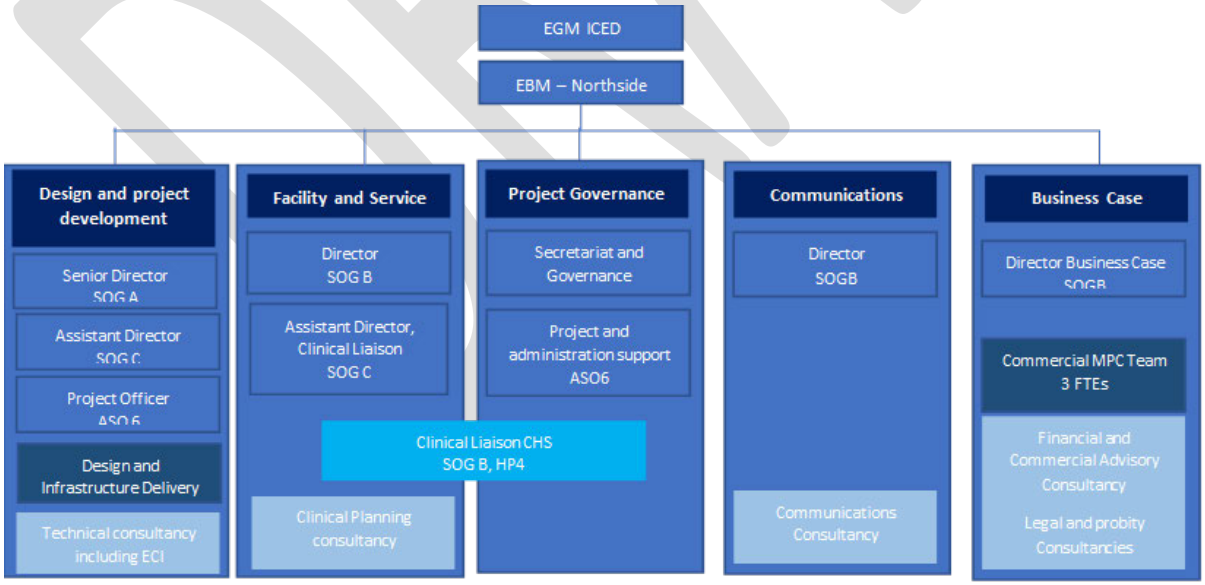
The next phase of development of the new Northside Hospital will require a dedicated Project Team to undertake day-to-day management of the Project. A Senior Executive Band 1.3 will lead, direct and manage the Project Team.

The Project Team will be responsible for progressing delivery of the Project in accordance with the Project's Business Case, decisions of Cabinet, the Project Governance Framework, and other key documents for the Project. The responsibilities of the Project Team include:

- Overseeing project budget, program and reporting requirements
- Advisor procurement and contract management
- Overseeing delivery of consultant outputs
- Undertaking a range of stakeholder consultation
- Supporting implementation of the project governance arrangements
- Establishing and overseeing working groups for the Project
- Managing the preparation of Executive Steering Committee and Board Subcommittee/Project Control Group papers and materials
- Identifying, discussing and escalating key issues and risks to the Project Director and the Board Subcommittees/Project Control Group.

The proposed Project Team structure is shown in Figure 31 below. The Project Team structure has been developed to provide appropriate internal skills and capabilities to effectively manage each workstream through the next phase of the Project.

**Figure 32: Proposed Project Team**



Funding is sought in this Business Case for the following Project Team resources within ACTHD, CHS and MPC:

- **ACTHD**
    - Project co-ordination and management
    - Governance and secretariat
    - Facility and Service Planning
    - Media and strategic communications
    - Business case development
- **CHS**
    - Clinical Stakeholder liaison (2 x FTE)
- **MPC**
    - Commercial support and contract management (3 x FTEs)
    - Design and infrastructure delivery (2x FTEs).

This proposal seeks funding for Project Team resources for 2023-24 and 2024-25 as outlined in Section 9.

This proposal has been prepared on the assumption that the next phase of the Project is led by ACTHD with commercial and technical support provided by MPC. If the project is designated as a major project at any point during the funding period, responsibility for infrastructure delivery and related resourcing and funding would transfer to MPC. Further information on the implications of major project designation is contained at Appendix K - Major project designation.

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# 12. Stakeholder engagement plan

**This chapter details the stakeholder engagement process undertaken for the Project, the stakeholders identified as being relevant to the Project, the outcome of stakeholder engagement to date and the communication strategy moving forward.**

A communication and stakeholder engagement strategy, *Designing ACT health services for a growing population*, has been developed as a guide to engagement activity for the Project. Throughout the duration of the Project, engagement activity has and continues to inform development and decision making for the Northside Hospital, allowing the community and stakeholders to have regular input into the development of the new hospital. Consultation will occur with key stakeholders and the community, in line with key project milestones.

The most recent phase of engagement, *Designing ACT health services for a growing population*, has occurred across three phases. This engagement structure aimed to gauge public opinion on healthcare across the ACT through Phase one, then dive deeper into the Project through Phases two and three.

A broad range of stakeholders have been identified as being impacted by a new Northside Hospital. The engagement approach for each stakeholder can be defined as follows:

- **Work together:** partnerships will be established with these groups for the duration of the engagement program to guide and influence the consultation process
- **Involve:** groups and individuals who will be impacted by new Northside Hospital and will directly approached for feedback
- **Consult:** these groups and individuals will be targeted for expert advice or to learn from their experiences
- **Keep informed**: groups and individuals will be informed of consultation opportunities though broader communication channels.

In Phase One, ACTHD collaborated with CHS to understand people's experiences in accessing ACT public health services, perceptions towards the health system and what they want and need from the health services into the future. The ACTHD and CHS then separated engagement activities into two streams to achieve individual project objectives. The outcomes of Phase One have informed Phase Two of these engagement activities as well as other ACT Government health planning and infrastructure projects.

For the Northside Hospital project, Phase Two facilitated community consultation and stakeholder engagement to:

- Inform the public about planning for the new hospital
- Collect community and stakeholder feedback on what people want and need from a new hospital
- Deliver activities that facilitate effective listening of key stakeholders and the community to ensure they feel heard by the ACT Government.

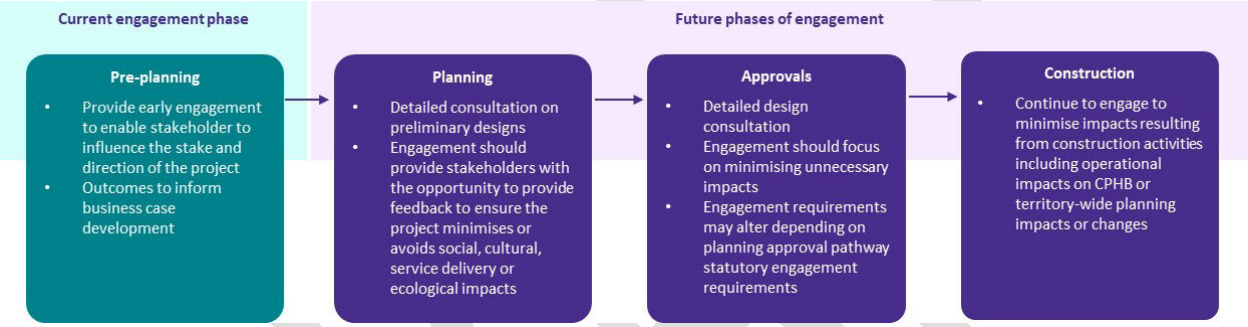
The engagement centred around the early designs for the Northside Hospital, focusing on understanding the user experience. Phase Three is now seeking to close the feedback loop for the project and provide listening reports back to the community.

## 12.1 Stakeholder engagement process

A three phased communication and stakeholder engagement strategy, *Designing ACT health services for a growing population*, was developed as a guide to engagement activity for the Project. Throughout the duration of the Project, engagement activity has and continues to inform development and decision making for the Northside Hospital, allowing the community and stakeholders to have regular input into the development of the new hospital.

Consultation will occur with key stakeholders and the community, in line with key project milestones. Figure 32 provides a preliminary overview of the expected engagement phases for the Project.

**Figure 33: Stakeholder engagement phases**




*Source: Communications Link (2022), Phase two – Northside Hospital – consultation report, Designing ACT health services for a growing population, Version 1, December 2022*

The engagement strategy builds on feedback and lessons learned from previous consultations, such as the University of Canberra Public Hospital, Canberra Hospital Master Plan, Canberra Hospital Expansion Project, and Centenary Hospital for Women and Children Expansion Project. The engagement approach has been framed around ACTHD's strategic vision for 'person centred services; safe and effective care' and the corresponding strategic goals of 'Access, Accountability and Sustainability' to inform how consultation is designed.

*Designing ACT health services for a growing population* engagement program has been undertaken across three phases as illustrated in Figure 33. This engagement structure was designed to gauge public opinion on healthcare across the ACT through Phase one, then dive deeper into two separate engagement streams through Phases two and three. The first stream (run by CHS) explores potential integrated care service solutions and the second stream engages with the community on the new Northside Hospital. Each stream then concludes separately, with the presentation of integrated care and Northside Hospital outcomes to close the loop with the community.

**Figure 34: Current phase engagement program**




*Source: Communications Link (2022), Phase two – Northside Hospital – consultation report, Designing ACT health services for a growing population, Version 1, December 2022*

The following sections detail the stakeholders impacted by a new Northside Hospital, the promotion and communication strategy and the outcomes of stakeholder engagement to date.

## 12.2 Stakeholder identification

A broad range of stakeholders have been identified as being impacted by a new Northside Hospital. Table 56 summarises the identified stakeholder groups and the engagement approach to be undertaken for each.

The engagement approach for each stakeholder can be defined as follows:

- **Work together:** partnerships will be established with these groups for the duration of the engagement program to guide and influence the consultation process
- **Involve:** groups and individuals who will be impacted by new Northside Hospital and will directly approached for feedback
- **Consult:** these groups and individuals will be targeted for expert advice or to learn from their experiences
- **Keep informed**: groups and individuals will be informed of consultation opportunities though broader communication channels.

**Table 56: Stakeholders by engagement approach**

| Engagement approach | Stakeholders | |
|---|---|---|
| **Work together** | • ACTHD<br>• CHS | • Northside Hospital project Team |
| **Involve** | • CHS<br>• CPHB staff, volunteers and campus tenants<br>• Aboriginal and Torres Strait Islander Liaison<br>• ACTHD | • Capital Health Network<br>• Health Care Consumers' Association<br>• Winnunga Nimmityjah Aboriginal Health and Community Services |
| **Consult** | • Community Councils<br>• United Ngunnawal Elders Council<br>• ACT Aboriginal and Torres Strait Islander Elected Body | • Joint Advisory Council Chairs:<br>– *ACT Mental Health Advisory Council*<br>– *Aboriginal and Torres Strait Islander Elected Body*<br>– *ACT Disability Reference Group* |

| Engagement approach | Stakeholders | |
|---|---|---|
| | • Non-government organisations (NGO) funded by ACTHD to deliver health services<br>• Health peak bodies<br>• Regional NSW health providers and services<br>• Unions<br>• Women's Centre for Health Matters<br>• Priority population groups<br>– *Aboriginal and Torres Strait Islander peoples*<br>– *People with disability*<br>– *Children and young people*<br>– *Culturally and linguistically diverse peoples*<br>– *LGBTIQ+ community*<br>– *Older people*<br>– *Families with complex needs*<br>– *People with chronic conditions including mental illness*<br>– *Carers* | – *Domestic Violence Prevention Council*<br>– *LGBTIQ+ Ministerial Advisory Council*<br>– *Minister's Creative Council*<br>– *Ministerial Advisory Council for Veteran's and their Families*<br>– *Ministerial Advisory Council on Ageing*<br>– *Ministerial Advisory Council on Women*<br>– *Multicultural Advisory Council*<br>– *Youth Advisory Council* |
| **Keep informed** | • ACT community | • Other ACT Government Directorates |

*Source: Communications Link (2022), Northside hospital project, Communication and stakeholder engagement strategy, Version 1.2, December 2022*

## 12.3 Promotion and communication strategy

Due to the broad range of stakeholders, the promotional tools used for current and future engagements are varied ranging from direct approach methods through to broader promotional activities such as social media as summarised in Table 57. Consideration has also been given to those in the community who may have limited or no digital access, including the elderly people and those who may be vulnerable or disadvantaged.

Successful consultation will, in part, be reliant on successful promotion of the opportunity to engage. This will need to ensure stakeholders and the community are well informed about consultation and engagement activities. Development of a social media schedule, messaging and products will support the distribution of messaging through ACT Government and ACTHD social media channels.

**Table 57: Communication methods and channels**

| Channel/method | Collateral required | Timeframe |
|---|---|---|
| **Website** | • YourSay website (program overview, feedback channels, questions and answers, engagement events calendar)<br>• ACTHD website | Available online throughout the engagement period and updated with information throughout the consultation program. Consultation program outcomes and next steps will be included at the conclusion of the consultation period. |

| Channel/method | Collateral required | Timeframe |
|---|---|---|
| **Intranet content** | Content inviting staff to contribute to engagement activities will be placed on CHS, and ACTHD intranets and in all staff emails (where appropriate). Information will also be supplied to CPHB for consideration. | Ongoing – in line with consultation timeframes. |
| **Social media** | Promotion of consultation activities through ACTHD and ACT Government accounts. | Ongoing – in line with consultation timeframes. |
| **Other ACT Government channels** | Leverage ACT Government channels including whole of government desktop advertising, whole of government publications notice and Access Canberra advertising screen. | Ongoing – in line with consultation timeframes. |
| **Internal newsletter/ noticeboards/assemblies** | Where possible, promotion of consultation activities to interested health services staff, including CHS, CPHB and NSW Health, through internal newsletters, digital noticeboards, and other internal promotional channels. | Ongoing – in line with consultation timeframes. |
| **Presentation to community councils** | A presentation outlining the project status and consultation program encouraging members to get involved and to distribute within their community. | Ongoing – in line with consultation timeframes and planned meetings. |
| **Emails to representative groups and peak bodies** | Targeted content emails inviting groups to participate in engagement activities. This includes those representing priority population groups. | Ongoing – in line with consultation timeframes. |
| **Media engagement** | • Targeted content to local news outlets<br>• Media events involving the Minister<br>• Minister talkback/feedback opportunities on local radio. | Ongoing – in line with consultation timeframes. and as relevant. |
| **Ministerial opportunities** | • Media releases<br>• Participation by Minister in engagement activities as available | Ongoing – in line with consultation timeframes. |

*Source: Communication Link (2022), Northside hospital project communication and stakeholder engagement strategy, Version 1.2*

## 12.4 Phase One

Phase One of the engagement strategy opened in August 2022 for a duration of five weeks. Phase One focused on understanding people's experiences in accessing ACT public health services, perceptions towards the health system and what they want and need from the health services into the future. Phase One was developed collaboratively between ACT Health and Canberra Health Services. The outcomes of Phase One informed Phase Two engagement as well as other ACT Government health planning and infrastructure projects.

Phase One was facilitated using the ACT Government YourSay platform. The survey covered several key areas including services, access, virtual health, coordination of care, urgent care, quality and safety, the new hospital, and integrated care.

The YourSay survey received a total of 869 responses, including 65 hard copy surveys. There was representation across all population priority groups including Aboriginal and Torres Strait Islander peoples, people with disability, LGBTQIA+ community, people who speak a language other than English, older people (65yrs +), younger people (under 25), people with chronic or complex conditions, families with complex needs, and carers. The survey responses are summarised in Table 58.

**Table 58: Phase one YourSay survey response outcomes summary**

| Survey area | Key response outcomes |
|---|---|
| **Services** | • ED, walk in centres and pathology and pharmacy are the most used services<br>• Canberra Hospital is the most visited hospital, with Belconnen and Gungahlin being the most visited Walk In Centres and Community Health Centres |
| **Access** | • People want better access to paediatrics, mental health, Walk in Centres, hospital and pregnancy services which are currently not provided in the area<br>• Other issues relating to access include the need for bulk billing, community transport service that support LGBTQIA+ people, people with disability and Aboriginal and Torres Strait Islander peoples.<br>• Most people (>55%) want to receive services in whatever way and wherever is recommended to best suit their needs, followed by as close to home as possible (39%) |
| **Virtual health** | • Majority of people (71%) are in favour of having virtual care available as an option, however health services delivered virtually or over the phone is the least preferred way to receive care |
| **Coordination of care** | • Most people (87%) coordinate care themselves without difficulty (68%)<br>• Availability of services (e.g. wait times, availability of suitable services / providers), health system navigation and communication between health providers are the biggest challenges in coordinating care |
| **Urgent care** | • Location has the most significant impact (75%) when seeking urgent care, followed by quality of care and access to a range of services<br>• Most people have attended a Walk in Centre for non life threatening care (70%) |
| **Quality and safety** | • Good customer service, wait times, quality of service, professional standards and culturally appropriate services are the most important factors to assure people of a health service's quality and safety |
| **New hospital** (related to Phase Two – Northside Hospital consultation) | • Regarding the importance of building a new ACT Government hospital, the most common response themes were around quality and safety (38%) including workforce and wait times; clinical services and the need for a dedicated ED and a paediatric unit; user experience including amenities, parking, transport etc.<br>• People also emphasised the importance of inclusion and accessibility and referenced the need for culturally safe care, disability access and sensory friendly spaces |
| **Integrated care** (related to Phase Two – community panel on integrated care) | • Most people are unfamiliar with the term 'integrated care' |

*Source: Communications Link (2023), Phase one – consultation report, Designing ACT health services for a growing population YourSay survey, January 2023*

## 12.5 Phase two

Phase Two of the Northside Hospital engagement strategy opened for six weeks from 18 October to 29 November 2022. Phase two facilitated community consultation and stakeholder engagement to:

- Inform the public about planning for the new Northside Hospital
- Collect community and stakeholder feedback on what people want and need from a new hospital
- Deliver activities that facilitate effective listening of key stakeholders and the community to ensure they felt heard by the ACT Government.

The engagement centred around the early designs for the Northside Hospital, focusing on understanding the user experience. It did not explicitly seek feedback on potential sites or commercial issues relating to the new Northside Hospital or on clinical services.

A series of engagement activities was undertaken across the ACT to provide opportunities for the community and stakeholders to have their say on the Northside Hospital project. This included online consultation through the YourSay platform, in person pop ups held in public areas and drop ins held at health facilities. Key stakeholders were also invited to attend an online workshop or attend one on one briefings to learn more about the Project and provide feedback.

A total of 409 people and organisations participated in the consultation. It included 396 people who participated in online and in person engagement activities, 10 key stakeholder organisations[118] that provided feedback through the stakeholder workshop and an additional three stakeholders[119] that provided separate feedback through submissions. Of the 108 people who provided feedback through YourSay responses, 39 per cent were from Gungahlin, followed by Belconnen (33 per cent) and Inner North (six per cent).

### Community feedback

The community feedback from online and in person engagement activities centred around 11 key themes, with 60 per cent of responses focused on three themes of clinical services, experience and quality. Table 59 summarises the community feedback by theme. The detailed community feedback is presented in Appendix M - Stakeholder Engagement Plan and Community Strategy.

**Table 59: Community feedback by theme**

| Theme | Key response outcomes |
|---|---|
| **Clinical services (22%)** | • 27% of responses related to the need for paediatric services on the northside to reduce travel to Canberra Hospital or interstate, including specialist and intensive paediatric services<br>• 16% of responses related to a larger ED with specialist emergency areas such as maternity or paediatrics<br>• 12% of responses related to maternity services, including the need for a maternity ward, a birth centre, and an early pregnancy unit |

[118] A Gender Agenda, ACT Council of Social Service, Asthma Australia, Canberra Hospital Foundation, Headspace, Health Care Consumers' Association, Campbell Community Association, Ronald McDonald House, Carers ACT, ACT Branch of Australia Medial Association

[119] Belconnen Community Council, Weston Creek Community Council, Health Care Consumers' Association

| Theme | Key response outcomes |
|---|---|
| | • General comments included the need for full service offering, integration with community care, mobile care, use of continuity of care model for maternity, access to non-religious healthcare, flexible service delivery |
| **Experience (22%)** | • 32% of responses related to rooms, design or layout including the need for welcoming spaces and lounge areas, larger rooms with windows and thicker walls, wide corridors, travellator and guide rails, outside seating and homely, calm environment for rest<br>• 21% of responses related to amenities such as patient areas, amenities for children, amenities for staff, food and retail<br>• Other comments included the desire for green spaces, improved wayfinding (e.g. simple language and better signage, use of technology, clear layout with directions) and improved accessibility for older people |
| **Quality (17%)** | • 43% of responses related to workforce and the need for more doctors and nurses, workforce training, diversity, staff attraction, retention and management, and the need to consult with staff<br>• Other feedback highlighted the need to address current wait times, improved customer service and improved safety |
| **Parking and travel (9%)** | • Comments on parking included the need for accessible, affordable and plentiful parking close to the hospital<br>• Comments on travel included the need for easy access to bus stops and rail and consideration of traffic impacts |
| **Location (7%)** | • A third of the feedback was in support of the new Northside Hospital being located in Gungahlin to service the growing community, and the possibility of Mitchell as a location<br>• Other suggested locations included the exiting Bruce campus and Tuggeranong |
| **Accessibility and inclusion (7%)** | • Feedback related to physical/wheelchair accessibility, sensory spaces, accommodating hearing impaired people, availability of translated and Australian Sign Language materials, accessible bathrooms, culturally safe services and support, privacy rooms, religious areas and support, trauma services, break out rooms, domestic violence and abuse area, spaces and support for Aboriginal and Torres Strait Islander peoples, services for people from culturally and linguistically diverse backgrounds, including outpatient support |
| **Infrastructure and technology (7%)** | • Infrastructure considerations included good quality facilities, accessible design, referencing Canberra Hospital, sufficient lifts and stairwells and retention / use of existing CPHB buildings where possible<br>• Technology considerations included the need for modern medical equipment and modern technology for bookings, wayfinding and access and to support user friendly virtual health |
| **Other – hospital general (4%)** | • Feedback included not having CPHB under construction, the need for more ambulances, broad support for the Project, and looking at other hospitals as examples |
| **Other – nonhospital (3%)** | • Feedback related to cost, budget and funding, the need for bulk billing health services, higher workforce pay rates, more funding into healthcare, commentary on the cost of building a new hospital compared to redeveloping, and proposal for a 'Community Finance' model where the public pay for and share ownership of public assets/services |
| **Governance and operations (2%)** | • Feedback included commentary on the perceived limitations of care currently provided at CPHB run by a Catholic faith based organisation and desire for the new hospital to have no religious affiliations, the higher cost of CPHB run by a private organisation and concerns around current governance |

| Theme | Key response outcomes |
|---|---|
| **Sustainability (1%)** | • General comments on the importance of sustainability, water sensitive urban design considerations, solar power, recycling facilities, reduction in single use plastics available, electric vehicle charging ports, and a design that is resistant and responsive to climate change |

*Source: Communications Link (2022), Phase two – Northside Hospital – consultation report, Designing ACT health services for a growing population, Version 1, December 2022*

### Stakeholder feedback

At the stakeholder workshop, participants engaged in a series of activities and discussions centred around the aspirations of the new Northside Hospital, the ideal experience, opportunities and barriers, and expectations on ongoing community throughout the Project. Key feedback themes from the stakeholders included:

- Ensuring availability of adequate services to vulnerable communities
- Consideration of young people in particular during the planning of services and design of buildings, to ensure that safe and flexible spaces are created and able to accommodate the rapidly growing population on the northside
- Delivery of integrated services at the Northside Hospital such as a dedicated asthma respiratory service, family and neonatal services and gender affirming care services
- Importance of integrating the new Northside Hospital into the ACT health service and community.

The detailed stakeholder feedback is presented in Appendix M - Stakeholder Engagement Plan and Communication Strategy.

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# 13. Advisor Engagement Plan

**This chapter identifies the role of external advisors that could be engaged to assist in developing the Northside Hospital project.**

Given the scale and complexity of the Project a variety of external advisors have been appointed to assist in the preparation of this Business Case. The advisors include:

- Commercial and economics
- Legal
- Technical design, engineering and a range of subconsultants
- Cost estimation.

Engagement with external advisors seeks to supplement the capabilities of the Project Team and ensure provision of the appropriate expertise required as the Project progresses to further planning and detailed infrastructure design.

An Advisor Engagement Plan has been developed to identify future advisory engagements required for the Project. These include:

- Legal and probity
- Financial and commercial advisors
- Technical design and engineering advisors
- Clinical and facility planning
- Stakeholder management and communication advisors.

Given the scale and complexity of the Project a variety of external advisors have been appointed to assist in the preparation of this Business Case. The advisors include:

- Commercial and economics
- Legal
- Technical design, engineering and a range of subconsultants
- Cost estimation.

This Advisor Engagement Plan has been developed to identify future advisory engagements required for the Project and to outline the scope of engagement. Engagement with external advisors seeks to supplement the capabilities of the Project Team and ensure provision of the appropriate expertise required as the Project progresses to further planning and detailed infrastructure design.

Table 60 summarises the advisor engagements anticipated for the next project phase. It is noted that the list is indicative, and the Advisor Engagement Plan will be reassessed as the Project progresses and the requirements for specialist external advice evolves.

**Table 60: Key external advisors**

| Key advisory roles | Potential scope of engagement |
|---|---|
| **Legal and probity** | The ACT Government Solicitors Office will be the primary source of legal services for the Project. External legal advisors will be required to:<br>• Provide commercial and legal expertise in relation to contractual negotiations and documentation (to be advised and coordinated by the ACT Government Solicitors Office)<br>• Support further Project development including development of future business case proposals and procurement<br>• Assist with preparation for, or participation in, any legal proceedings required as part of the implementation of the next stage of the Project<br>• Assist with legislative requirements such as planning and environmental approvals.<br>A Probity Advisor will also be required to provide advice, manage probity issues and support the implementation of appropriate probity procedures.<br>Legal advisor and probity advisor costs have been included in full project costings. |
| **Financial and commercial** | Commercial Advisors will be required for the next phase of the Project, to support:<br>• Development of the 2024 25 Enabling Works Business Case<br>• Development and 2025 26 Main Works Business Case<br>• Other general procurement and commercial advice required may include:<br>• Market sounding<br>• Delivery model options analysis<br>• Commercial negotiation support.<br>• Commercial advisor costs have been included in full project costings. |
| **Technical design and engineering – including (very) ECI** | Technical Advisors will be required during development of the detailed design phase, including:<br>• Client side design consultants<br>• (Very) ECI contractor (refer to Section 8.3)<br>• Engineering specialists<br>• Urban planners<br>• Cost planners<br>• Geotechnical and surveying specialists.<br>• Key outputs required from the technical advisors include:<br>• Further site investigations and technical due diligence<br>• Schematic and detailed design for mains works and any enabling works package<br>• Development of planning approval documentation and planning consultation<br>• Detailed Functional Design Brief and updated schedule of accommodation<br>• Construction delivery programme<br>• Cost analysis and cost plan development. |

| Key advisory roles | Potential scope of engagement |
|---|---|
| **Clinical and facility planning** | Clinical and Facility Planning Advisors will be required to:<br>• Confirm the clinical scope of the new hospital<br>• Inform facility design using standards and benchmarks<br>• Bring modern facility planning experience to support Project development. |
| **Stakeholder management and communication** | The Project will be supported by the Communications Team within ACTHD (or MPC, should designation as a major project occur). The Communications Team will engage a Stakeholder Management Advisor to implement the stakeholder engagement strategy for the Project. The Stakeholder Management Advisor will support community and stakeholder engagement activities through the detailed design phase and planning approvals processes.<br>Costs for a Stakeholder Management Consultant have been included in full project costings. |

*Source: MPC (2023), Northside Hospital Development Project – Advisor Engagement Plan*

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# 14. Timeline

**This chapter** identifies the timeline for delivery of the new Northside Hospital, the assumptions made around the timeline and any risks dependencies, constraints and/or deadlines that may arise.

Construction of the new Northside Hospital is proposed to commence in Q4 2026, following planning lodgement and approval for the main works in Q2 2026. The delivery program from enabling works through to commissioning is expected to extend over a four year period. The Northside Hospital opening date is estimated to be Q4 2030.

The Project decision and review points and the respective decision makers will be determined at the next detailed design phase.

Key timeline risks for the Northside Hospital project include:

- Risk that the DA approval process is longer than anticipated
- Risk that the planning decisions lead to changes in the design, construction or commissioning requirements or service specifications
- Risk of site contamination or other unanticipated adverse ground conditions
- Risk of construction subcontractor(s) going insolvent
- Risk of extreme weather events.

Risk mitigation strategies for the above identified risks will be developed through the detailed design phase of the Project to help mitigate / manage impacts on timeline. At this stage of the Project development, an indicative contingency float has been included in the project timeline equivalent to three quarters total between 2023 and 2025. The recommended float will be determined upon identification of the preferred option for the new Northside Hospital and further refinement of the timeline in alignment with the detailed design.

## 14.1 Project timeline

Table 61 presents the program of works for the preferred options (Option 1A and 2). Construction of the new Northside Hospital is proposed to commence in Q4 2026, following planning lodgement and approval for the main works in Q2 2026. The delivery program from enabling works through to commissioning is expected to extend over a four year period. The Northside Hospital opening date is estimated to be Q4 2030. Detailed timelines for the preferred options are provided in Appendix N - Project timeline.

**Table 61: Project timeline**

| Milestone | Option 1A: Bruce multiple buildings in a single stage |
|---|---|
| **Phase 1 design completion** | |
| Master plan / concept design | Q1 2023 |
| Design stage Business Case | Q2 2023 |
| Public notification of budget for the Project | Q3 2023 |

| Milestone | Option 1A: Bruce multiple buildings in a single stage |
|---|---|
| Budget approval for design stage costs | Q3 2023 |
| Preferred site and operator confirmation | Q3 2023 |
| Land transfer | Q4 2023 |
| **Phase 2 design completion** | |
| **Government process** | |
| Consultant procurement | Q4 2023 |
| Enabling Works and ECI Business Case | Q3 2024 |
| Main Works Business Case | Q2 2025 |
| Budget approval for enabling works and ECI | Q4 2024 |
| Budget approval for main works | Q3 2025 |
| Planning approvals | Q1 2025 |
| **Land rezoning** | n/a |
| **Surveys and enabling works design** | |
| Surveys (Geotech, heritage, ecological, land survey, hazmat etc.) | Q4 2024 |
| Schematic design | Q3 2024 |
| Detailed design | Q1 2025 |
| Planning lodgement and approval | Q3 2025 |
| **Main works design** | |
| Schematic design | Q4 2024 |
| Detailed design | Q4 2025 |
| Construction documentation | Q4 2026 |
| Decant / accommodation strategy | Q4 2025 |
| Planning lodgement and approval | Q2 2026 |
| Post planning approvals / leasing agreements / building approvals | Q4 2026 |
| **Delivery** | |
| **Contractor procurement** | |
| Appoint enabling works contractor | Q4 2025 |
| Main works contractor ECI period | Q1 2026 |
| Appoint main works contractor | Q4 2026 |
| **Construction** | |
| Enabling works | Q4 2026 |
| Childcare centre | Q3 2027 |
| Car park | Q2 2030 |
| Main works | Q3 2030 |
| Separate mental health facility | Q2 2030 |

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| Milestone | Option 1A: Bruce multiple buildings in a single stage |
|---|---|
| Hospital commissioning | Q4 2030 |

*Source: Arup (2023), Canberra Northside Hospital Construction Programme (High Level) – Calvary Site, ECI Procurement, Revision 4; Arup (2023), Canberra Northside Hospital Construction Programme (High Level) – Greenfield Site, ECI Procurement, Revision 5*

## 14.2 Project decision points

The Project decision and review points and the respective decision makers will be determined at the next detailed design phase. Responsibility will align with the proposed governance structure as presented in Section 11.

It is expected that there will be additional construction Business Case proposals for the Enabling Works and Main Works construction of the new Northside Hospital, as identified in the program in Table 61.

## 14.3 Recommended float

At this stage of the Project development, an indicative contingency float has been included in the project timeline equivalent to three quarters total between 2023 and 2025. The recommended float will be determined upon identification of the preferred option for the new Northside Hospital and further refinement of the timeline in alignment with the detailed design.

The float will take into consideration the critical activities which have the largest potential to cause delays and ensure sufficient flexibility is embedded to meet the commissioning date. The critical activities are anticipated to include site surveys, preparation and obtainment of planning approvals, land rezoning for a potential greenfield development and procurement of contractors for enabling and main works.

## 14.4 Project timeline risks, dependencies, constraints and/or deadlines

The primary timeline risks for the Northside Hospital project, as identified through the Risk Analysis presented in Section 7, include:

- Risk that the DA approval process is longer than anticipated resulting in delay in works commencement or completion
- Risk that the planning decisions lead to changes in the design, construction or commissioning requirements or service specifications resulting in delay in work commencement or completion
- Risk of site contamination or other unanticipated adverse ground conditions especially in relation to draining, groundwater and / or geotechnical conditions resulting in delay in work commencement or completion
- Risk of construction subcontractor(s) going insolvent resulting in delay in work commencement or completion
- Risk of extreme weather events resulting in damage or delay to construction works.
- Risk mitigation strategies for the above identified risks will be developed through the detailed design phase of the Project to help mitigate / manage impacts on timeline.

Additionally, the timeline of the Northside Hospital project will be interdependent on the outcomes of other projects, workstreams and activities as noted in Section 6.5.

## 14.5 Project timeline assumptions

Key assumptions underpinning the project timeline, as specified by Arup, are detailed in Table 62.

**Table 62: Project timeline assumptions**

| Category | Option 1A: Bruce multiple buildings in a single stage |
|---|---|
| **Enabling works** | Enabling works to clear the construction site area includes:<br>• Moving communications rooms and IT network<br>• Demolition of the childcare centre, O'Shannassy, Lewisham and Residences B and C<br>• Planning for staged demolition of facilities on the north block<br>• Establishment of temporary access to the existing loading area, substations and bulk oxygen<br>• Utility diversions<br>• Site remediation<br>• Temporary car park solution |
| **Car park works** | Car park works includes:<br>• Construction of multi deck car park |
| **Main works** | ECI procurement is assumed for main works due to the scale and risk profile of the Project.<br>Main works includes:<br>• Bulk earthworks completion<br>• All other construction works for the development<br>• Commissioning and setting to work of the building<br>• Moving staff into the new building and it becoming fully operational |
| **Construction period** | • Multi deck car park to accommodate 800 cars<br>• Main works encompassing circa 95,000sqm (with mental health in a separate building)<br>• Main works for mental health facility encompassing circa 15,000sqm |
| **Bruce campus** | • Program does not include or identify any proposed works for the decommissioned Marian and Xavier buildings following construction of the new development |

*Source: Arup (2023), Canberra Northside Hospital Construction Programme (High Level) – Calvary Site, ECI Procurement, Revision 4; Arup (2023), Canberra Northside Hospital Construction Programme (High Level) – Greenfield Site, ECI Procurement, Revision 5*

## Appendices

Appendix A - Investment Logic Workshop

Appendix B - Wellbeing Impact Assessment

Appendix C - Options Assessment Report

Appendix D - Workforce Planning Report

Appendix E - Functional Design Brief

Appendix F - Risk Register

Appendix G - Delivery Model Workshop

Appendix H - Detailed cost estimates

Appendix I - Financial analysis and economic appraisal report

Appendix J - Detailed annual cashflow profile

Appendix K - Major Project Designation

Appendix L - Project governance

Appendix M - Stakeholder Engagement Plan and Communication Strategy (Tier 1 and Tier 2)

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## Appendix N - Advisor Engagement Plan

## Appendix O - Project timeline

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# Northside Hospital Detailed Business Case – Appendix A

# Investment Logic Workshop

ACT Health Directorate
May 2022

pwc



# Investment Logic Workshop

# Agenda

| | |
|---|---|
| Date | 11 May 2022 |
| Venue / Location | Major Projects Canberra, Callam Offices - Owen Brown Room |
| Attendees | Achini Thenuwara, Adam Graham, Adrian Box, Andrew Mehrton, Ben Green, Ben Morris, Caitlin Bladin, Cameron Beresford, Chris Clery, Chris Tarbuck, Damon Hall, David James, Dorothea Camangan, Jacinta George, Jeff Hart, Ken Marshall, Kim Wheeler, Liz Lopa, Martin Little, Peter McNiven, Rebecca Sweetman, Shaun Ryan, Sheikh Lana, Trevor Banks, Vanessa Drew |
| Purpose | To develop a collective view of the investment need for Northside Hospital Development to support the development of a Concept Brief/Budget Proposal |

| Task | Time | Responsibility |
|---|---|---|
| 1. Welcome and introductions | 5 mins | All |
| 2. Project background | 5 mins | PwC |
| 3 Overview of Investment Logic Map process | 10 mins | All |
| 4 Workshopping of Investment Logic | 50 mins | All |
| 5 Project options | 10 mins | All |
| 6 Next steps and close | 5 mins | PwC |

# Project updates and background

**Scoping study (2017-2018)**

ACT Government invested $3.25 million on scoping study for expanded Northside Hospital facilities. As part of this, the following were included:

- CPHB Condition Assessment
- Strategic Asset Management Plan (SAMP)

**Multi-Criteria Analysis (MCA)**

In 2020, AECOM conducted a MCA and preliminary risk analysis. This identified 2 viable options for further investigation:

- Construction on the existing CPHB site
- Construction on a new Greenfield (or Brownfield) site in north Canberra

**Business Case**

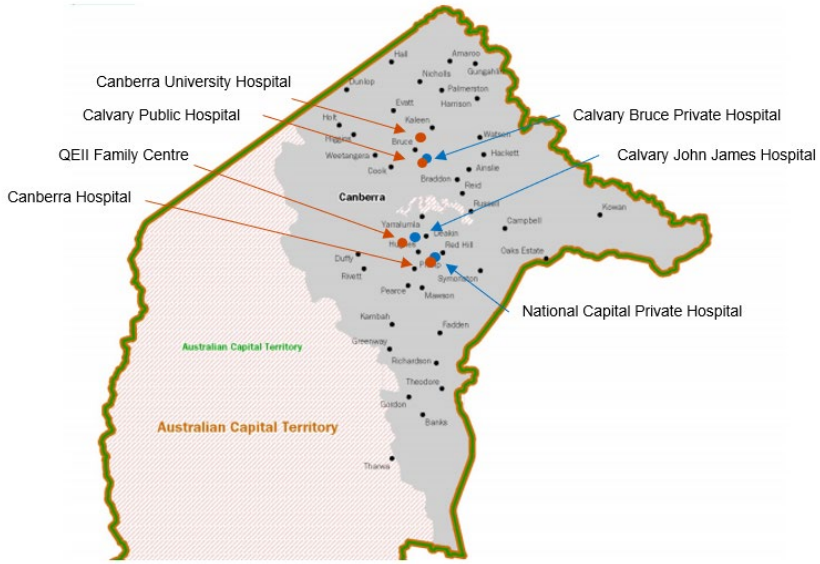
The business case will be developed to undertake site specific master plans, concept design and clinical planning for both options.

# Shortlisted options

The Business Case will examine two delivery options for the new Northside Hospital, either through:

- Construction on the existing Calvary Public Hospital Site in Bruce (**CPHB Option**)
- Construction of a new Greenfield (or Brownfield) site in the North of Canberra (**Greenfield Option**)

The CPHB Option is the preferred option explored in the business case to be built on Block 1, Section 1 Bruce – currently owned by Calvary Health Care ACT Ltd.



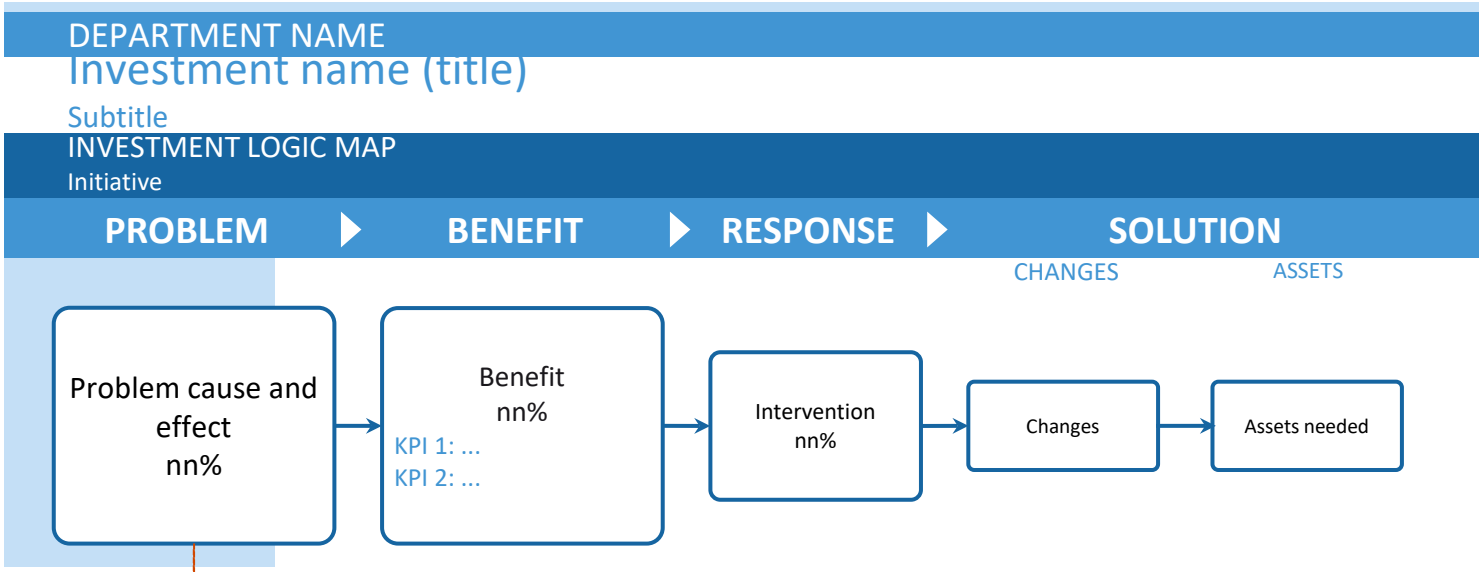
# Investment Logic Map

An investment logic map is a one-page, visual snapshot of the logic underpinning a potential investment. It captures the story of an investment in a clear and concise way.

The ILM components are:



# Investment Logic Map




| Demand and Key Drivers | Challenges / opportunities | Impacts | Objectives / benefits | Project scope / solution |
|---|---|---|---|---|
| • Population Growth<br>• Changes in models of care<br>• Technological changes<br>• Other trends we are responding to | • What is currently limiting our ability to meet our demand / key trends?<br>• Why is our current infrastructure limiting us? | • What happens if we don't do anything? | • What benefits / outcomes are we targeting / seeking to achieve? | • What scope elements will help us address the challenges and meet the objectives? |
| ***1. What is the problem we are trying to address?*** | | | ***2. What benefits / outcomes are we targeting?*** | ***3. What is the strategic response / project scope?*** |

# What is the problem we are trying to address?

| Demand and Key Drivers | Challenges / opportunities | Impacts | Objectives / benefits | Project scope / solution |
|---|---|---|---|---|
| • Population Growth<br>• Changes in models of care<br>• Technological changes<br>• Other trends we are responding to | • What is currently limiting our ability to meet our demand / key trends?<br>• Why is our current infrastructure limiting us? | • What happens if we don't do anything? | • What benefits / outcomes are we targeting / seeking to achieve? | • What scope elements will help us address the challenges and meet the objectives? |

The problem should be analysed from two perspectives: the cause and the effects.

It must be compelling and something the government and/or community care about (i.e. if the effect or consequence is of little importance or concern, the problem/opportunity is not compelling).

Key questions to consider when developing a problem/opportunity statement include:

- What is the cause and what is the effect or consequence?
- What are the drivers for investment?
- What will happen if nothing is done?
- What trigger means a response is required now?
- What is the effect or consequence that we really care about?
- Can we do something about remedying the cause (or what is broken)?

Is there evidence of the problem (monetised or quantified where possible)?

Does this align with State and Federal strategies and plans?

# What benefits/outcomes are we targeting?

| Demand and Key Drivers | Challenges / opportunities | Impacts | Objectives / benefits | Project scope / solution |
|---|---|---|---|---|
| • Population Growth<br>• Changes in models of care<br>• Technological changes<br>• Other trends we are responding to | • What is currently limiting our ability to meet our demand / key trends?<br>• Why is our current infrastructure limiting us? | • What happens if we don't do anything? | • What benefits / outcomes are we targeting / seeking to achieve? | • What scope elements will help us address the challenges and meet the objectives? |

Key questions to consider when developing a Benefit Statement include:

- What value will we get out of this investment and how will we know whether value has been delivered?
- What benefits will the organisation expect in successfully responding to the problem?
- What outcomes will we get from remedying this problem?
- What benefit will government and the community get from this investment?
- What part of the government agenda will this investment support?
- What KPIs will demonstrate value and are outcome focused?

# What is the strategic responses / project scope?

| Demand and Key Drivers | Challenges / opportunities | Impacts | Objectives / benefits | Project scope / solution |
|---|---|---|---|---|
| • Population Growth<br>• Changes in models of care<br>• Technological changes<br>• Other trends we are responding to | • What is currently limiting our ability to meet our demand / key trends?<br>• Why is our current infrastructure limiting us? | • What happens if we don't do anything? | • What benefits / outcomes are we targeting / seeking to achieve? | • What scope elements will help us address the challenges and meet the objectives? |

- The strategic response includes a number of high-level interventions that describe a potential response to identified problems/opportunities.
- A valid strategic response must:
  - allow more than one possible solution
  - address at least part of the problem
  - deliver at least some of the identified KPIs
  - ideally allow for more than one possible initiative.
- The strategic response must remain sufficiently high level so as not to lock the agency into a specific project option.

# Options for consideration in the Budget Proposal

- **Option A – Do Minimum**, keep safe and operating: This is the equivalent of a 'do nothing' scenario and is considered unacceptable due a failure to address both the back-log maintenance and high risk 'minor works'. It is provided as the base case for comparative purposes to the 'do something' options. This option proposes that highest priority capital works only are implemented, and 'sweating' other assets, managed through R&M budgets. CPHB continues to operate as it currently stands. This option does not accommodate growth in demand or clinical services.

- **Option B – Minor Works**: This option proposes a risk-based approach to capital replacement in the short to medium term to extend the lifespan of the facility. These works aim to maintain the existing assets in an adequate condition. This option is the minimum required to maintain operations at CPBH with manageable risks. This option does not accommodate growth in demand or clinical services.

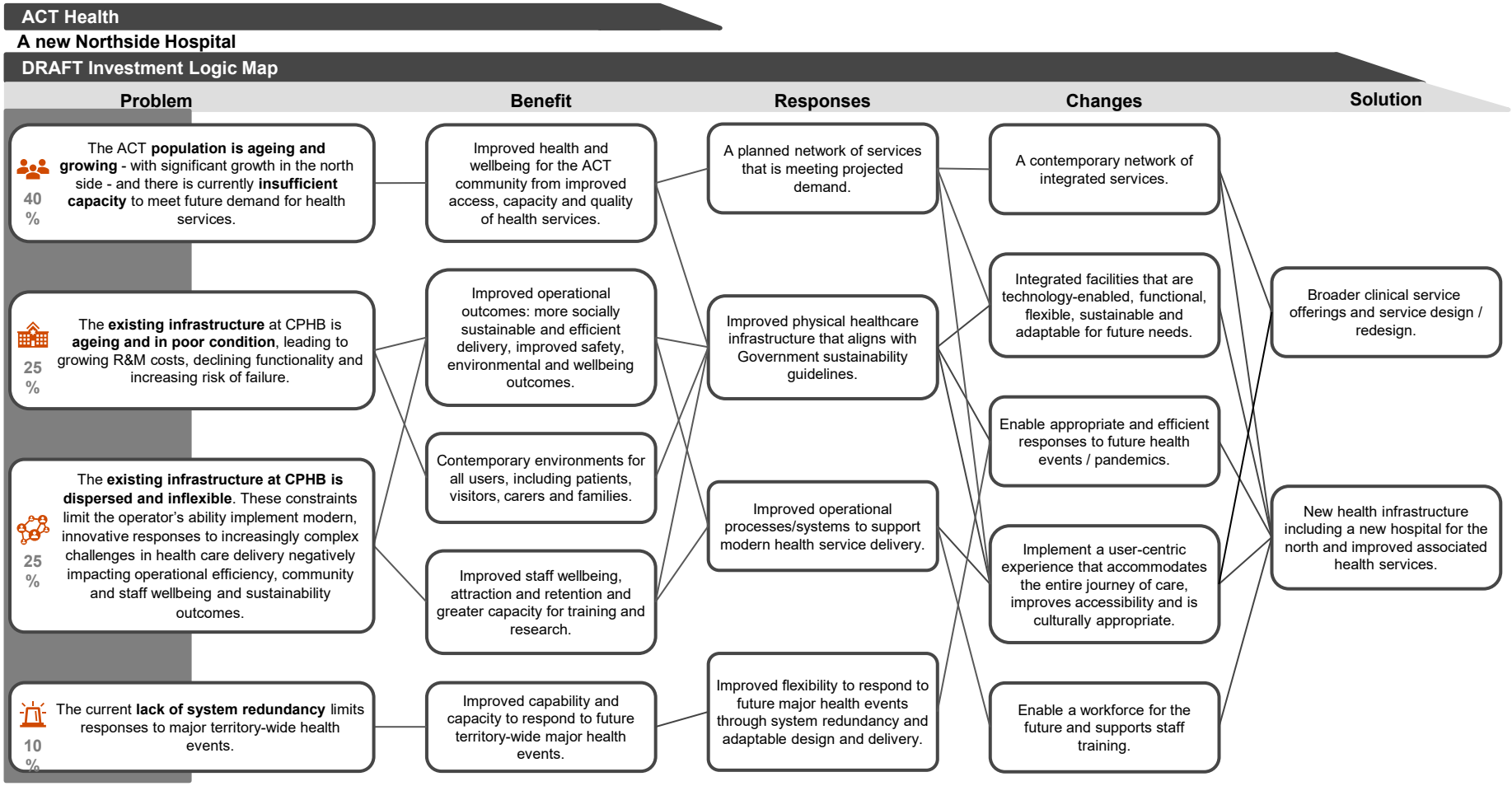
- **Option C – Calvary Public Hospital Bruce Single Stage Redevelopment**: This option includes the demolition of Residence A & B, Lewisham and the Child Care Centre at CPHB to create a site where a new hospital which accommodates the clinical and demand requirements at 2036/37 is constructed in a single stage.

- **Option D – University of Canberra Northside Hospital**: This option includes the construction of a new hospital which accommodates the clinical and demand requirements at 2036/37 in a single stage adjacent to the University of Canberra Hospital.

- **Option E – Generic Green/Brownfield Site**: This option includes the construction of a new hospital which accommodates the clinical and demand requirements at 2036/37 in a single stage adjacent on a generic greenfield/brownfield site.

# Investment Logic Map

# Investment Logic Map



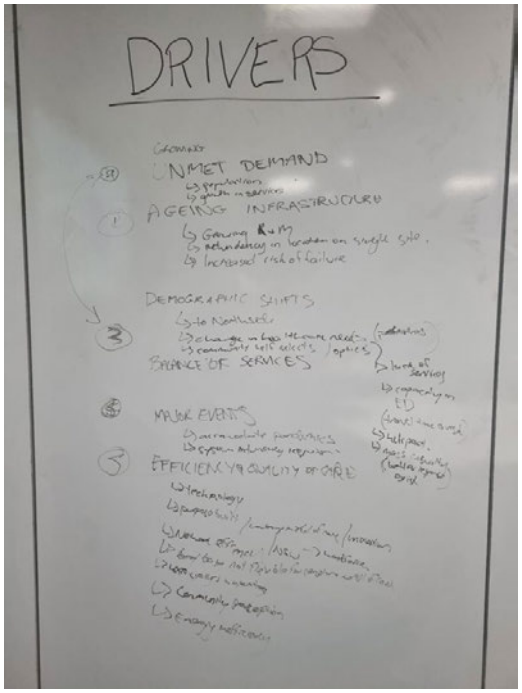
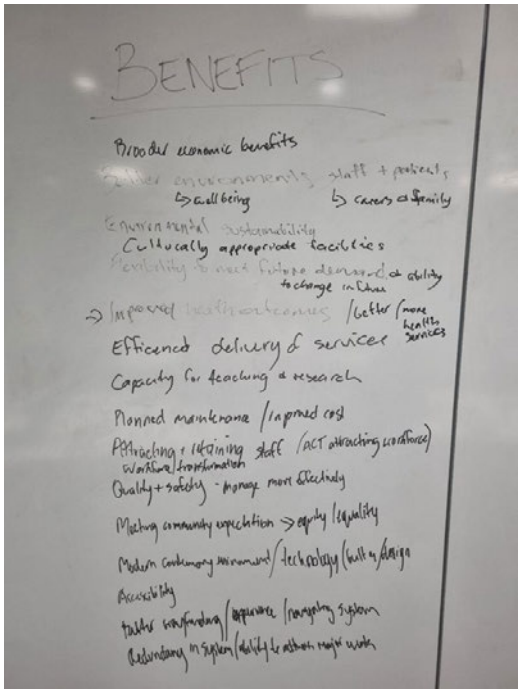
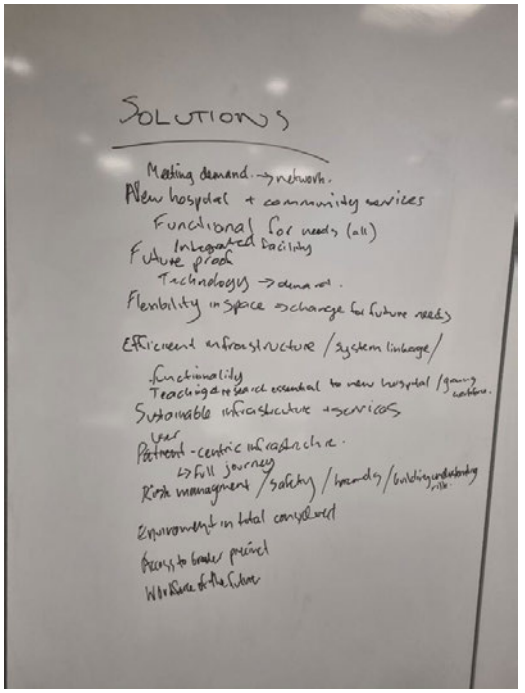
# Expanded investment logic to support Business Case narrative

DRAFT FOR COMMENT

| Demand and Key Drivers | Impacts | Benefits / Opportunities | Solution |
|---|---|---|---|
| **1. The population of ACT is growing and ageing, shifting to the north side**<br>• The population of the ACT grew by 2.0% annually in the five years to December 2021, from 409,886 to 453,324 residents.[1] Post the Covid-19 pandemic, ACT's population is set to reach 500,000 by the end of this decade.[2]<br>• 58% of Canberrans live in the north side (Belconnen, Gungahlin and North Canberra) and account for 81% of total growth in Canberra in the five years to 2021.[3]<br>• The population aged 65 to 84 years is projected to increase by 125%, with its share of the total population projected to increase from 11% in 2017 to 15% in 2058.<br><br>**2. The existing infrastructure at Calvary Public Hospital is ageing and in poor condition**<br>• 12% of assets are at or beyond the end of their useful life, of which a third are critical assets.[4]<br>• 42% of assets have less than 25% nominal service life remaining and will likely require capital intervention (replacement) as they continue to deteriorate in the near-term future.[5]<br>• The buildings are generally approaching end of life (except for some newer buildings such as ICU/CCU). Administration buildings are in poor condition and are of a quality not commensurate with modern office principles.[6]<br><br>**3. The existing infrastructure at Calvary Public Hospital is dispersed, inflexible**<br>• Health services at Calvary Public Hospital are currently delivered across 2 primary and 2 secondary clinical buildings, with an additional six buildings that provide supplementary clinical and supporting services.<br>• The Calvary Public Hospital is unable to expand or refurb to address the capacity constraints given the poor functionality and configuration of the current infrastructure – i.e. low floor heights and small back-of-house areas.<br>• Current infrastructure is not future focused and does not meet contemporary health facility requirements, including insufficient space to meet AusHFGs.<br><br>**4. Lack of system redundancy in health care delivery**<br>• Major events (e.g. COVID-19) place greater pressure on the health system and requirements for future flexibility. The recent COVID-19 pandemic has highlighted key features which would be beneficial to integrate into hospital design, in order to better cope with similar scenarios in the future. These include the flexibility to designate isolation areas and improved entry and exit routes into the hospital for infectious patients.<br>• There is currently a lack of system redundancy across the ACT, including aeromedical transport, mass casualty incident capability and capacity (infrastructure age and design) gap | **1. There is insufficient capacity to meet future demand and increasingly complex health needs**<br>• Capacity constraints have been identified in areas of medical / surgical beds, adult mental health, ED, outpatient clinics.<br>• High demand services that come with rising population like paediatrics are not offered at the current Calvary Public Hospital.<br><br>**2. The condition of the existing infrastructure at Calvary Public Hospital is leading to declining conditions and functionality, increased risk of failure and growing repairs and maintenance costs**<br>• The age of some assets at Calvary Public Hospital has led to poor asset condition and a maintenance backlog that needs to be addressed.[7]<br>• The age and condition of current infrastructure may lead to increased risk of failure in the future in the absence of significant investment.<br>• The age of the current infrastructure does not support provision of contemporary healthcare services and digital / virtual future healthcare<br><br>**3. Dispersed and inflexible infrastructure will lead to greater inefficiencies and impact on quality of care**<br>• The current design and configuration of Calvary Public Hospital will continue to impact on workflow efficiencies and any expansion of refurbishment of existing assets would drive further inefficiencies.<br>• The functionality and configuration of the existing assets does not allow for the incorporation or adoption of contemporary health facility requirements or technology.<br>• The condition and functionality of existing assets will impact on the ability for Calvary Public Hospital to meet future health needs and deliver quality health care.<br><br>**4. Lack of system redundancy limits response to territory-wide health emergencies**<br>• The lack of system redundancy and aged design creates significant risks in the face of health | **Investment in a new Northside Hospital will present an opportunity to deliver a range of benefits / opportunities:**<br>• A better environment to improve health and wellbeing outcomes for staff, patients, carers & families<br>– *KPI: improved ACT Government wellbeing indicators and Patient Experience Survey, reduced PPH*<br>• Improved accessibility for staff, patients, carers & families from improved wayfinding, navigation and carparking spaces<br>– *KPI: improved wayfinding around hospital campus, increased carparking bays, improved accessibility to public transport*<br>• Improved staff satisfaction and efficiencies through building design enabling quality patient care<br>– *KPI: improved staff satisfaction and efficiency studies*<br>• Flexibility to models of care and reimagine healthcare delivery in the future with technology and a model responsive to climate change<br>– *KPI: improved Directorate Climate Survey results, encourage innovative integrated models of care, deliver timely and effective person-centred digital solutions*<br>• Implementation of a planned maintenance program that is proactive rather than reactive<br>– *KPI: budgets within agreed variance, increased digital business systems utilisation, risk maturity reaches agreed target*<br>• Infrastructure that enables appropriate and efficient response to future territory-wide major events through improved system redundancy<br>– *KPI: improved coordination between community partners across territory*<br>• Greater transparency of service delivery / contractual opportunities<br>– *KPI: improved coordination between operator and ACTHD*<br>• Broader economic benefits for the ACT<br>– *KPI: additional jobs created, new businesses / services adjacent to the new Northside Hospital* | **The proposed solution is investment in a new Northside hospital that:**<br>• Provides additional capacity to meet future demand for health services that are technology-enabled, functional, flexible, sustainable and adaptable for the north side of the ACT<br>• Provides sufficient risk management systems to identify safety measures and hazards and implementation of a proactive planned maintenance program<br>• Delivers outcomes that align with the Territory-wide Health Services Plan as well as the ACT Climate Strategy<br>• Provides user-centric experience that accommodates the entire journey of care for both the consumers, carers and family, promotes healing, improves accessibility and is culturally appropriate<br>• Enables a workforce for the future and supports staff training<br>• Enables appropriate and efficient response to future health events / pandemics |

[1] ABS (2021), 3101.0 National, state and territory population, Table 4
[2] ACT Government (2022), Budget at a glance 2022-23
[3] CMTEDD (2018), ACT Population Projections by District (2015 - 2041)
[4] AECOM (2020), Northside Hospital Development Options Analysis, September 2020, pg 14.
[5] Ibid.
[6] Ibid.
[7] AECOM (2020), Northside Hospital Development Options Analysis, September 2020, pg 19.

# Information captured through Visioning and Investment Logic Mapping Workshop on 12 May 2022

| Drivers / Problems | Benefits / Opportunities | Solution |
| --- | --- | --- |
|  |  |  |

# Next Steps

- Document the outcomes from today's session into a one-pager for distribution and additional comments (to be provided by Friday 26th February)
- Drafting of concept brief/budget proposal to reflect outcomes of this session

# Thank you

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# WELLBEING IMPACT ASSESSMENT

**Northside Hospital** **ACTHD Wellbeing Impact 1**

## Purpose of proposal

This proposal seeks funding to continue the planning and design development for a new hospital on the northside of Canberra and establish a funding envelope (in provision) for the construction of the hospital.

A new northside hospital would replace the existing infrastructure at Calvary Public Hospital Bruce (CPHB) that is nearing end of life, is capacity constrained and unable to support network wide system redundancy. The new northside hospital would deliver increased health service capacity for the ACT and provide infrastructure to support contemporary service delivery.

## Impact description

Health is fundamental to wellbeing and an important domain within the wellbeing framework. Once operational, a new northside hospital is expected to improve a range of health outcomes by:

- providing facilities that enable contemporary models of care that contribute to safety and quality.
- providing improved user experience for staff, patients and visitors.
- increasing service capacity so that more people can access healthcare at the right time and in the right place.
- providing services closer to a growing and aging northside population, reducing demand pressures in the south side on Canberra and improving overall network resilience.

**Magnitude of impact**

- The hospital facilities will meet forecast clinical demand to 2041. The new hospital will be located on the north side of the ACT where population growth is significant. This will help relieve demand pressures on the south side of the ACT to improve overall network resilience.
- A new northside hospital will deliver facilities to enable implementation of contemporary models of care and support equitable access for all ACT residents. A major positive impact on patient and community outcomes is anticipated through-out the life of the new hospital.

## Who is affected?

- **ACT residents -** the entire population of the ACT (456,652 in 2022)[1] will positively benefit, as greater capacity of services becomes available across the territory. Current estimations show that the ACT will need to provide an additional 275 adult acute inpatient beds and about 55 emergency treatment bays by 2036-37. This need will be met by the new hospital.

  Patients who do not directly use the new hospital would benefit from less crowded service provision at other locations. Given that the population is ageing, a larger proportion of people in older age groups will be positively impacted going forward. A new facility allows older people to be cared for in a building that meets modern design and accessibility expectations.

[1] ACT CMTED (2022), Estimated Resident Population — June Quarter 2022

# WELLBEING IMPACT ASSESSMENT

- **Health care workers** will benefit as more jobs become available connected to the new hospital, and pressure is taken off those working at the current sites. New hospital facilities (including staff amenities, research and training spaces and end of trip facilities) will also improve the working environment for staff. The new northside hospital is anticipated to support a full time equivalent (FTE) workforce of 2,671.
- **Families and carers** will benefit from improved, modern and purpose-built facilities that will improve their experience of supporting patients while in hospital with updates to parking, waiting areas, retail and wayfinding. The modern facility will also enhance the recent introduction of digital health records and virtual care options – providing flexibility and accessibility to carers and patients.
- **Business and local economy –** a higher quality of health service provision should have an indirect positive effect on worker productivity across the local economy of the ACT, as a healthier population is less likely to take time off work due to ill health.

| **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 domain Health

Timeframe

Five years plus The new northside hospital is expected to be operational by 2030.

# WELLBEING IMPACT ASSESSMENT

## Evidence base and data

Evidence suggests that the demand for health-care services in the ACT is increasing and will overtake supply in the next five years. The population of the ACT is estimated to grow to approximately 554,000 by 2036 and 703,000 by 2058.[2] This represents an increase on the 2020 population by around 27% by 2036 and 61% by 2058. Over 50% of this population growth is expected to be concentrated in Canberra's north side.[3]

- **Chronic conditions:** There is rising incidence of acute and chronic conditions, with chronic conditions now the leading cause of illness, disability and death in Australia. [4] There is also a rise in the number of comorbidities as many are living with one or more chronic diseases. In 2017–18, almost half of all adults (48.5%) in the ACT had at least one of the following chronic diseases: arthritis, asthma, cancer, diabetes, mental illness or heart disease.[5] Of all adults, 20.3% had comorbidities or multi-morbidities.[6]
- **Mental health:** Mental health is a leading cause of disease in the ACT. In 2017-18, 20.8% of Canberrans aged 18 years and over had a mental or behavioural condition, 13.9% had an anxiety related condition and 10.3% reported depression or feelings of depression.[7]
- **People with a disability:** The proportion of ACT residents living with disability increased from 16.2% (or 62,000 people) in 2015 to 19.4% (or 80,000 people) in 2018.[8] More people in the ACT are living with profound or severe core activity limitations —18,800 people in 2015 compared to 25,800 in 2018.[9]
- **Obesity**: Obesity is a rising issue. In 2017–18 almost two-thirds of adults in the ACT were overweight or obese — around 37.6% were overweight and 26.4% were obese. Meanwhile, over one-quarter of children aged 2–17 was overweight or obese—around 22.1% of children were overweight and 7.4% were obese.[10]

20.8% of ACT adults felt it was hard to access specialist services while only 5.5% felt it was hard to access GP services.[11]

[2] ACT Government (2019), ACT Population Projection: 2018 to 2058, January 2019 (viewed at www.treasury.act.gov.au)
[3] ACT Government (2019), ACT Population Projection: 2018 to 2058, January 2019 (viewed at www.treasury.act.gov.au)
[4] ACT Government (2022), ACT Health Services Plan 2022-2030, page 20 (viewed at www.health.act.gov.au, page updated 24 October 2022)
[5] ACT Government (2022), ACT Health Services Plan 2022-2030, page 20 (viewed at www.health.act.gov.au, page updated 24 October 2022)
[6] Australian Bureau of Statistics (2018), National Health Survey: First Results, 2017-18 - Australia. Data cube: Table 2.3 Summary health characteristics - States and Territories, Proportion of persons, released 12 December 2018, (viewed at www.abs.gov.au)
[7] ACT Government (2022), ACT Health Services Plan 2022-2030, page 20 (viewed at www.health.act.gov.au, page updated 24 October 2022)
[8] Australian Bureau of Statistics (2019), Disability, Ageing and Carers, Australia: Summary of Findings,4430.0 – Disability, Ageing and Carers, Australia: Australian Capital Territory Data Cube, 24 October 2019, (viewed at www.abs.gov.au)
[9] ACT Government (2022), ACT Health Services Plan 2022-2030, page 20 (viewed at www.health.act.gov.au, page updated 24 October 2022)
[10] ACT Government (2022), ACT Health Services Plan 2022-2030, page 20 (viewed at www.health.act.gov.au, page updated 24 October 2022)
[11] Living Well in the ACT Region survey, University of Canberra (2020).

## Collaboration and Engagement

**Project governance framework**

A governance structure for the Northside Hospital Project has been established to support timely, accountable and well-informed decision making. An Executive Steering Committee (ESC), provides leadership, oversight and advice relevant to the project. The ESC receives recommendations for the Project Control Groups and the Project Team in relation to the Project. ESC membership consists of representatives from ACT Health Directorate (ACTHD), Major Projects Canberra (MPC) and Chief Minister, Treasury and Economic Development Directorate (CMTEDD).

The ACTHD has also engaged MPC at an early stage to support infrastructure planning for the new northside hospital.

**Stakeholder engagement**

A communication and stakeholder engagement strategy, *Designing ACT health services for a growing population*, has been developed as a guide to engagement activity. Engagement activity will continue to inform the development decision making for the northside hospital.

A broad range of stakeholders have been identified and an engagement approach has been defined for each, as follows:

- **Work together:** ACTHD, Canberra Health Services (CHS) and Northside Hospital Project team
- **Involve:** CHS, CPHB (staff, volunteers and campus tenants), Aboriginal & Torres Strait Islander Liaison, Capital Health Network, Health Care Consumers' Association, Winnunga Nimmityjah Aboriginal Health and Community Services
- **Consult**: Community Councils, United Ngunnawal Elders Council, ACT Aboriginal and Torres Strait Islander Elected Body, non-government organisations (NGO) funded by ACTHD to deliver health services, health peak bodies, regional NSW health providers and services, unions, Women's Centre for Health Matters, Joint Advisory Council Chairs, priority population groups
- **Keep informed:** ACT community, other ACT Government Directorates.

A broad survey was issued to communities and stakeholders in August 2022. Phase two of the *Designing ACT health services for a growing population* engagement program for the Northside Hospital stream then opened for a six-week period from 18 October to 29 November 2022. This phase facilitated community consultation and stakeholder engagement to:

- Inform the public about planning for the new northside hospital
- Collect meaningful community and stakeholder feedback to ensure the ACT Government has a well-rounded understanding of what people want and need from a new hospital
- Deliver activities that facilitate effective listening of key stakeholders and the community to ensure they feel heard by the ACT Government.

A total of 409 people and organisations participated in the consultation. This represented 396 people who participated in online and in-person engagement activities. A further 10 key stakeholder organisations provided feedback through a stakeholder workshop, with three submissions to the Northside Hospital Project team received from stakeholders.

The community feedback centred around 11 key themes, with 60 per cent of responses focused on three themes of clinical services, experience and quality. The overarching theme of feedback from the stakeholders was a desire to ensure adequate services would be available to vulnerable communities. There was a strong desire for young people to be at the forefront of ACT Health's mind when making decisions pertaining to planning services and the design of the

building to ensure safe and flexible spaces are created and able to accommodate the rapidly growing population on the northside.

Consultation will continue to occur with key stakeholders and the community in line with key project milestones. It has been recommended that a social media schedule, messaging and products be developed to support distribution of messaging through ACT Government and ACTHD social media channels. For some ACT Government channels, this may require longer lead-times be prepared for in the implementation of this strategy.

### Measures of Success

There are a range of potential performance measures that may be used to assess expected improvements in health outcomes.

In line with the ACT Capital Framework, preparation of the Benefits Realisation Plan has commenced and will be developed further as the project progresses. A cost benefit analysis has also been conducted on the project to help inform benefits realisation management and benefit tracking and reporting through delivery and operations.

As the project progresses further consideration will be given to suitable measures that align with benefits identified in the project's investment logic, relevant indictors within the Health domain of the wellbeing framework and objectives defined in the ACT Health Services Plan and Northside Clinical Services Plan (when finalised).

This may include leveraging existing reporting mechanisms with the current operator of CPHB or established industry measures.

### Planned Evaluation

A detailed approach for the evaluation of the Northside Hospital Project will be further developed in subsequent project phases and is expected to include:

- Evaluation of the Northside Clinical Services Plan which will be undertaken as part of the overall framework and will form part of the public reporting.
- Implementation of the Benefits Realisation Management plan to track progress against identified benefits from delivery to operations.
- Evaluation of the new northside hospital against existing Calvary Network Agreement reported performance indicators and/or established mechanisms for hospital performance evaluation.

# WELLBEING IMPACT ASSESSMENT

**Northside Hospital** **ACTHD Wellbeing Impact 2**

## Purpose of proposal

This proposal seeks funding to continue the planning and design development for a new hospital on the northside of Canberra and establish a funding envelope (in provision) for the construction phase.

A new northside hospital would replace the existing infrastructure at Calvary Public Hospital Bruce (CPHB) that is nearing end of life, is capacity constrained and unable to support network wide system redundancy. The new northside hospital would deliver increased health service capacity for the ACT and provide modern infrastructure to support contemporary service delivery.

## Impact description

**Economic growth and job creation in the ACT:**

- During operations the new hospital in the ACT will provide additional jobs in the ACT.
- The 'health and social assistance' sector forms a large part of the Australian economy and employs over 12.5% of workers.
- During construction, there will be additional jobs and economic stimulus in the north side of the ACT.

**Magnitude of impact**

- A major positive impact on economic growth and job creation in the ACT is anticipated through the Northside Hospital Project, from delivery to operations.
- During construction, there will be additional jobs and economic stimulus created.
- During operations, the new northside hospital will support a 2,671 FTE workforce
- The new northside hospital will provide a better working environment and research and training opportunities to support future ACT health workforce.

## Who is affected?

- Those working in the healthcare, construction and any other associated industries (consulting, legal, infrastructure etc.) employed as a result of project.
- The ACT community will be impacted indirectly and over the longer-term, as an effect of increased economic activity in the area.

| 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 domain** Economy

## Timeframe

Five years plus The new northside hospital is expected to be operational by 2030.

## Evidence base and data

Hospitals have been described as ‘Economic Anchors’ amongst communities, due to the way in which they create additional jobs and produce ripple down effects through the purchase of local

goods and services. Research in the U.S. has estimated that every $1 USD spent by a hospital supports $2.30 USD of additional business activity.

Recent economic analysis performed on a smaller sized hospital in Victoria identified that:

- The Victorian hospital would create about 375 new jobs during construction, and some 2,250 ongoing roles by 2035. However, a larger 500-bed hospital (e.g. the new northside hospital) on a greenfield site is likely to generate over 750 roles during the construction phase.
- Direct and spill-over benefits will add at least $300m to the local economy by 2035.

Australian hospitals employ 427,000 full time equivalent staff and have a total of 94,100 beds, a ratio of 4.5 staff per bed. The ongoing operation of a 500-bed hospital would be expected to employ about 2,250 people directly and generate another 1,575 roles in the proximity. Given the relevant salaries, this level of employment would add about $306m to local wages (in current dollars).

## Collaboration and Engagement

**Project governance framework**

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The ACTHD has also engaged MPC at an early stage to support infrastructure planning for the new northside hospital.

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- **Involve:** CHS, CPHB (staff, volunteers and campus tenants), Aboriginal & Torres Strait Islander Liaison, Capital Health Network, Health Care Consumers' Association, Winnunga Nimmityjah Aboriginal Health and Community Services
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Consultation will continue to occur with key stakeholders and the community in line with key project milestones. It has been recommended that a social media schedule, messaging and products be developed to support distribution of messaging through ACT Government and ACTHD social media channels. For some ACT Government channels, this may require longer lead-times be prepared for in the implementation of this strategy.

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As the project progresses further consideration will be given to suitable measures that align with benefits identified in the project's investment logic, relevant indictors within the health domain of the wellbeing framework and objectives defined in the ACT Health Services Plan and Northside Clinical Services Plan (when finalised).

Economic benefits would also be reflected in National statistical data used to track economic indicators within the wellbeing framework.

### Planned Evaluation

A detailed approach for the evaluation of the Northside Hospital Project will be further developed in subsequent project phases and is expected to include:

- Evaluation of the Northside Clinical Services Plan which will be undertaken as part of the overall framework and will form part of the public reporting.
- Implementation of the Benefits Realisation Management plan to track progress against identified benefits from delivery to operations.
- Evaluation of the new northside hospital against existing Calvary Network Agreement reported performance indicators and/or established mechanisms for hospital performance evaluation.

# A New Northside Hospital Options Assessment Report

***Rev E***

***March 2023***



## Version history

| | |
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| Rev A | Initial working draft of Chapters 2-4 | January 2023 | PwC |
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| Rev D | Final draft report | 17 March 2023 | PwC |
| Rev E | Revised final draft report | 22 March 2023 | PwC |

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## Glossary

| Term | Definition |
|---|---|
| **ACT** | Australian Capital Territory |
| **ACTHD** | Australian Capital Territory Health Directorate |
| **APZ** | Asset Protection Zone |
| **AusHFG** | Australasian Health Facility Guidelines |
| **CCU** | Critical care unit |
| **CHS** | Canberra Health Services |
| **CMETDD** | Chief Minister, Treasury and Economic Development Directorate |
| **CNA** | Calvary Network Agreement |
| **CPHB** | Calvary Public Hospital Bruce |
| **ED** | Emergency department |
| **HSP** | Health Services Plan |
| **ICT** | Information communication technology |
| **ICU** | Intensive care unit |
| **ILM** | Investment logic map |
| **ILW** | Investment logic workshop |
| **IPU** | Inpatient unit |
| **MCA** | Multi criteria analysis |
| **MoC** | Model of care |
| **MPC** | Major Projects Canberra |
| **POC** | Points of Care |
| **OPMHIU** | Older persons mental health inpatient unit |
| **POC** | Points of care |
| **R&M** | Repairs and maintenance |
| **SAMP** | Strategic Asset Management Plan |
| **SoA** | Schedule of accommodation |
| **Sqm** | Square meters |

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# 1. Executive summary

### *Background to the new Northside Hospital*

The Australian Capital Territory Health Directorate (**ACTHD**) is currently developing the *New Northside Hospital Business Case* (the 'Business Case') to consider the delivery of a new hospital on the northside of the Australian Capital Territory (**ACT**) (referred to as the Northside Hospital project, or the 'Project'). The Business Case proposes a Northside Hospital that will deliver the required capacity to meet demand to 2040-41 and improve the overall resilience and redundancy of the Territory wide health system. It will also bring together a range of contemporary hospital services, holistic consumer centred care and flexible models of care (**MoC**) to meet the growing and changing needs of the community now and into the future.

By mid-decade, the demand for clinical services on the fast-growing northside of the ACT is forecasted to be greater than the capacity that Calvary Public Hospital Bruce (**CPHB**) can deliver. Current capacity and infrastructure limitations at CPHB, and across the entire ACT Health Network, will result in longer wait times for patients to access core services and inefficient health service delivery.

The Business Case is seeking funding to deliver on the Parliamentary and Governing Agreement: 10th Legislative Assembly for the ACT's commitment to *"…continue the planning and design work for a new Northside Hospital, with the aim to start construction by mid--decade"* through identification and scoping of a range of suitable options for the delivery of a new Northside Hospital to respond to the above challenges and meet community needs.

In line with the key strategies and actions from the *ACT Health Services Plan* (**HSP**), the Northside Hospital will complement, strengthen and improve the accessibility of the existing ACT public health network, including recent investments such as the Canberra Hospital Expansion and the Watson Community Health Precinct.[1] The Project seeks to improve the health and wellbeing of the ACT community by increasing capacity through the development and delivery of a new Northside Hospital at either:

- The existing CPHB campus
- A nominated greenfield site in Canberra's north.

The Business Case is currently being developed to document the proposal for the Northside Hospital and to support a funding decision to progress to detailed design and establishment of a funding envelope (in provision) for the capital works to deliver the new hospital.

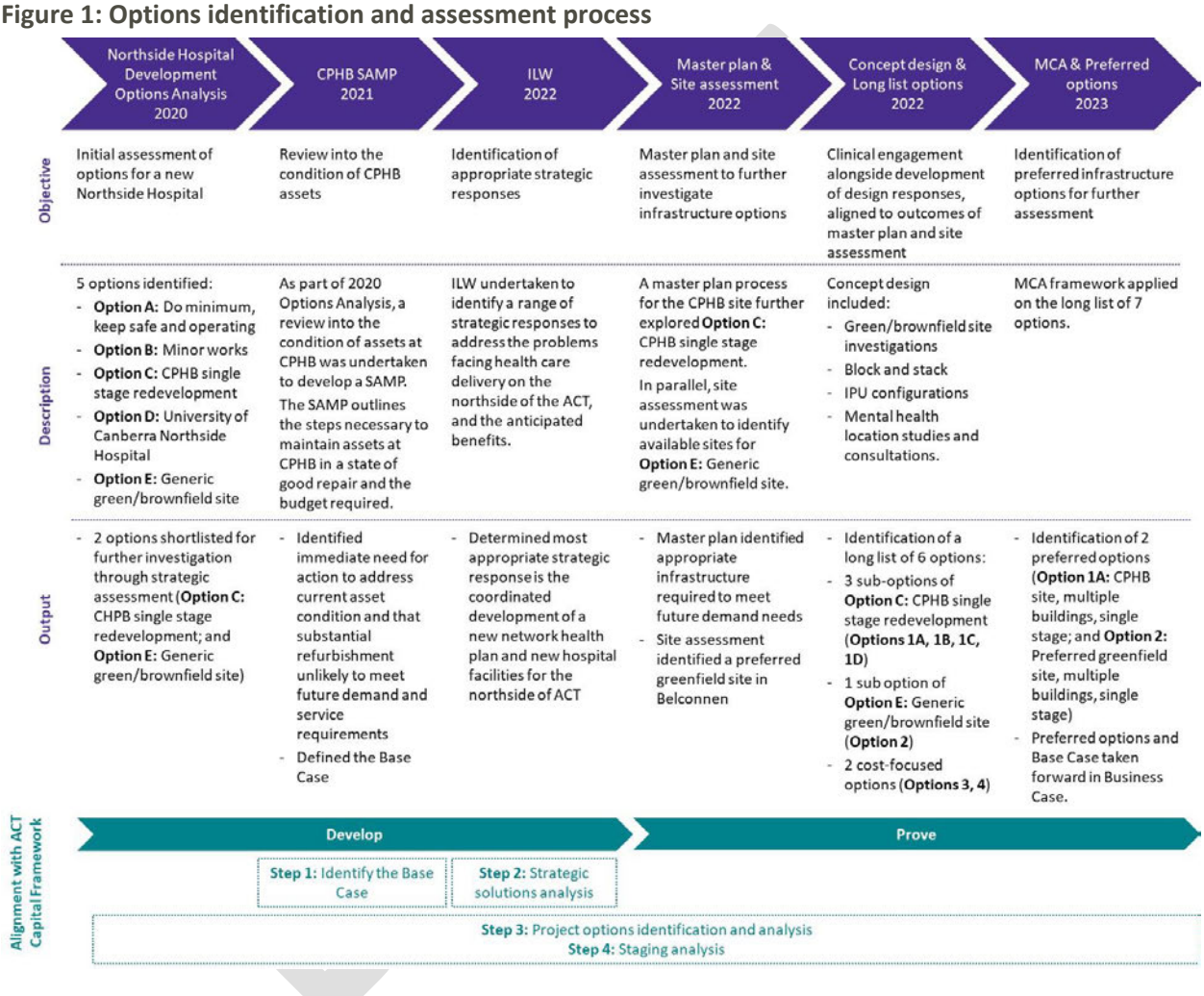
This Options Assessment Report outlines the process of identification and assessment of a range of potential options to address the existing challenges facing the delivery of healthcare on the northside of the ACT and deliver on the benefits identified through the Investment Logic Map (**ILM**) process. This Options Assessment Report is focussed on the infrastructure options that have been identified to meet these objectives.

[1] ACT Government Health (2022), ACT Health Services Plan, 2022 2030 (viewed at www.health.act.gov.au, page updated 24 October 2022)

### *Option identification and development*

In 2020, the *Northside Hospital Development Options Analysis*, conducted by AECOM Australia Pty Ltd, identified and assessed five project options. This work confirmed that to increase capacity in the health system on the northside, a new hospital would be required. An Investment Logic Workshop (**ILW**) undertaken in early 2022 confirmed a new hospital as the appropriate strategic response to the problems identified. Throughout 2022, and in the development of the Business Case, a range of infrastructure options were identified and developed to deliver this new hospital. This process is summarised in Figure 1.

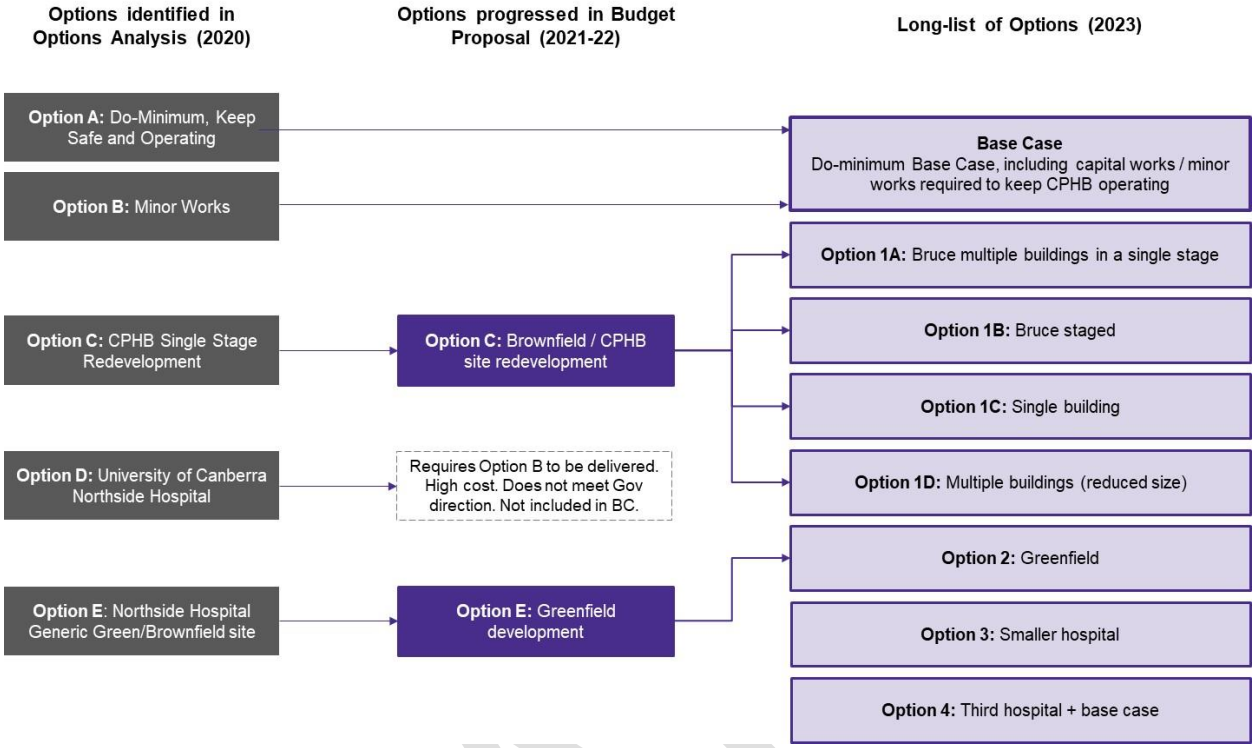
**Figure 1: Options identification and assessment process**




*Source: AECOM Australia Pty Ltd (2020), Northside Hospital Development Options Analysis, 7 September 2020; AECOM Australia Pty Ltd (2021), CPHB Strategic Asset Management Plan, 16 April 2021; BVN (2022), Northside Hospital Master Plan Report; BVN (2022), Northside Hospital Campus Greenfield site assessment; Appendix A, Northside Hospital Development ILM workshop and ILM; BVN (2022), Northside Hospital Concept Design Report.*

Based on the outcomes of the master plan and site assessment, a concept design process commenced in 2022 for a new Northside Hospital. Through this process, including engagement with clinicians, a long list of seven capital options was identified, as summarised in Figure 2. All options aligned to the strategic responses and meet the established need as identified in the ILW process.

**Figure 2: A New Northside Hospital options identification process**




*Source: AECOM Australia Pty Ltd (2020), Northside Hospital Development Options Analysis, 7 September 2020; ACTHD and MPC (2022)*

Table 1 presents a summary of the long list of seven options considered as part of the Business Case.

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## Table 1: Long list options summary

| Name | Site | Description | CNA continuation | Capacity year | Shelled space | Total capacity at commissioning | [redacted] |
|---|---|---|---|---|---|---|---|
| **Base Case** | Bruce campus | A do minimum scenario where assets are maintained through a risk based approach to keep the hospital safe and operating. | Yes | 2022 | No | - Multiday beds: 249<br>- Emergency department (**ED**) points of care (**POC**): 80<br>- Operating suites: 7<br>- Ambulatory: 17 | [redacted] |
| **Option 1A: Bruce multiple buildings in a single stage** | Bruce campus | Redevelopment of the existing Bruce campus to deliver a new hospital with a stand-alone mental health facility. Delivery of an 800-space carpark. | Subject to negotiation and value for money<br>Subject to negotiation and value for money | 2040-41 | Yes | **2030/31**<br>- Multiday beds: 434<br>- ED POC: 81<br>- Operating suites: 15<br>- Ambulatory: 154<br>**2040/41**<br>- Multiday beds: 543<br>- ED POC: 99<br>- Operating suites: 17<br>- Ambulatory: 164 | [redacted] |
| **Option 1B: Bruce staged** | Bruce campus | As per Option 1A, with a staged delivery of the stand-alone mental health facility. Delivery of an 800-space carpark. | | 2040-41 | Yes | | [redacted] |
| **Option 1C: Single building** | Bruce campus | Redevelopment of the existing Bruce campus to deliver a new hospital in a single building (including mental health). Delivery of an 800-space carpark. | | 2040-41 | Yes | | [redacted] |
| **Option 1D: Multiple buildings (reduced size)** | Bruce campus | Redevelopment of the existing Bruce campus to deliver a smaller, new hospital with a stand-alone mental health facility. Delivery of a 600-space carpark. | | <2030 for ambulatory care 2040-41 for critical services[4] | No | - Multiday beds: 452<br>- ED POC: 99<br>- Operating suites: 17<br>- Ambulatory: <154 | [redacted] |
| **Option 2: Greenfield** | Preferred greenfield site | Development on a preferred greenfield site to deliver a new hospital with a stand-alone mental health facility. Delivery of an 800-space carpark. | | 2040-41 | Yes | - Multiday beds: 543<br>- ED POC: 99<br>- Operating suites: 17<br>- Ambulatory: 164 | [redacted] |
| **Option 3: Small hospital** | Site agnostic (brownfield / greenfield) | Development of a new hospital to meet 2030-31 demand. Delivery of a 600-space carpark. | | 2030-31 | No | - Multiday beds: 434<br>- ED POC: 81<br>- Operating suites: 15<br>- Ambulatory: 154 | [redacted] |
| **Option 4: Third hospital + base case** | Site agnostic (greenfield) | Continuation of health services at the existing CPHB and the development of an additional smaller greenfield hospital to meet demand to 2040-41. Delivery of a 600-space carpark. | Yes – for existing CPHB | 2040-41 | No | - Multiday beds: 294<br>- ED POC: 19<br>- Operating suites: 10<br>- Ambulatory: 147 | [redacted] |

[redacted]

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### *Project and staging options assessment*

A Multi-Criteria Analysis (**MCA**) framework was developed to support identification of the preferred infrastructure option to meet the clinical service needs on the northside of the ACT. A workshop was conducted in consultation with ACTHD and Major Projects Canberra (**MPC**) to rank and score each of the long list options.

The MCA results determine that Option 2 ranks the highest against the established criteria, followed by Option 1A. Both Options 1A and 2 deliver increased inpatient capacity to service the community to 2040-41, including a stand-alone mental health facility designed to better support patient recovery. Through the delivery of new and contemporary facilities, both options support improved quality of care, better support the training and development of the workforce and improve the sustainability and resilience of the health network.

Option 2 scores marginally higher against improved wellbeing outcomes due to flexibility for future expansion, opportunities for health partnerships with the local Aboriginal community and improved patient and carer access to the natural environment. Compared to Option 2, Option 1A involves a slightly lower level of operational efficiency and higher level of delivery risk due to the location of the mental health facility on the northern block which is constrained by asset protection zone (**APZ**) requirements.

The two shortlisted options will be further explored through economic and financial analysis within the Business Case to determine value for money to the ACT Government.

The outcomes of the MCA are presented in Table 2.

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## Table 2: MCA outcomes[2]

| | Objectives / benefits of Project | MCA criteria | Base Case | Option 1A Bruce multiple buildings in a single stage | Option 1B Bruce staged | Option 1C Single building | Option 1D Multiple buildings (reduced size) | Option 2 Greenfield | Option 3 Smaller hospital | Option 4 Third hospital + base case |
|---|---|---|---|---|---|---|---|---|---|---|
| Access | Improve health and wellbeing for the ACT community | 1) Meets current and future healthcare demand and reduces patient wait times | D | A | A | A | B | A | C | B |
| | | 2) Provides appropriate health services in a location of population growth | C- | A | A | B | B | A- | B | B |
| | | 3) Improves patient and carer wellbeing outcomes | D | A+ | A | B | A | A+ | B | C- |
| Accountability | Improve staff wellbeing, retention and training capacity | 4) Develops the skills and flexibility of the ACT healthcare workforce | D | A | A | A | C | A | B | C |
| | | 5) Improves staff wellbeing and experience | D | A | A | A | B | A | B | C |
| Sustainability | Provide a contemporary healthcare environment | 6) Enables contemporary MoC | D | A | A | A | C | A | B | C |
| | | 7) Supports digital capabilities for a sustainable and innovative health system | D | A | A | A | A | A | A | C |
| | Increase resilience of ACT health network | 8) Improves system redundancy and response to major health events | D | A | A | A | A | A | B | B |
| | Improve operational outcomes | 9) Improves operational efficiency of the hospital and ACT health network | D | A- | A- | A | B | A | B | C |
| Deliverability and operability | Asset performance | 10) Order of magnitude capital costs and removal of asset maintenance backlog | A | C | C | C | C | C | C | B |
| | Delivery and operating risk | 11) Level of delivery and operating risk (including operational disruption at CPHB) | B | C | D | C | C | B | C | C |
| | | 12) Level of planning and program risk (including approvals and public acceptance) | A | C | C- | B | C | D | B- | B- |
| | | 13) Certainty of land tenure | D | D | D | D | D | A | B | B |
| | | Overall ranking | 8 | 2 | 4 | 3 | 6 | 1 | 5 | 7 |

[2] The MCA undertakes a qualitative analysis of project characteristics with affordability measured through economic and financial analysis within the Business Case

### *Key next steps*

The two shortlisted options (Option 1A and Option2) will be further explored through economic and financial analysis within the Business Case. This will be to identify the preferred capital solution and associated site to progress to the next stage of detailed design and planning works, for which funding is being sought through the Business Case.

A separate parallel process is currently underway to consider the operating model to support the proposed capital solution. The outcomes of this process will inform future decision making and planning as part of the planning phase for the Project.

The detailed design scope of works will include confirmation of operator, further site surveys, planning approvals, detailed design, ECI appointment and period and development of the enabling works and main works business cases.

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# 2. Background to the new Northside Hospital

## 2.1 Background and context

The Australian Capital Territory Health Directorate (**ACTHD**) is currently developing the *New Northside Hospital Business Case* (the 'Business Case') to consider the delivery of a new hospital on the northside of the Australian Capital Territory (**ACT**) (referred to as the Northside Hospital project, or the 'Project'). The Business Case proposes a Northside Hospital that will deliver the required capacity to meet demand to 2040-41 and improve the overall resilience and redundancy of the Territory wide health system. It will also bring together a range of contemporary hospital services, holistic consumer centred care and flexible models of care (**MoC**) to meet the growing and changing needs of community now and into the future.

By mid-decade, the demand for clinical services on the fast-growing northside of the ACT is forecasted to be greater than the capacity that Calvary Public Hospital Bruce (**CPHB**) can deliver. Current capacity and infrastructure limitations at CPHB, and across the entire ACT Health Network, will result in longer wait times for patients to access core services and inefficient health service delivery.

The Northside Hospital project will deliver a new expanded hospital to serve the growing population in Canberra's northern suburbs (as well as to the broader ACT and surrounding NSW). This will enable the ACT Government to decommission the existing CPHB and its ageing infrastructure.

In line with the key strategies and actions from the *ACT Health Services Plan* (**HSP**), the Northside Hospital will complement, strengthen and improve the accessibility of the existing ACT public health network, including recent investments such as the Canberra Hospital Expansion and Watson Community Health Precinct.[3] The Project seeks to improve the health and wellbeing of the ACT community by increasing capacity through the delivery of a new Northside Hospital at either:

- The existing CPHB campus
- A nominated greenfield site in Canberra's north.

The key objectives of the Project are to provide:

- Greater capacity in the healthcare system in the north of the ACT
- Patient focused / community focused care that improves patient outcomes
- A hospital that is agile and flexible, with a whole-of-life focus
- Greater alignment of health service delivery across the ACT
- New health infrastructure that is contemporary, safe and appropriate to support the delivery of modern, high quality healthcare.[4]

The Business Case documents the proposal for the Northside Hospital to support a funding decision to progress to the next stage of the Project and to seek the establishment of a funding envelope (in

[3] ACT Government Health (2022), ACT Health Services Plan, 2022 2030 (viewed at www.health.act.gov.au, page updated 24 October 2022)
[4] ACT Government (2023), A New Northside Hospital Business Case, Draft, February 2023

provision). The Business Case seeks to obtain agreement from the ACT Government on the following:

- The preferred site for the new Northside Hospital, either on the current Bruce campus, or a greenfield development on a new site
- The preferred facility, either a single development, or multiple facilities
- The preferred staging, either single stage or multiple stage development
- The preferred capacity for the Northside Hospital.[5]

## 2.2 Option development process to date

In 2017-18, the ACT Government invested $3.25 million in a scoping study into the expansion of health facilities on the northside of the ACT, including a clinical feasibility and service planning assessment to consider optimal provision of outpatient and general hospital facilities in Canberra's northern suburbs.[6]

In 2020, AECOM Australia Pty Ltd conducted an initial assessment of potential options for the delivery of expanded health services on the northside into the future. This was undertaken through an Options Analysis report. The Options Analysis report identified five options, summarised below:

- **Option A: Do minimum, keep safe and operating –** This is the equivalent of a 'do nothing' scenario and is considered unacceptable due a failure to address both the backlog maintenance and high risk 'minor works'. It is provided as the base case for comparative purposes to the capital intervention options. This option proposes that only highest priority capital works are implemented, and other assets are 'sweated', managed through repairs and maintenance (**R&M**) budgets. CPHB continues to operate as it currently stands. This option does not accommodate growth in demand or clinical services.
- **Option B: Minor works –** This option proposes a risk-based approach to capital replacement through minor works in the short to medium term to extend the lifespan of the facility. These minor works aim to maintain the existing assets in an adequate condition. This option is the minimum required to maintain operations at CPBH with manageable risks. This option does not accommodate growth in demand or clinical services.
- **Option C: CPHB single stage redevelopment –** This option includes the demolition of Residences A & B, Lewisham and the childcare centre at CPHB. This enables the release and creation of a site for a new hospital, which accommodates the clinical demand requirements to 2036-37. This option is proposed to be delivered in a single stage.
- **Option D: University of Canberra Northside Hospital –** This option includes the construction of a new hospital which accommodates the clinical and demand requirements to 2036-37 in a single stage adjacent to the University of Canberra Hospital.

[5] ACT Government (2023), A New Northside Hospital Business Case, Draft, February 2023
[6] ACT Health (2022), Northside Hospital Planning Project

- **Option E: Generic green / brownfield site –** This option includes the construction of a new hospital which accommodates the clinical and demand requirements to 2036-37 in a single stage on a generic greenfield / brownfield site.[7]

A strategic assessment was conducted on the five identified options, considering a full range of social, environmental, technical, economic and financial criteria and adopted three weighting scenarios: balanced cost and user benefits scenario; cost-constrained scenario; and user benefits prioritised scenario.

Option E: Generic green/brownfield site was the highest ranked option for all weighted scenarios due to its moderate capital cost, assumed improved accessibility, space for future proofing, limited constructability issues and minimal operational disruption. Option C: CPHB singe stage redevelopment ranked second against the raw scoring, balanced cost and user benefits and user benefits prioritised scenarios. It scored lowest in the cost constrained scenario. Option D: University of Canberra Northside Hospital was identified as high cost (as it requires Option B to be delivered in parallel) and does not meet ACT Government direction. As a result, Option D: University of Canberra Northside Hospital was ranked lower and has not been further explored.[8]

In 2020, the ACT Government agreed to progress the two highest ranking options (Options E: Generic green/brownfield site and C: CPHB single stage redevelopment) through to Business Case in 2023-24.

## 2.3 Purpose of the Options Assessment Report

This Options Assessment Report identifies and assesses potential options to address challenges facing the delivery of healthcare on the northside of the ACT, meet the objectives of the Project and deliver on the benefits identified through the Investment Logic Workshop (**ILW**) process. It supports the Business Case and should be read in conjunction with that document.

This report has been developed in alignment with:

- ACT Government (2022), ACT Capital Framework, Options Analysis Process[9]
- ACT Government (2022), ACT Capital Framework, Detailed Technical Guidance, Economic Appraisal[10]
- ACT Government (2022), ACT Capital Framework, Detailed Technical Guidance, Multi-Criteria Analysis[11]
- Infrastructure Australia (2021), Infrastructure Australia Assessment Framework: Guide to Multi-Criteria Analysis.[12]

[7] AECOM Australia Pty Ltd (2020), Northside Hospital Development Options Analysis, 7 September 2020
[8] AECOM Australia Pty Ltd (2020), Northside Hospital Development Options Analysis, 7 September 2020
[9] ACT Government (2022), ACT Capital Framework, Options Analysis Process (viewed at www.treasury.act.gov.au/capitalframework)
[10] ACT Government (2022), ACT Capital Framework, Detailed Technical Guidance, Economic Appraisal (viewed at www.treasury.act.gov.au/capitalframework)
[11] ACT Government (2022), ACT Capital Framework, Detailed Technical Guidance, Multi-criteria Analysis (viewed at www.treasury.act.gov.au/capitalframework)
[12] Infrastructure Australia (2021), Guide to multi-criteria analysis, Technical guide of the Assessment Framework, July 2021 (viewed at www.infrastructureaustralia.gov.au)

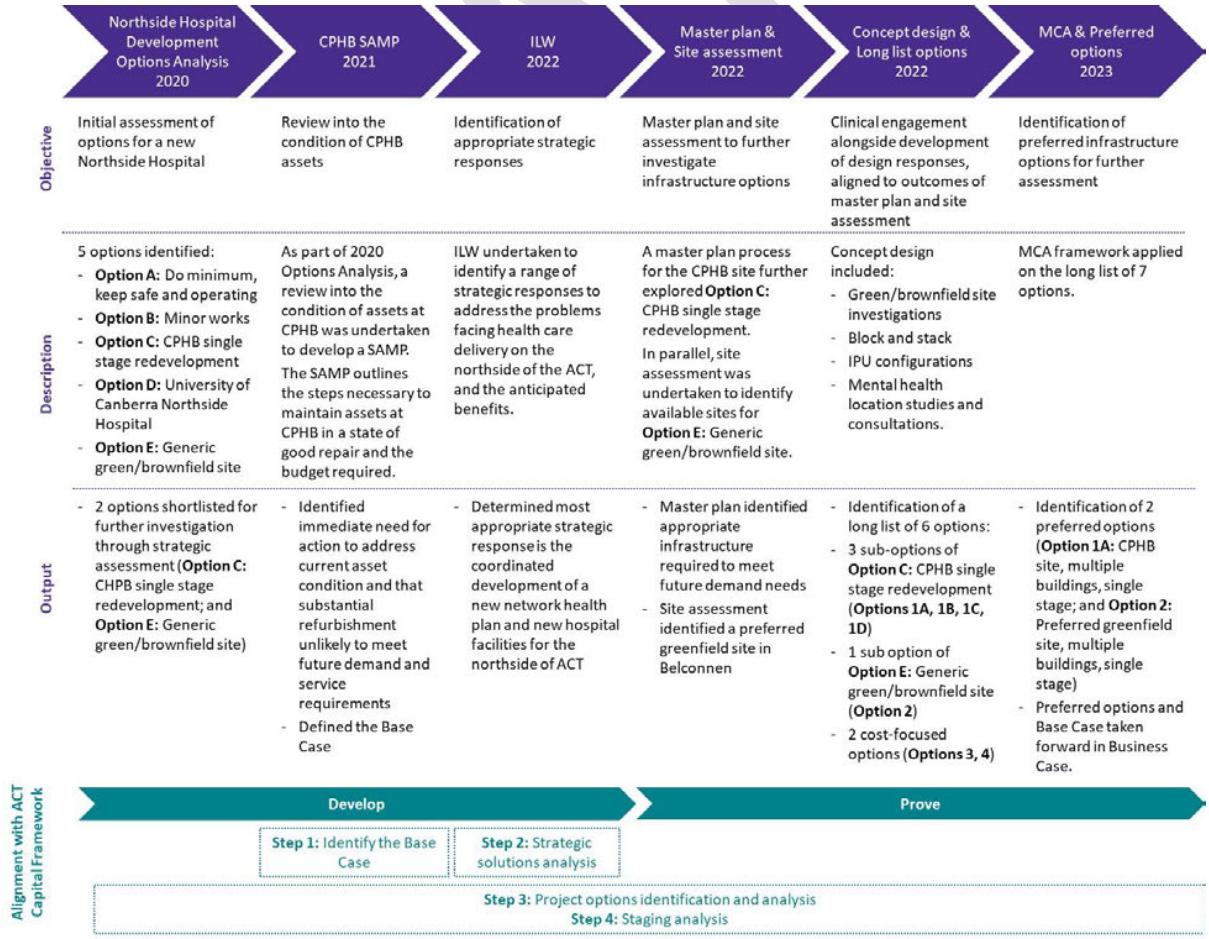
# 3. Option identification and development

## 3.1 Option analysis process

In 2020, the *Northside Hospital Development Options Analysis* conducted by AECOM Australia Pty Ltd, identified and assessed five options to support delivery of health services on the northside of the ACT. This work confirmed that to increase capacity in the health system a new hospital on the northside would be required. As shown in Figure 3, an options development process involving development of the CPHB SAMP, ILW, master planning and concept design has been undertaken since then, to identify a refined long list of seven options and inform the Business Case for the new Northside Hospital.

The options identification and assessment process for the new Northside Hospital has been conducted in alignment with the ACT Capital Framework Options Analysis Process (ACT Government, 2022).[13] In the options analysis process for the new Northside Hospital, staging analysis (Step 4) has been conducted within the options identification and analysis (Step 3) to enable informed decision-making on the preferred options (considering the significant impact staging may have on the preferred solution).

**Figure 3: Options identification and assessment process**




[13] ACT Government (2022), ACT Government Capital Framework (viewed at www.treasury.act.gov.au/capitalframework)

*Source: PwC (2023) based on AECOM Australia Pty Ltd (2020), Northside Hospital Development Options Analysis, 7 September 2020; AECOM Australia Pty Ltd (2021), CPHB Strategic Asset Management Plan, 16 April 2021; BVN (2022), Northside Hospital Master Plan Report; BVN (2022), Northside Hospital Campus Greenfield site assessment; Appendix A, Northside Hospital Development ILM workshop and ILM; BVN (2022), Northside Hospital Concept Design Report.*

## 3.2 Northside Hospital Development Options Analysis (2020)

The options identification and assessment process for the Project commenced in 2020 with the *Northside Hospital Development Options Analysis* conducted by AECOM Australia Pty Ltd (see section 2.2). The purpose of the Options Analysis was to consider and inform the decision-making process on the strategic options for delivering public hospital health services on the northside of the ACT into the future. AECOM's strategic assessment identified five options that best responded to the service need.

Subsequently, two project options were short listed for further investigation: Option C: CPHB single stage redevelopment on the existing Bruce Campus site and Option E: Generic green/brownfield site. These options were further explored through the Northside Hospital Budget Proposal submitted for the 2021-22 ACT Budget.

## 3.3 CPHB Strategic Asset Management Plan (2021)

As part of the *Northside Hospital Development Options Analysis*,[14] a review into the condition of assets at CPHB was undertaken to develop a Strategic Asset Management Plan (**SAMP**)[15]. The outcomes of the SAMP formed the definition of the Base Case, as detailed in Section 4.1.

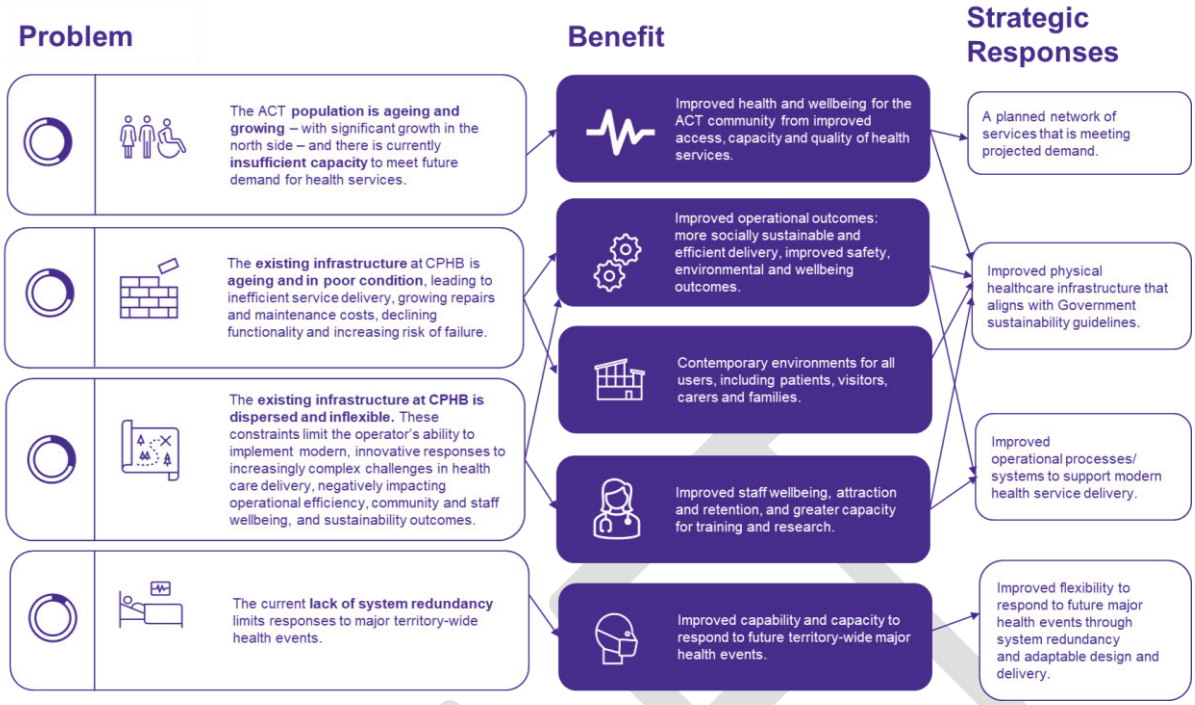
## 3.4 ILW (2022)

In May 2022, an ILW was conducted with participants from the Project team and key stakeholders from the ACT Government including ACTHD, Major Projects Canberra (**MPC**), the Chief Minister, Treasury and Economic Development Directorate (**CMTEDD**), Emergency Management, Development and Implementation, ACT Government Solicitors office, Canberra Health Services (**CHS**), and ACT Capital Treasury (see Appendix A of the Business Case for further details). The ILW identified a range of strategic responses to address the challenges currently facing the delivery of healthcare on the northside of the ACT, and target benefits to be achieved by addressing these challenges, as presented in Figure 4.

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14 AECOM Australia Pty Ltd (2020), Northside Hospital Development Options Analysis, 7 September 2020
15 AECOM Australia Pty Ltd (2021), CPHB Strategic Asset Management Plan, 16 April 2021

**Figure 4: A New Northside Hospital ILM**




*Source: ACTHD and MPC (2022)*

The strategic responses (solutions) identified through the ILW process include both capital and non-capital solutions to address the key challenges. These have been mapped against the possible strategic responses identified in the ACT Government Capital Framework (2022) in Table 3.

**Table 3: Alignment of strategic responses with the ACT Government Capital Framework**

| Strategic responses | Examples | Strategic responses for a new Northside Hospital |
|---|---|---|
| **Regulatory changes** | - Regulatory regimes<br>- Market frameworks<br>- Improved standards<br>- Licensing<br>- Pricing structures<br>- Queueing and rationing | - N/A |
| **Changes to improve asset use** | - Active management systems<br>- Intelligent systems<br>- Smart cards or metering<br>- Pricing and demand management | - Improved flexibility to respond to future major health events through system redundancy and adaptable design and delivery |
| **Governance changes** | - Administrative and institutional frameworks<br>- Public service delivery processes<br>- Approval processes<br>- Contractual provisions | - N/A - Current contractual arrangements are being explored external to the Business Case process |
| **Capital investment** | - Expansion of existing infrastructure | - Increased health system capacity through expanded infrastructure |

| Strategic responses | Examples | Strategic responses for a new Northside Hospital |
|---|---|---|
| | - New infrastructure<br>- Programs of projects from across a network | - Improved healthcare infrastructure that aligns with Government sustainability guidelines |
| **Service changes** | - Service delivery / quality reform<br>- Comfort and amenity programs<br>- Information and open data | - A planned network of services with increased capacity to meet projected demand<br>- Improved operational processes / systems to support modern health service delivery |
| **Land use reform** | - Planning or land use controls<br>- Strategic regional planning<br>- Integrated decision-making | - N/A |

*Source: ACT Government (2022), ACT Capital Framework, Detailed Technical Guidance, Options Analysis (viewed at www.treasury.act.gov.au/capitalframework); ACTHD and MPC (2022)*

The range of strategic responses highlights that there is not a single capital or non-capital solution to meet the key challenges facing the delivery of healthcare on the northside of the ACT. The preferred solution requires a mix of all strategic responses as there is the need for reform across a range of areas, including health planning, infrastructure development as well as health service operations and workforce capability. If implemented, these reforms are expected to deliver a range of outcomes, including:

- Additional capacity to meet future demand for health services that are technology-enabled, functional, flexible, sustainable and adaptable for the northside of the ACT
- Improved risk management systems to identify safety measures and hazards and implementation of a proactive planned maintenance program
- Improved alignment with the ACT HSP as well as the ACT Climate Strategy
- A user-centric experience that accommodates the entire journey of care for both the consumers, carers and family, promotes healing, improves accessibility and is culturally appropriate
- A future-ready workforce
- Improved capability to respond to future health events / pandemics.

The mapping of problems, benefits and strategic responses highlighted that the foundation of an appropriate strategic response is the co-ordinated development of a new network health plan and new hospital facilities for the northside of Canberra.

## 3.5 Master plan and site assessment (2022)

Commencing in early 2022, a master plan process for the Bruce campus further explored Option C: CPHB single stage redevelopment to demonstrate the indicative footprint of a proposed hospital and its relationship to the broader site. The master plan process was structured around a series of engagement sessions with key stakeholders, including ACT Health, MPC and Calvary.

In response to the shared aspiration to create a people-centred, healing environment that provides improved access to health services and enhanced health outcomes for the community, 11 Master Plan principles were developed as presented in Figure 5.

**Figure 5: Master Plan principles**



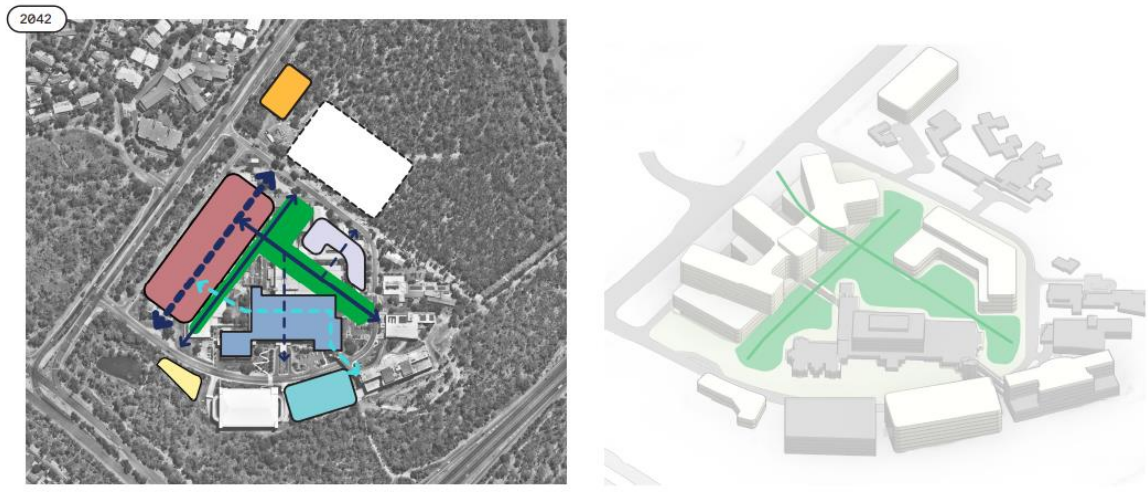

*Source: PwC adapted from BVN (2022), Northside Hospital Master Plan Report*

The master plan considered a flexible framework to support the testing of multiple options for the new Northside Hospital on the existing Bruce campus. The options were based on the following assumptions:

- A proposed concept design site area defined by the need to retain critical infrastructure including Xavier and Marian buildings, Keaney Building and intensive care unit (**ICU**) / critical care unit (**CCU**), without interruption until completion of the concept design building
- Inclusion of logistics hub within Concept Design
- Rationalised approach to vehicular circulation
- Interconnected pedestrian network and green spine
- Green campus.

It was determined that the demolition of the Marian Building and location of the carpark outside of the ring road most closely aligned with the master plan principles and provided the most advantageous outcome with respect to pedestrian circulation and maximisation of green space. Figure 6 presents the preferred option out of the master plan process.

**Figure 6: Preferred Master Plan option**




*Source: BVN (2022), Northside Hospital Master Plan Report*

Prior to the commencement of the master plan in 2022, a site assessment was progressed to confirm the available sites for Option E: Generic green/brownfield site. The site assessment involved the development of a long list of options across government, and subsequent assessment against criteria to determine ranking. These sites were then further refined in partnership with the Environment, Planning and Sustainable Development Directorate.

Two sites (Belconnen and Lyneham) formed the shortlist for assessment by the Technical Advisory Team. The two selected greenfield sites were assessed based on the following criteria:

- Location
- Functionality
- Urban design
- Context and connectivity
- Economic
- Governance
- Social
- Planning process.

The criteria assessment, supported by site studies and desktop due diligence, identified the Belconnen site as the preferred greenfield site for a Northside Hospital. This is explored in more detail in Section 4.3.

## 3.6 Concept design and long list options (2022)

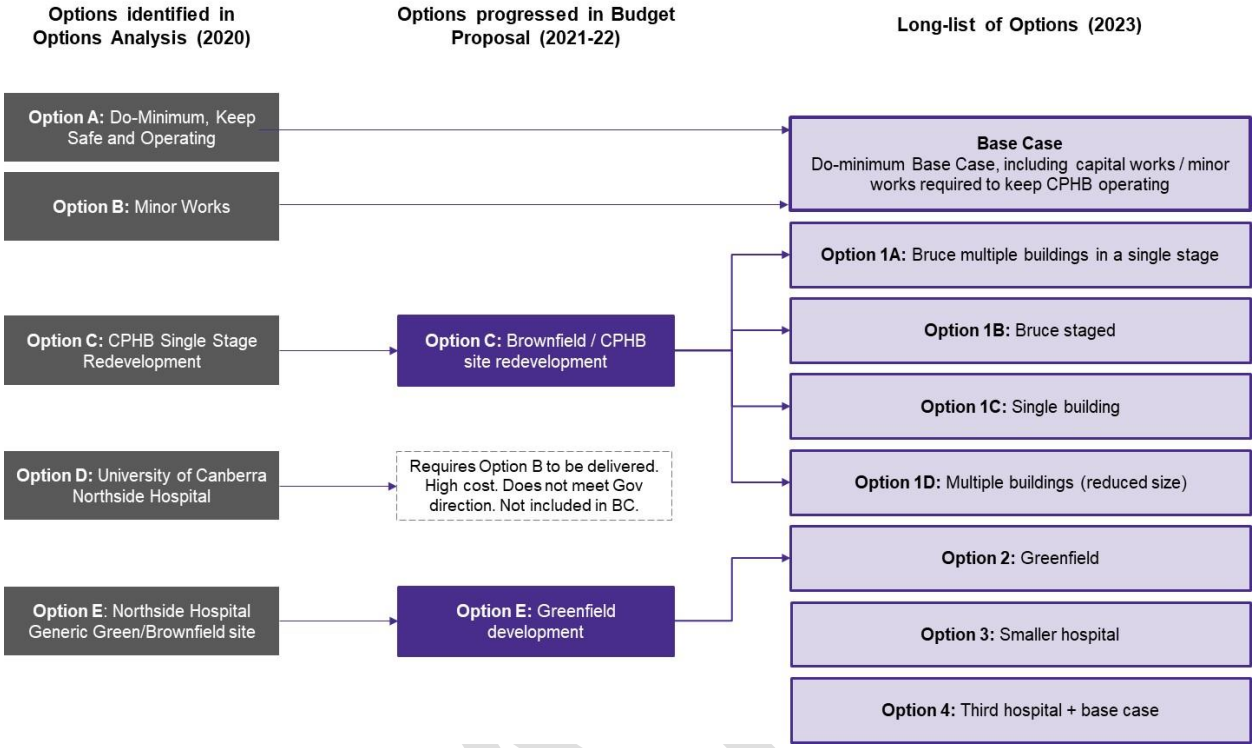
The concept design process commenced in 2022 for both Option C: CPHB single stage redevelopment and Option E: Generic green/brownfield site building on the outcomes of the master plan and site assessment process.

The concept design was developed to present a vision of how a new Northside Hospital could be shaped to meet the needs of the population. It involved in depth studies of site assessments, hospital block and stack, staging, inpatient unit (**IPU**) and podium configurations and massing. Several configurations and design options were prepared through this process. As presented in

Figure 7, a refined long list of seven options was informed by clinical planning, functional relationships and site constraints:

- Four options for redevelopment on the existing Bruce campus site associated with Option C: CPHB single stage redevelopment of the 2020 Options Analysis (Options 1A, 1B, 1C, 1D).
- One option for a greenfield site development associated with Option E: Generic green/brownfield site of the 2020 Options Analysis (Option 2).
- Two smaller scale and site agnostic options (Options 3, 4).

**Figure 7: A new Northside Hospital options identification process**




*Source: AECOM Australia Pty Ltd (2020), Northside Hospital Development Options Analysis, 7 September 2020; ACTHD and MPC (2022)*

The Business Case for the Northside Hospital is for the infrastructure project, addressing the immediate clinical need. It does not address the proposed operating model of the hospital. The long list of seven options considered as part of the Business Case are summarised in Table 4 below, and further detailed in the following sections.

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## Table 4: Long list options summary

| Name | Site | Description | CNA continuation | Capacity year | Shelled space | Total capacity at commissioning | [redacted] |
|---|---|---|---|---|---|---|---|
| **Base Case** | Bruce campus | A do minimum scenario where assets are maintained through a risk based approach to keep the hospital safe and operating. | Yes | 2022 | No | - Multiday beds: 249<br>- Emergency department (**ED**) points of care (**POC**): 80<br>- Operating suites: 7<br>- Ambulatory: 17 | [redacted] |
| **Option 1A: Bruce multiple buildings in a single stage** | Bruce campus | Redevelopment of the existing Bruce campus to deliver a new hospital with a stand-alone mental health facility. Delivery of an 800-space carpark. | Subject to negotiation and value for money<br>Subject to negotiation and value for money | 2040-41 | Yes | **2030/31**<br>- Multiday beds: 434<br>- ED POC: 81<br>- Operating suites: 15<br>- Ambulatory: 154<br>**2040/41**<br>- Multiday beds: 543<br>- ED POC: 99<br>- Operating suites: 17<br>- Ambulatory: 164 | [redacted] |
| **Option 1B: Bruce staged** | Bruce campus | As per Option 1A, with a staged delivery of the stand-alone mental health facility. Delivery of an 800-space carpark. | | 2040-41 | Yes | | [redacted] |
| **Option 1C: Single building** | Bruce campus | Redevelopment of the existing Bruce campus to deliver a new hospital in a single building (including mental health). Delivery of an 800-space carpark. | | 2040-41 | Yes | | [redacted] |
| **Option 1D: Multiple buildings (reduced size)** | Bruce campus | Redevelopment of the existing Bruce campus to deliver a smaller, new hospital with a stand-alone mental health facility. Delivery of a 600-space carpark. | | <2030 for ambulatory care 2040-41 for critical services[4] | No | - Multiday beds: 452<br>- ED POC: 99<br>- Operating suites: 17<br>- Ambulatory: <154 | [redacted] |
| **Option 2: Greenfield** | Preferred greenfield site | Development on a preferred greenfield site to deliver a new hospital with a stand-alone mental health facility. Delivery of an 800-space carpark. | | 2040-41 | Yes | - Multiday beds: 543<br>- ED POC: 99<br>- Operating suites: 17<br>- Ambulatory: 164 | [redacted] |
| **Option 3: Small hospital** | Site agnostic (brownfield / greenfield) | Development of a new hospital to meet 2030-31 demand. Delivery of a 600-space carpark. | | 2030-31 | No | - Multiday beds: 434<br>- ED POC: 81<br>- Operating suites: 15<br>- Ambulatory: 154 | [redacted] |
| **Option 4: Third hospital + base case** | Site agnostic (greenfield) | Continuation of health services at the existing CPHB and the development of an additional smaller greenfield hospital to meet demand to 2040-41. Delivery of a 600-space carpark. | Yes – for existing CPHB | 2040-41 | No | - Multiday beds: 294<br>- ED POC: 19<br>- Operating suites: 10<br>- Ambulatory: 147 | [redacted] |

[redacted]

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## 3.7 Multi criteria analysis and preferred options

A multi criteria analysis (**MCA**) was used to rank, shortlist and identify the preferred capital options for further analysis in the Business Case. The MCA framework was developed to answer the following key questions:

- Which option will most effectively and efficiently meet the immediate health need for the community?
- How do we prioritise the preferred capital solution to deliver the new Northside Hospital, as per the strategic solution identified through the ILW and concept design process?
- What assessment criteria are required to enable the shortlisting of options and preferred ranking for investment for future health service capacity?

The MCA process and outcomes are detailed in Section 5. An economic appraisal and financial analysis of the preferred options have been conducted as part of the Business Case process (see Chapters 9 and 10 of the Business Case), to determine the economic and financial impact of the preferred options.

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# 4. Project and staging options

## 4.1 'Do-minimum' Base Case

The *Northside Hospital Development Options Analysis* (2020)[16] conducted by AECOM Australia Pty Ltd included a review into the condition of assets at CPHB to develop a SAMP[17]. The outcomes of the CPHB SAMP (2021) were as follows:

- The SAMP determined that CPHB will not be able to meet demand to 2036-27 in its current state
- The SAMP determined that substantial refurbishment of the main CPHB buildings is unlikely to result in a modern Level 4 / Level 5 hospital and will not meet contemporary standards of clinical service delivery
- The SAMP identified the immediate need for action to address the current condition and increasing risk relating to the asset condition at CPHB whereby many assets are at or approaching end of life.[18]

In absence of investment in a new hospital, the CPHB SAMP (2021) identified a range of actions and investments (minor works) required to minimise the risk of service failure and keep CPHB safe and operating for an additional 20 years (commencing 2021). Two options were identified:

- **Option A – Low capital option:** Do minimum, keep safe and operating. This option proposes that the highest priority capital works are implemented, with all other assets managed through routine maintenance budgets. This option assumes CPHB continues to operate as it currently stands.
- **Option B – Risk-based approach:** Maintain assets. This option proposes a risk-based approach to capital replacement in the short to medium term to extend the lifespan of the facility. These works will not increase the capacity of the CPHB but will aim to maintain the existing assets in an adequate condition.[19]

Option B was the preferred option by AECOM as it enables the assets to be maintained in the preferred state of good repair (an 'adequate' condition). Option A, while less capital intensive, results in significant degradation of asset condition and does not effectively manage risks to service failure.

The CPHB SAMP (2021) identified $66.3 million ($2021) worth of works required to meet Option A and $140.8 million ($2021) (i.e. an additional $74.5 million worth of works) required to meet Option B.[20,21] As a result of the asset condition assessment conducted for the development of the CPHB SAMP (2021), some of the highest priority capital works (in addition to a range of other investments identified since 2021) have been funded, commenced and / or completed at CPHB. It is estimated

16 AECOM Australia Pty Ltd (2020), Northside Hospital Development Options Analysis, 7 September 2020
17 AECOM Australia Pty Ltd (2021), CPHB Strategic Asset Management Plan, 16 April 2021
18 AECOM Australia Pty Ltd (2021), CPHB Strategic Asset Management Plan, 16 April 2021
19 AECOM Australia Pty Ltd (2021), CPHB Strategic Asset Management Plan, 16 April 2021
20 AECOM Australia Pty Ltd (2021), CPHB Strategic Asset Management Plan, 16 April 2021
21 The CPHB SAMP costs explicitly exclude the capital cost to remediate fire barriers and fire walls in the Marian and Xavier buildings, and noted that 'remediation of these barriers will be a major project, requiring complex planning and construction works'

that to date, the ACT Government has provided approximately $23 million ($2021) in funding, specifically for capital works identified within the CPHB SAMP (2021)[22], including:

- Fire safety upgrades funded through the 2018-19 Critical assets upgrades project.
- Fire safety, electrical and nurse call system upgrades funded through the 2020 Calvary Critical Infrastructure – Phase 1 capital funding.
- Heating hot water, electrical and nurse call system upgrades funded through the 2021-22 Calvary Critical Infrastructure – Phase 2 capital funding.[23]

In alignment with ACT Capital Framework Economic Appraisal Guidelines[24], the Base Case includes:

- The known (i.e. already committed and funded) changes to infrastructure at CPHB and health services delivered across the ACT
- Operating and maintenance costs required to ensure that existing assets continue to provide a minimum level of service into the future.

This means that the Base Case has been defined as the following:

- Adoption of Option B – Risk-based approach: Maintain assets, as identified by the CPHB SAMP (2021), assuming that the capital works currently committed and funded will be delivered at CPHB under both the Base Case and project options. [redacted]
- Inclusion of [redacted] worth of capital works to remediate fire barriers and fire walls in the Marian and Xavier buildings which were excluded from the CPHB SAMP (2021) but required for the continuation of safe service delivery.
- Continuation of the existing Calvary Network Agreement (**CNA**), including routine R&M base funding in accordance with the Performance Plan and service requirements identified within the CNA.
- Continuation of Better Infrastructure Fund payments to cover minor capital expenditure at CPHB, over and above what is already funded through the CNA.
- Health service delivery and capacity across the ACT includes expansion of the Canberra Hospital, the continued operation of nurse-led Walk In Centres across Canberra, investment in the Watson Community Health Precinct and the continued rollout of the Digital Health Record Project (see Section 4.3 of the Business Case for alignment with these investments).
- No additional capacity within the ACT health system has been assumed.

The Base Case costs are presented in Table 5 below.

[22] Major Projects Canberra (2023), 20230112 Northside Hospital Development - Base Case Note
[23] Major Projects Canberra (2023), 20230112 Northside Hospital Development - Base Case Note
[24] *ACT Government (2022), ACT Capital Framework, Detailed Technical Guidance, Economic Appraisal (viewed at www.treasury.act.gov.au/capitalframework)*

[redacted]

The Base Case assumes the continued delivery of existing services at CPHB within its current assets in a safe and operational environment but does not address the existing challenges facing the delivery of healthcare on the northside of the ACT (see Section 3.2 of the Business Case) or meet the objectives of the Project (see Section 2.2 of the Business Case).

## 4.2 Option 1: Bruce campus

Four options have been developed to deliver the new Northside Hospital on the existing Bruce campus. The options are detailed below.

### Option 1A: Bruce multiple buildings in a single stage

Option 1A[25] proposes the redevelopment of the existing CPHB site to provide capacity to meet 2040-41 demand for inpatient health services on the northside of the ACT. The redevelopment is proposed to be including a new 94,563 square metres (**sqm**) (including contingency) 11-level acute services building including a childcare centre, and a new four-level 15,124sqm (including contingency) satellite mental health facility on the northern block, as presented in Figure 8.

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

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 provides mental health in a more 'human-scale' development with safe and secure outdoor space aligned with the Australasian Health Facility Guidelines (**AusHFG**), which better supports the recovery of mental health patients. It also allows more efficient and flexible configuration of the IPU and reduces the height of the main acute building.

Given the planning horizon for the building there will be shelled space on commissioning, allowing the Territory and health system to grow into the hospital over time. For the purposes of costing for the Business Case, a single-stage fit out has been identified for opening day in 2041. In reality, shelled space would be brought on more incrementally as required.

[25] Option 1A is referred to as Workstream 2a in the Northside Hospital Concept Design Report

**Figure 8: Site plan Option 1A: Bruce multiple buildings in a single stage**




*Source: BVN, Arup, TSA, Genus Advisory and Planit (2022), Northside Hospital Concept Design Report, December 2022*

The redevelopment proposes to deliver 543 multi-day beds, 99 ED POC, 17 operating suites, 164 ambulatory spaces and supporting medical imaging across 109,687sqm, including 1,705sqm for the Childcare Centre. The detailed schedule of accommodation (**SoA**) is presented in Appendix A.[26]

Option 1A proposes to commission POCs to meet 2030-31 demand (434 multiday beds, 81 ED POCs, 15 operating suites and 154 ambulatory spaces) and shelling the remaining POCs until required. The capital costs currently assume fit out of shelled spaces in 2039-40 for commissioning in 2040-41. In further stages of planning the timing of fit out and commissioning of shelled spaces will be further explored.

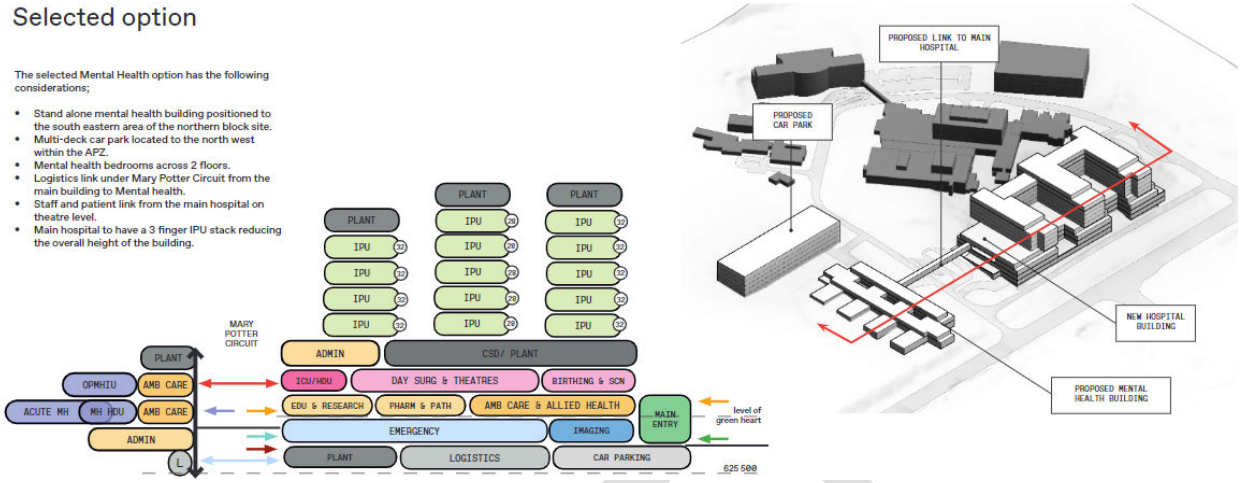
The preferred block and stack for Option 1A, as presented in Figure 9, includes:

- A five-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
- Three five to six-storey IPU towers with plant rise above the podium
- A stand-alone mental health building positioned on the northern block site.[27]

[26] 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.

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

**Figure 9: Block and stack of Option 1A: Bruce multiple buildings in a single stage**




*Source: BVN, Arup, TSA, Genus Advisory and Planit (2022), Northside Hospital Concept Design Report, December 2022*

[redacted]

The program for Option 1A is presented in Table 7. The program outlines the key milestones and activities for the delivery of the new Northside Hospital.

**Table 7: High level program Option 1A**

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

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

Key considerations for Option 1A are listed in Table 8.

**Table 8: Considerations for Option 1A**

| Strengths | Weaknesses |
|---|---|
| - Capacity meets demand to 2040-41 with 109,687sqm of new build<br>- Delivery of a separate mental health facility is aligned with recommendations from health professionals to provide the best environment for patient recovery<br>- Freeing up of the acute services building (due to delivery of a separate mental health facility) enables exploration of an optimal IPU configuration<br>- A designated mental health entry and drop off can be established from Mary Potter Circuit<br>- 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)<br>- Main hospital has a 3 finger IPU stack reducing the overall height of the building. | - Use of northern block for mental health services will require relocation of existing services / construction of replacement facilities<br>- Separation of logistics and hospital support services (to be located in the main hospital building) from the mental health facility may impact of operational efficiency<br>- Design of mental health facility is heavily constrained by Asset Protection Zone (**APZ**) requirements on the north block<br>- The Bruce campus has complex topography due to the narrow frontage to the north and the south on Marry Potter Circuit which causes significant slopes and will affect the proposed podium<br>- There may be impacts and disruptions on existing patients and staff during construction and delivery on the Bruce campus. |

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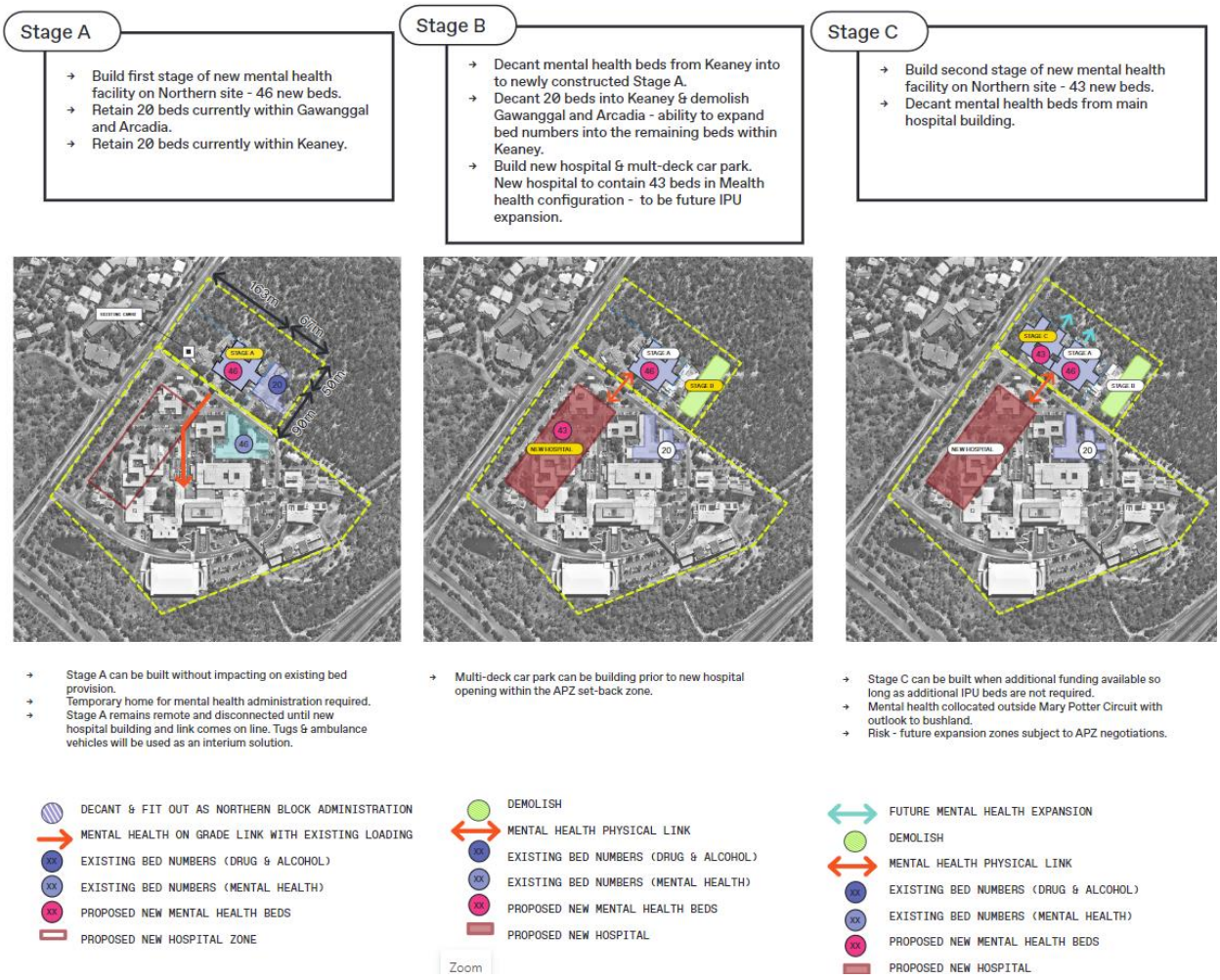
## Option 1B: Bruce staged

Option 1B[30] proposes to deliver Option 1A in a staged approach. Option 1B was explored following direction from ACTHD to investigate how the satellite mental health facility on the northern block could be delivered in stages.

The proposed staging approach for the mental health facility under Option 1B includes three stages as detailed in Figure 10. Key principles informing the approach to phasing includes:

- Minimising interruption to the existing mental health facilities
- Staged approach which allows for funds to be realised as they become available
- Providing IPU expansion without having to build cold shell space within the main hospital building
- Provides for the expansion of mental health services on the northside of the campus.

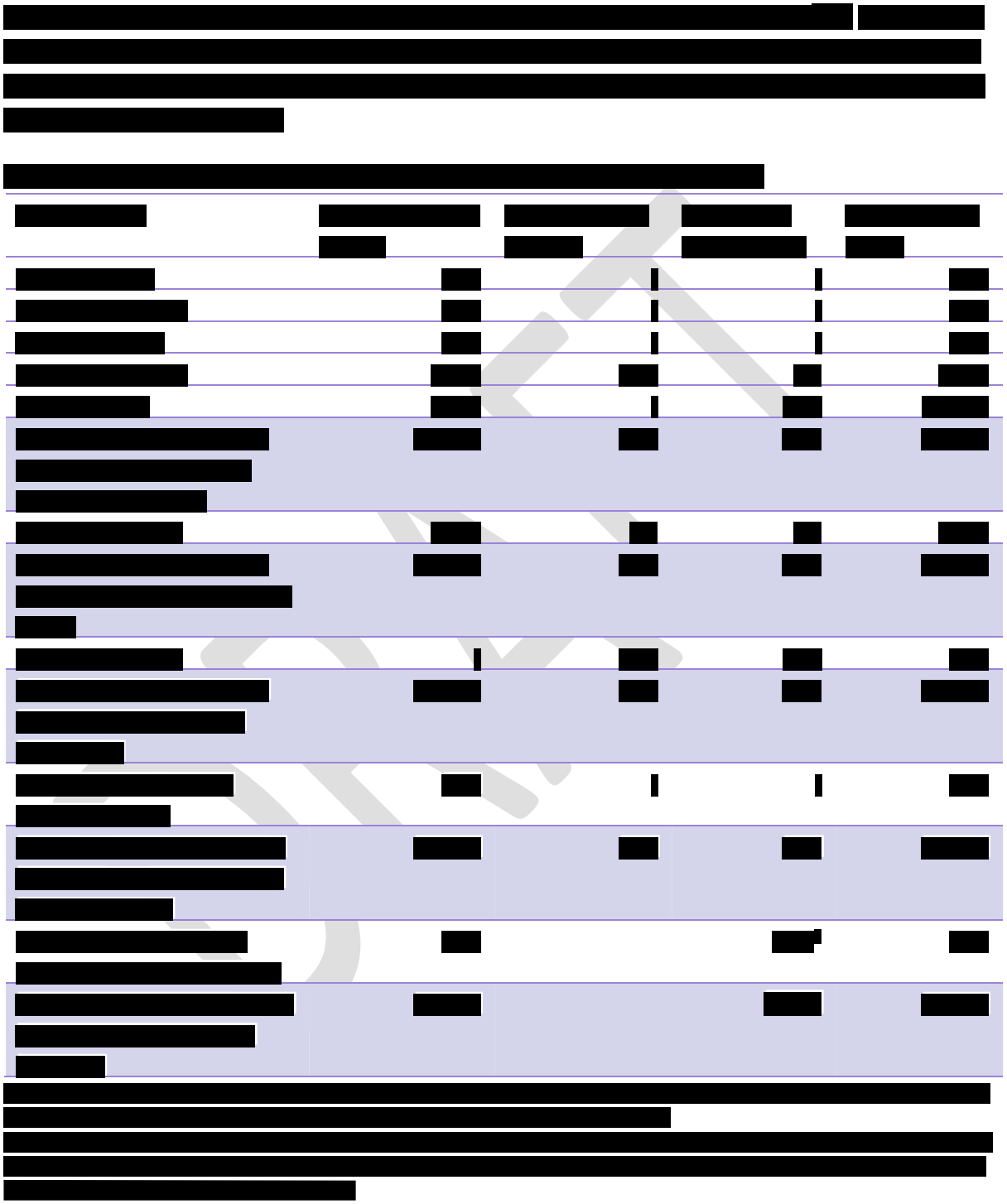
**Figure 10: Proposed staging approach for 1B – CPHB site, multiple options, staged**




*Source: BVN, Arup, TSA, Genus Advisory and Planit (2022), Northside Hospital Concept Design Report, December 2022*

[30] Option 1B is referred to as Workstream 2b in the Northside Hospital Concept Design Report

The capacity, SoA and preferred block and stack for Option 1B is identical to Option 1A, as presented in Figure 9.



The program for Option 1B is presented in Table 10. The program outlines the key milestones and activities for the delivery of the new Northside Hospital.

[31] 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.
[32] 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.

**Table 10: High level program Option 1B**

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

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

Key considerations for Option 1B are listed in Table 11.

**Table 11: Considerations for Option 1B**

| Strengths | Weaknesses |
|---|---|
| - Capacity meets demand to 2040-41 with 109,687sqm of new build<br>- Relocation of mental health services from the main hospital to the northern block addresses recommendations from health professionals that a 'stacked' approach to mental health is not preferable<br>- A designated mental health entry and drop off can be established from Mary Potter Circuit<br>- Freeing up of the acute services building (due to delivery of a separate mental health facility) enables exploration of an optimal IPU<br>- 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)<br>- No interruption to the existing mental health facilities<br>- Main hospital has a three finger IPU stack reducing the overall height of the building<br>- Staged approach to allow for funds to be realised as they become available and to provide flexibility to amend the budget based on project's delivery and performance<br>- Expansion of the IPU without needing to build cold shell space. | - Use of northern block for mental health services will require relocation of existing services / construction of replacement facilities<br>- Separation of logistics and hospital support services (to be located in the main hospital building) from the mental health facility may impact of operational efficiency<br>- Separation of mental health services across three buildings during staging may impact operational efficiency and an appropriate 'healing environment'<br>- Design of mental health facility is heavily constrained by APZ requirements on the northern block<br>- The Bruce campus has complex topography due to the narrow frontage to the north and the south on Marry Potter Circuit which causes significant slopes and will affect the proposed podium<br>- There may be impacts and disruptions on existing patients and staff during construction and delivery on the Bruce campus. |

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## Option 1C: Single building

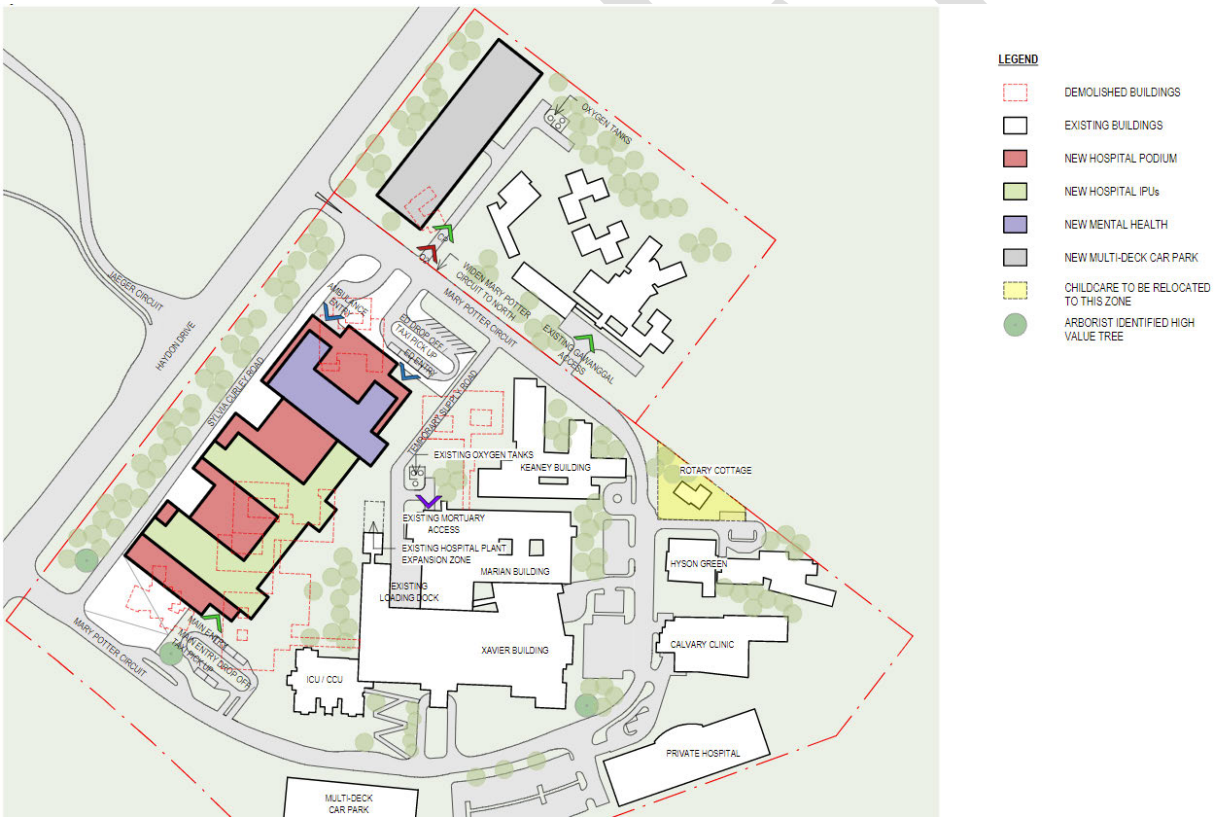
Option 1C[33] proposes to deliver a new Northside Hospital on the Bruce campus with capacity to meet 2040-41 demand for inpatient health services on the northside of the ACT.

The redevelopment is proposed to include a new 13-level 109,426 sqm (including contingency) acute services building including a childcare centre, as presented in Figure 11.

The aim of this option is to deliver the redevelopment within a single building (including mental health services) on the western portion of the current CPHB site.

Given the planning horizon for the building there will be shelled space on commissioning, allowing the Territory and health system to grow into the hospital over time. For the purposes of costing for the Business Case, a single-stage fit out has been identified for opening day in 2041. In reality, shelled space would be brought on more incrementally as required.

**Figure 11: Site plan Option 1C: Single building**




*Source: BVN, Arup, TSA, Genus Advisory and Planit (2022), Northside Hospital Concept Design Report, December 2022*

The redevelopment proposes to deliver 543 multi-day beds, 99 ED POC, 17 operating suites, 164 ambulatory spaces and supporting medical imaging across 109,426sqm, including 1,705sqm for the Childcare Centre. The detailed SoA is presented in Appendix A.[34]

[33] Option 1C is referred to as Workstream 1 in the Northside Hospital Concept Design Report

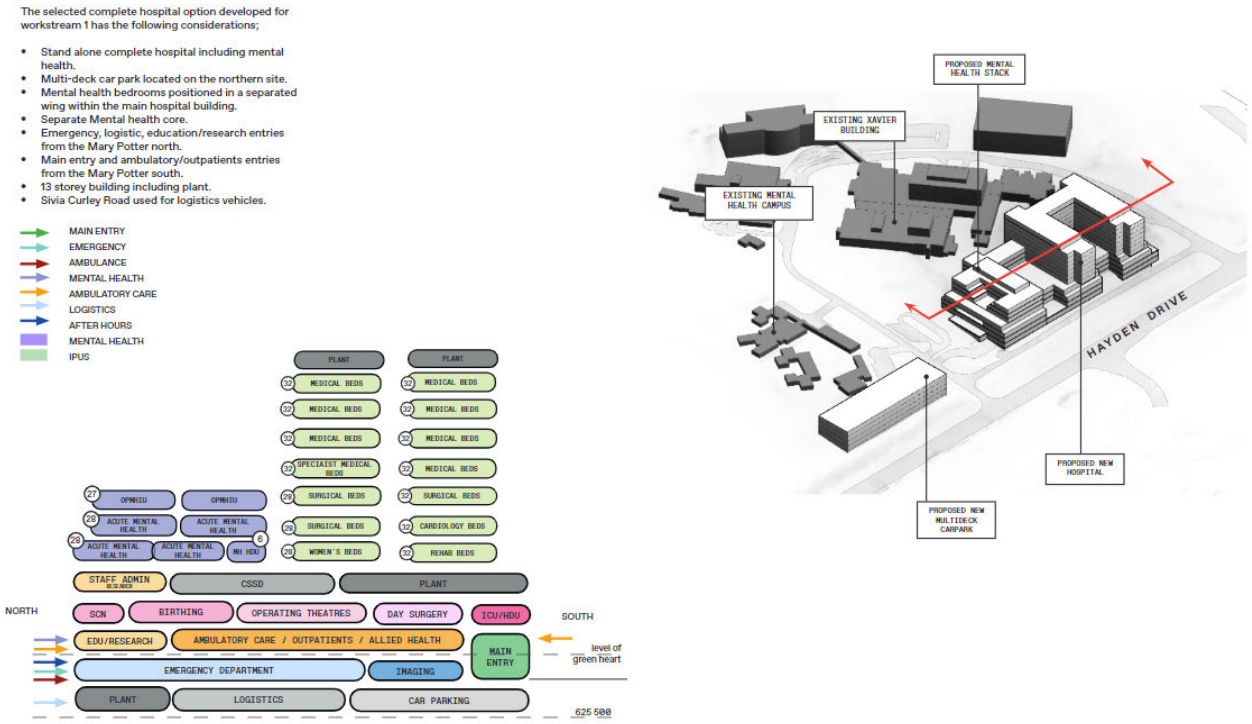
[34] The Northside Hospital clinical service planning is ongoing. The Concept Design has been based on an earlier version of the SoA than what was used for the basis of the cost plans. There are changes to the bed numbers and service inclusions/exclusions. At the next stage of the Business Case process,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

Option 1C proposes to commission sufficient POCs to meet 2030-31 demand (434 multiday beds, 81 ED POCs, 15 operating suites and 154 ambulatory spaces) and shelling the remaining POCs until required. The capital costs currently assume fit out of shelled spaces in 2039-40 for commissioning in 2040-41. In further stages of planning, the timing of fit out and commissioning of shelled spaces will be further explored.

The preferred block and stack for Option 1C, as presented in Figure 12**Error! Reference source not found.**, includes:

- A five-storey podium accommodating the ED, imaging, ambulatory care and allied health, pharmacy and pathology, education and research, birthing, operating theatres, intensive care unit / high dependency unit and admin
- Two eight-storey IPU towers with plant rise above the podium
- A three-storey mental health tower.[35]

**Figure 12: Block and stack of Option 1C - Single building**

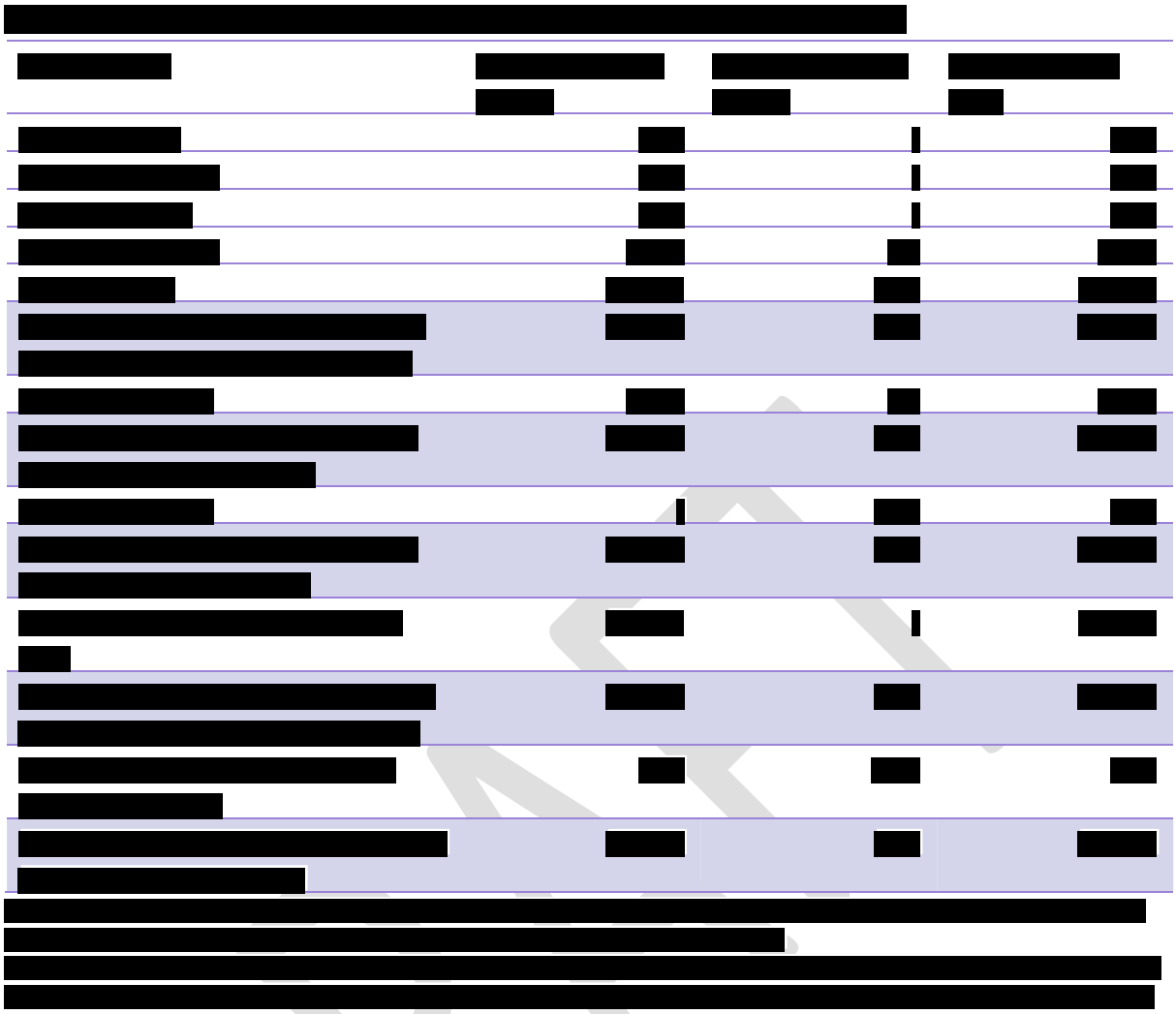



*Source: BVN, Arup, TSA, Genus Advisory and Planit (2022), Northside Hospital Concept Design Report, December 2022*

[redacted]

[35] Due to the changes to the SoA, these descriptions are indicative and to be confirmed at alter project stages.

[redacted]



The program for Option 1C is presented in Table 13**Error! Reference source not found.**. The program outlines the key milestones and activities for the delivery of the new Northside Hospital.

**Table 13: High level program Option 1C**

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

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

Key considerations for Option 1C are listed in Table 14.

**Table 14: Considerations for Option 1C**

| Strengths | Weaknesses |
|---|---|
| - Capacity meets demand to 2040-41 with 109,426 sqm of new build<br>- Separation of ED entry to public and private hospital entries allows better flow of ambulances and walk-ins into and out of the ED<br>- Delivery of a carpark on the northern campus is not reliant on the relaxation of APZ requirements<br>- Placement of main and ambulatory/outpatient entries in the Mary Potter South and emergency, logistics, education, research and the carpark in the Mary Potter North reduces the busyness of the entry points to the hospital. | - Delivery of separate mental health wing within the acute services building is not preferable from a clinical perspective as it does not provide an optimal environment to support patient recovery<br>- The Bruce campus has complex topography due to the narrow frontage to the north and the south on Marry Potter Circuit which causes significant slopes and will affect the proposed podium<br>- There may be impacts on the local flora and fauna from the construction of the carpark<br>- There may be impacts and disruptions on existing patients and staff during construction and delivery on the Bruce campus. |

### 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.

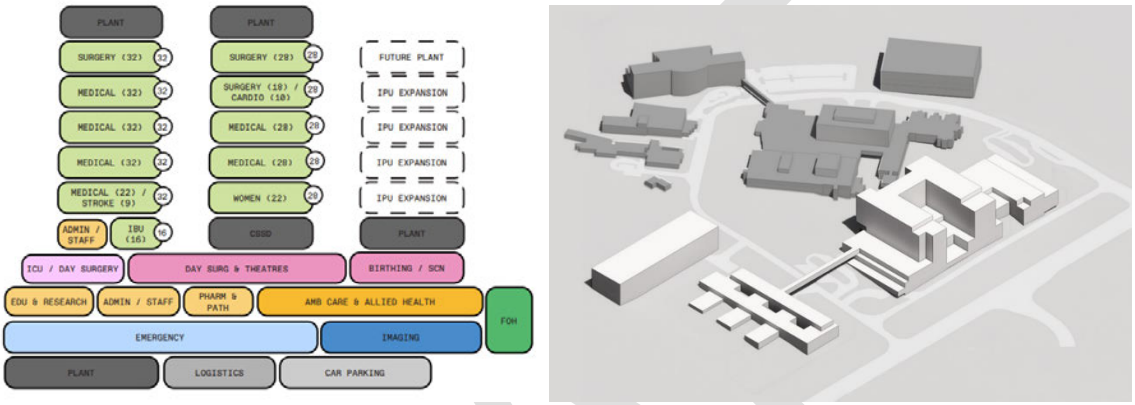
Option 1D would deliver 452 multi-day beds, 99 ED POC, 17 operating suites, <154 ambulatory spaces and supporting medical imaging across 11 levels and 90,803sqm, including 1,705sqm for the childcare centre. The detailed SoA is presented in Appendix A.[38]

The preferred block and stack for Option 1D, as presented in Figure 13, includes:

[38] 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).[39]

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



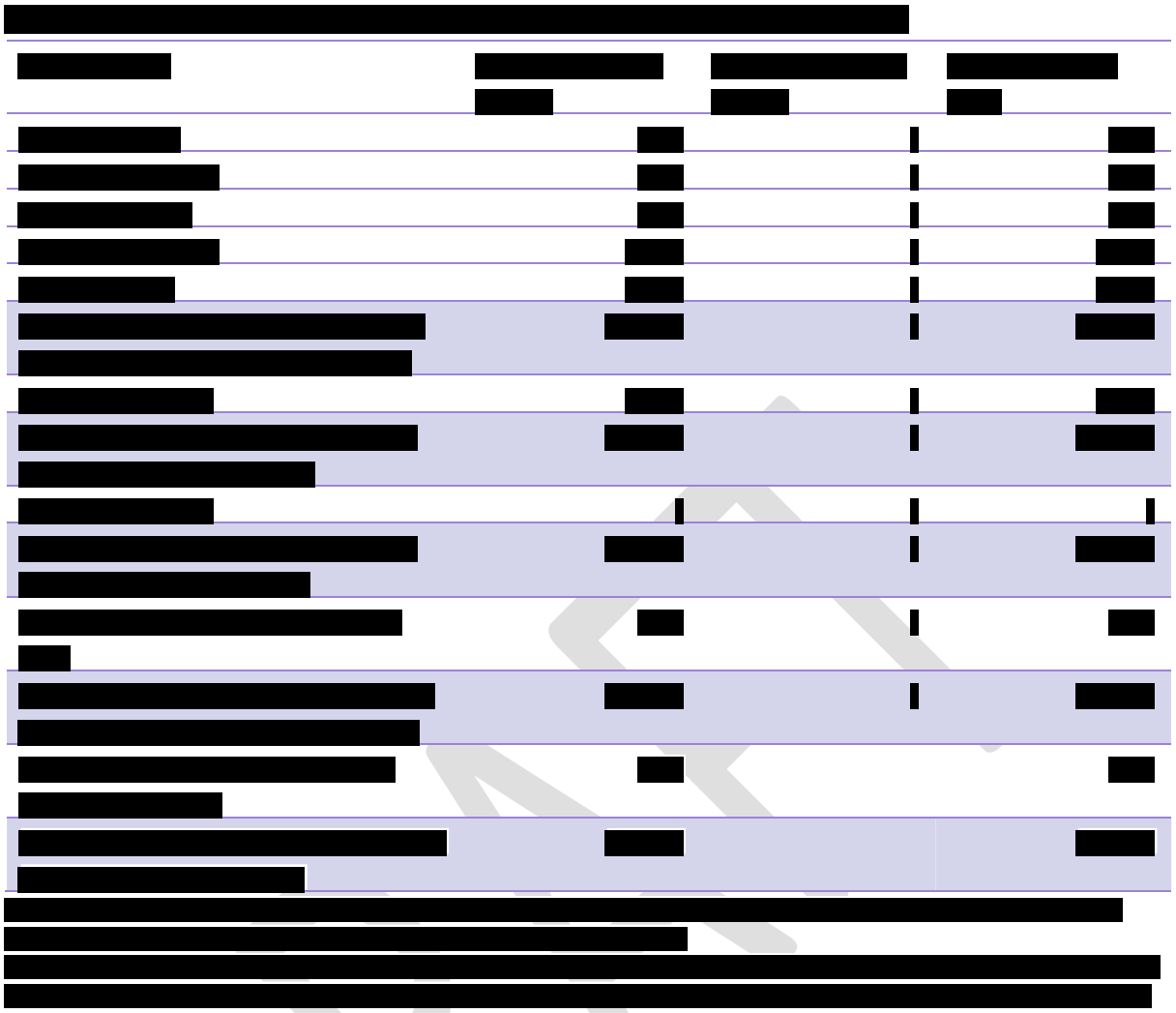

*Source: BVN, Arup, TSA, Genus Advisory and Planit (2023), Northside Hospital Concept Design Report, March 2023*

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.

[redacted]

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

[redacted]



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 16: High level program Option 1D**

| Key milestone | Date (end) |
|---|---|
| **Phase 1 High Level Design Completion** | Q4 2023 |
| **Phase 2 Design** | |
| *Government process* | Q3 2025 |
| *Surveys and enabling works* | Q3 2025 |
| *Main works design* | Q4 2026 |
| **Delivery** | |
| *Construction and contractor procurement* | Q4 2026 |
| *Enabling works* | Q4 2026 |
| *Main works* | Q3 2030 |
| *Hospital opens* | Q4 2030 |
| *Shell unit fit out* | 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 17.

**Table 17: Considerations for Option 1D**

| Strengths | Weaknesses |
|---|---|
| - Delivery of a separate mental health facility is aligned with recommendations from health professionals to provide the best environment for patient recovery<br>- The 2-finger IPU stack configuration facilitates future vertical expansion through the construction of a third IPU tower with up to 4 additional wards<br>- 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<br>- The ACT Health network is likely to require additional infrastructure investment in the long-term to service forecast demand post-2031, particularly ambulatory care<br>- Design of mental health facility is heavily constrained by APZ requirements on the northern block<br>- Use of northern block for mental health services will require relocation of existing services / construction of replacement facilities<br>- There may be impacts and disruptions on existing patients and staff during construction and delivery on the Bruce campus. |

## 4.3 Option 2: Greenfield

Option 2[42] proposes the development of a new Northside Hospital on a greenfield site, in a single stage construction to meet 2040-41 demand for inpatient health services on the northside of the ACT.

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

The preferred greenfield site is 32.7 hectares located on a peninsula within Lake Ginninderra, Belconnen. It is bordered on three sides by parklands lining the lake and Diddams Close to the north-east. The site is surrounded by parklands, the lake and residential properties. The site is approximately 3 kilometres from the CPHB site.

The site is currently used for public recreational activities, including:

- Cycling and walking tracks
- Dog parks
- Access to waterfront activities via Dulwa, Nengi Bamir and Bimbi Beaches
- Playgrounds
- Public facilities
- Boat ramp.

[42] Option 2 is referred to as Workstream 3 in the Northside Hospital Concept Design Report

**Figure 14: Preferred greenfield site on Lake Ginninderra**

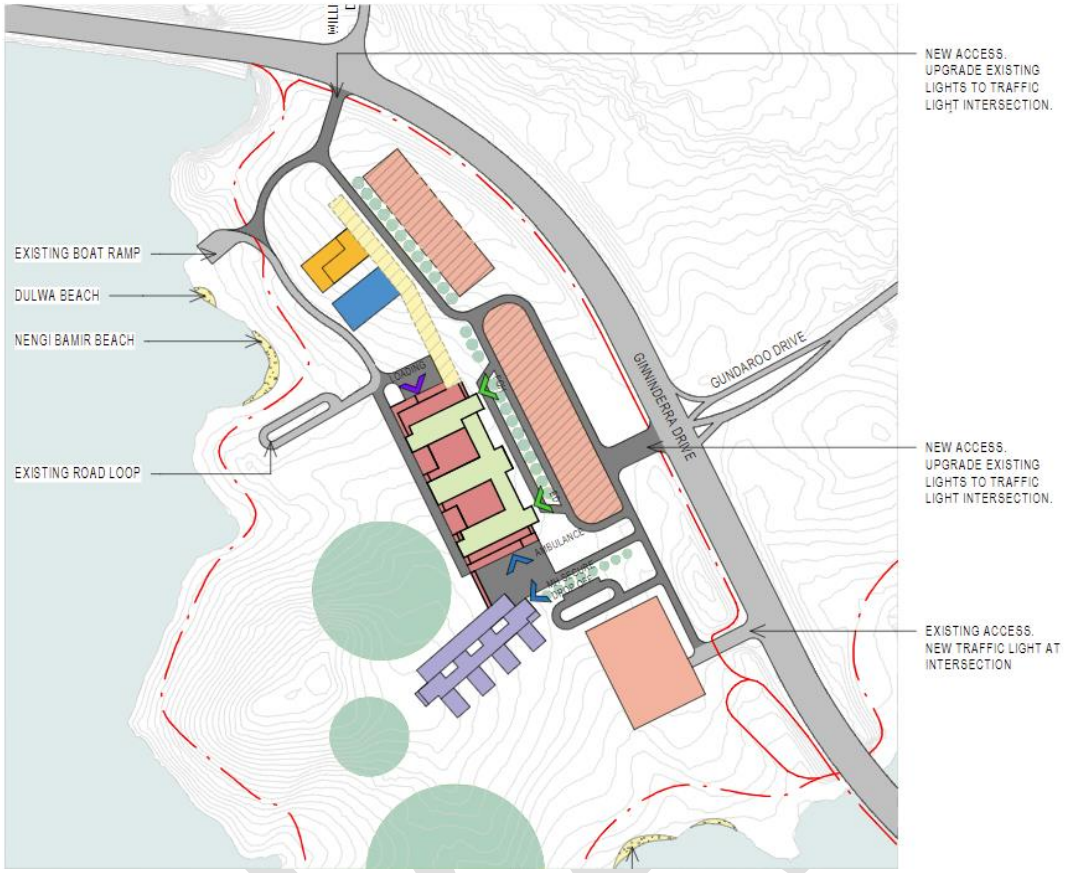



*Source: BVN, Arup, TSA, Genus Advisory and Planit (2022), Northside Hospital Concept Design Report, December 2022*

The proposed design developed for Option 1A has been applied to Option 2 with some modifications in response to the different site opportunities and constraints. The design includes a new 11-level 94,563sqm (including contingency) acute services building including a childcare centre and a new three-level 15,124sqm (including contingency) satellite mental health facility, as presented in Figure 15.

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**Figure 15: Site plan Option 2 – Preferred greenfield site, multiple buildings, single stage**




*Source: BVN, Arup, TSA, Genus Advisory and Planit (2022), Northside Hospital Concept Design Report, December 2022*

The development proposes to deliver 543 multi-day beds, 99 ED POC, 17 operating suites, 164 ambulatory spaces and supporting medical imaging across 109,687sqm, including 1,705sqm for the childcare centre. The detailed SoA is presented in Appendix A. [43]

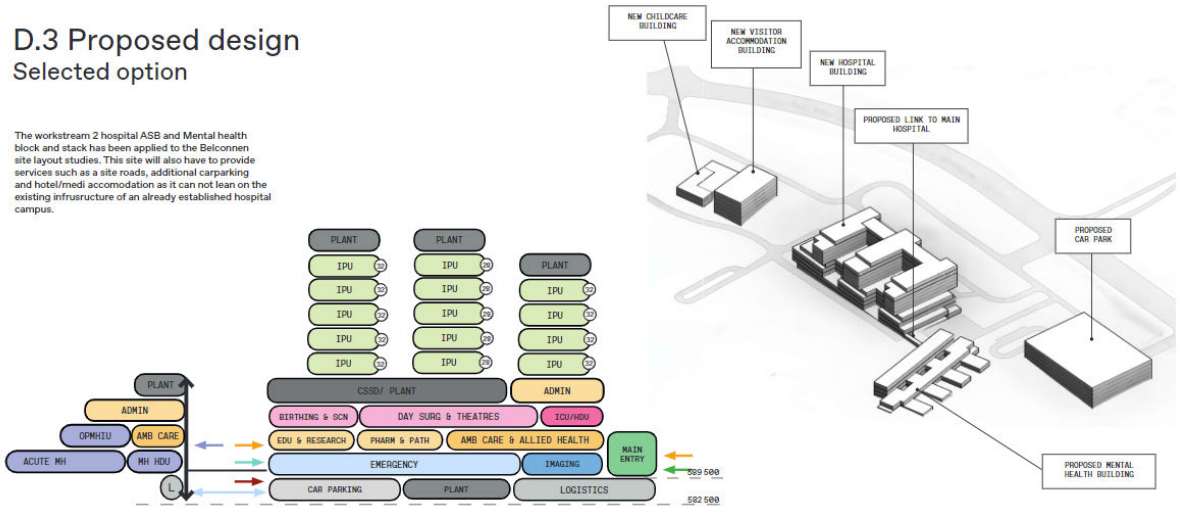
Option 2 proposes to commission POCs to meet 2030-31 demand (434 multiday beds, 81 ED POCs, 15 operating suites and 154 ambulatory spaces) and shelling the remaining POCs until required. The capital costs currently assume fit out of shelled spaces in 2039-40 for commissioning in 2040-41. In further stages of planning the timing of fit out and commissioning of shelled spaces will be further explored.

The preferred block and stack for Option 2, as presented in Figure 16 includes:

- A five-storey podium accommodating the ED, imaging, ambulatory care and allied health, pharmacy and pathology, education and research, birthing, operating theatres, intensive care unit / high dependency unit and admin
- Three five to six-storey IPU towers with plant rise above the podium
- A stand-alone mental health facility.[44]

[43] The Concept Design was based on an earlier version of the SoA than what was used for the basis of the cost plans. There are some 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.
[44] Due to the changes to the SoA, these descriptions are indicative and to be confirmed at alter project stages.

**Figure 16: Block and stack of Option 2 – Preferred greenfield site, multiple buildings, single stage**




*Source: BVN, Arup, TSA, Genus Advisory and Planit (2022), Northside Hospital Concept Design Report, December 2022*

[redacted]

[redacted].

The program for Option 2 is presented in Table 19. The program outlines the key milestones and activities for the delivery of the new Northside Hospital.

**Table 19: High level program Option 2**

| Key milestone | Date (end) |
|---|---|
| **Phase 1 High Level Design Completion** | Q4 2023 |
| **Phase 2 Design** | |
| *Government process* | Q3 2025 |
| *Surveys and enabling works* | Q3 2025 / Q2 2026 |
| *Main works design* | Q4 2026 |
| **Delivery** | |
| *Construction and contractor procurement* | Q4 2026 |
| *Enabling works* | Q4 2026 |
| *Main works* | Q3 2030 |
| *Hospital opens* | Q4 2030 |
| *Shell unit fit out* | Q3 2040 |

*Source: Arup (2023), Canberra Northside Hospital Construction Programme (High Level) – Greenfield Site, ECI Procurement, Revision 5*

Key considerations for Option 2 are listed in Table 20.

**Table 20: Considerations for Option 2**

| Strengths | Weaknesses |
|---|---|
| - Capacity meets demand to 2040-41 with 109,687sqm of new build<br>- Placement of each building with an outlook over the lake and parklands provides amenity benefits for patients and carers<br>- Adaptable boundary options provide site flexibility for future expansion<br>- Active Aboriginal communities residing within the Ginninderra catchment provides an opportunity to work with the local community<br>- Development of the site will contribute to improving access and upgrading the quality of the activities at the lakefront for the broader community<br>- Site access points easily connect with existing intersections from Ginninderra Drive<br>- Recovery of mental health patients better supported by providing a more 'human-scale' development<br>- Close proximity to Belconnen Town Centre, the bus network and the University of Canberra. | - There is a significant opportunity cost of the proposed site which may have alternative uses such as parkland, mixed use or residential redevelopment<br>- Leasing arrangements on the site needs to be negotiated with the transport authority<br>- There is a need to rezone the site (note a change of use is suggested in the draft District Plan for Belconnen)<br>- There may be impacts on local flora which requires an approval process to interfere with<br>- There is a risk of community objection to loss of public parklands, amenity and interference with Indigenous archaeological remains. |

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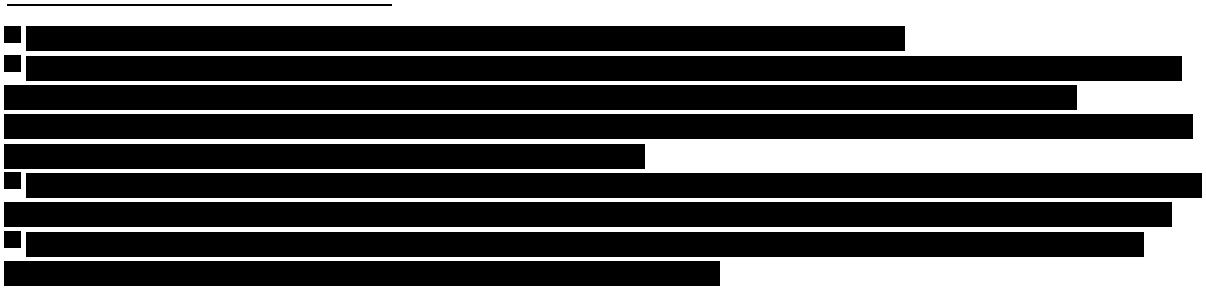
## 4.4 Option 3: Small hospital

Option 3[47] proposes the development of a new Northside Hospital to be built to meet 2030-31 demand for inpatient health services on the northside of the ACT reflecting expected opening day bed profile (i.e. does not allow for additional future demand). This option is site agnostic and is expected to be delivered on either the existing Bruce campus, preferred greenfield site or an alternative greenfield site. This option assumes the decommissioning of the existing CPHB and provides the capacity required to support healthcare provision on the northside of the ACT in absence of the existing CPHB.

Option 3 would deliver 434 multi-day beds, 81 ED POC, 15 operating suites, 154 ambulatory spaces and supporting medical imaging across 11 levels and 93,689sqm, including 1,705sqm for the childcare centre. This is based on a single building design, with no separation of mental health services. The detailed SoA is presented in Appendix A.[48]

A preliminary cost estimate for Option 3 has been undertaken to inform options analysis. If Option 3 is identified as a preferred option, further master planning, due diligence and concept design would be required to inform detailed costing.





[redacted]

Key considerations for Option 3 are listed in Table 22.

**Table 22: Considerations for Option 3**

| Strengths | Weaknesses |
|---|---|
| - Moderately lower capital investment relative to Options 1A, 1B, 1C, 1D and 2<br>- A smaller building will have lower operating and maintenance costs. | - Capacity only meets demand to 2030-31 and does not provide a sustainable solution to the key challenge of constrained capacity of healthcare services on the northside of the ACT<br>- The ACT Health network is likely to require additional infrastructure investment in the long-term to service forecast demand post-2031<br>- There are complex clinical planning implications for the expansion of theatre and ED capacity<br>- There is further services planning work required to determine how a smaller hospital would work operationally for the northside and the broader network<br>- Increase in embedded carbon. |

## 4.5 Option 4: Third hospital + base case

Option 4[51] assumes the continuation of health services at the existing CPHB and the costs associated with maintaining the delivery of healthcare services in existing assets on the site (see Base Case definition in Section 4.1) as well as the development of an additional hospital to meet the capacity gap to 2040-41. This option is not supported by ACTHD, CHS or the ACT Ambulance Service as it would have significant implications for system efficiency, workforce, service quality and safety.

Option 4 would deliver 294 multi-day beds, 19 ED POC, 10 operating suites, 147 ambulatory spaces and supporting medical imaging across eight levels and 63,125sqm, including 1,705sqm for the childcare centre. The detailed SoA is presented in Appendix A.

This option reflects a scenario in which the existing CPHB continues to operate under its existing arrangements, however, additional capacity is provided to meet the future healthcare needs for the northside of the ACT. No concept design has been developed for this option and no site has been identified. This option is provided for comparison purposes only to demonstrate requirements where commercial arrangements within the CNA continue into the future.

[51] Option 3 is referred to as Workstream 4b in the Northside Hospital Concept Design Report



Key considerations for Option 4 are listed in Table 24

**Table 24: Considerations for Option 4**

| Strengths | Weaknesses |
|---|---|
| - This is a moderately lower capital investment relative to all other options. | - There is further services planning work required to determine how a smaller hospital would work operationally for the broader network<br>- This will not address current infrastructure issues nor other challenges identified<br>- There are operational funding and capital inefficiencies associated with maintaining two hospitals<br>- There may be impacts of the chosen operator on hospital services |

[52] 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.
[53] 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.

| Strengths | Weaknesses |
|---|---|
| | - A smaller sized hospital may limit the ability to provide the required level of services to meet the needs of the community<br>- This option is not supported by ACT Health, CHS or ACT Ambulance Service<br>- This would have significant workforce implications<br>- There will be challenges in implementing this option due to the interfaces between CPHB and the new hospital (e.g. patient transfer between the hospitals, staffing)<br>- There will likely be an increase in system inefficiencies<br>- There may be equity issues in quality and access to healthcare<br>- The challenges in this option would likely result in poorer patient outcomes. |

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# 5. Project and staging options assessment

## 5.1 Option assessment framework

An MCA framework was developed in accordance with the ACT Capital Framework (ACT Government, 2022) and Infrastructure Australia Assessment Framework (Infrastructure Australia, 2021) guidance on MCA. The MCA framework was applied to support the prioritisation of the project options and identify two shortlisted options to assess in more detail through the Business Case.

The MCA framework was developed and applied based on the following approach.

**Step 1: Determine a set of appropriate evaluation criteria**

A set of 13 MCA criteria was developed based on the problems and opportunities, benefits and project objectives identified through the ILW. Clear measures were established to underpin each criterion to ensure a transparent and consistent approach to analysis.

The MCA criteria were also mapped to the three strategic goals of *Accessible, Accountable, Sustainable: A Framework for the ACT Public Health System 2020-2030*[54], to demonstrate how the project options align to and support the broader objectives of the ACT health network.

**Step 2: Assign a relative importance to each criterion**

A relative importance, ranging from 'Low' to 'High', was assigned to each criterion based on the objectives and priorities of the Project. For example, a higher weighting assigned to a particular criterion indicated a higher relative importance compared to other criteria. For this Project, a 'High' rating was applied to all criteria.

**Step 3: Provide a rating for each option against each criterion**

An MCA workshop was undertaken with the new Northside Hospital project team to shortlist the project options. Each option was assessed against each criterion and scored using a scale of D (worst) to A (best). A description of each rating, as it relates to each criterion, was established prior to scoring, to allow a consistent approach and prevent options being scored relative to each other.

**Step 4: Rank each option, review the results and provide a written justification**

Each option was ranked based on the relative importance of each criterion and the rating of each option against the criteria.

## 5.2 Multi-criteria assessment of project and staging options

The outcomes of the MCA are presented in Table 25 and Table 26.

[54] ACT Government Health (2020), Accessible, Accountable, Sustainable: A Framework for the ACT Public Health System 2020-2030

## Table 25: MCA outcomes (Base Case, Options 1A, 1B, 1C)[55]

| | Objectives / benefits of Project | MCA criteria | Base Case | Scoring<br>Option 1A<br>Bruce multiple buildings in a single stage | Option 1B<br>Bruce staged | Option 1C<br>Single building |
|---|---|---|---|---|---|---|
| Access | Improve health and wellbeing for the ACT community | 1) Meets current and future healthcare demand and reduces patient wait times | **D**<br>The Base Case assumes no increase in capacity to meet future demand. | **A**<br>Option 1A delivers increased capacity to meet healthcare demand to 2040-41. It will deliver 543 multi-day beds, 99 ED POC, 17 operating suites, 164 ambulatory spaces and supporting medical imaging across 109,687sqm. | **A**<br>As per Option 1A. | **A**<br>Option 1C delivers increased capacity to meet healthcare demand to 2040-41. It will deliver 543 multi-day beds, 99 ED POC, 17 operating suites, 164 ambulatory spaces and supporting medical imaging across 109,426sqm. |
| | | 2) Provides appropriate health services in a location of population growth | **C-**<br>The Base Case assumes no further capital investment to change the current mix of services to meet the changing needs of the community e.g. no maternity day only beds, allied health, ambulatory procedure and outpatient spaces. However, the Base Case provides health precinct colocation benefits. | **A**<br>Option 1A delivers the appropriate services to meet the predicted future service case-mix to 2040-41. This includes additional adult & older persons mental health inpatient unit (**OPMHIU**) beds to support an ageing population, additional surgical capacity to meet demand, delivery of maternity day only beds to support increased maternity services, and increased ED capacity for paediatric cases. Option 1A also supports person-centred care for mental health patients through the satellite facilities. | **A**<br>As per Option 1A. | **B**<br>Option 1C delivers the appropriate services to meet the predicted future service case-mix to 2040-41. This includes additional adult & OPMHIU beds to support an ageing population, additional surgical capacity to meet demand, delivery of maternity day only beds to support increased maternity services, and increased ED capacity for paediatric cases. However, Option 1C does not optimise clinical outcomes or meet the environmental needs of mental health patients. |
| | | 3) Improves patient and carer wellbeing outcomes | **D**<br>The Base Case assumes no further capital investment to upgrade facilities and amenity to support the improved wellbeing of patients and carers. | **A+**<br>Option 1A provides new and contemporary hospital environments to support improved wellbeing outcomes. This includes 2,455sqm of commercial, café, public amenity, and cultural spaces. Expanded mental health services will delivered in a stand-alone facility on the northern block which is preferred over a 'stacked approach' (i.e. Option 1C) as recovery of mental health patients is better supported in a more 'human-scale' development. | **A**<br>As per Option 1A. However, as the mental health building is delivered in a staged approach under Option 1B, the full extent of wellbeing benefits from improved facilities and health environments will not be delivered until 2040-41. | **B**<br>Option 1C provides new and contemporary hospital environments to support improved wellbeing outcomes. This includes 2,451sqm of commercial, café, public amenity, and cultural spaces. Location of mental health services within the main hospital building is not optimal in supporting the recovery of mental health patients. |
| Accountability | Improve health and wellbeing for the ACT community | 4) Develops the skills and flexibility of the ACT healthcare workforce | **D**<br>The Base Case assumes no further capital investment to upgrade facilities and technology to support improved workforce education and training. | **A**<br>Option 1A delivers 2,756sqm of dedicated education and clinical research spaces with the latest technologies and clinical solutions to implement workforce education and | **A**<br>As per Option 1A. | **A**<br>Option 1C delivers 2,726sqm of dedicated education and clinical research spaces with the latest technologies and clinical solutions to |

[55] The MCA undertakes a qualitative analysis of project characteristics with affordability measured through economic and financial analysis within the Business Case

| | Objectives / benefits of Project | MCA criteria | Base Case | Scoring<br>Option 1A<br>Bruce multiple buildings in a single stage | Option 1B<br>Bruce staged | Option 1C<br>Single building |
|---|---|---|---|---|---|---|
| | | | | training. This will support the ACT Government maintain the capability and skills required to respond to future demands. | | implement workforce education and training. This will support the ACT Government in maintaining the capability and skills required to respond to future demands. |
| | | 5) Improves staff wellbeing and experience | **D**<br>The Base Case assumes no further capital investment to upgrade facilities and amenity to support the improved wellbeing of the hospital staff. | **A**<br>Option 1A delivers 1,803sqm of commercial, café, staff amenity and EOT facilities that are modern and fit for purpose, alongside an 800 space carpark. The upgraded facilities will improve the experience of the hospital staff and support their wellbeing whilst working. | **A**<br>As per Option 1A. | **A**<br>Option 1C delivers 1,814sqm of commercial, café, staff amenity and EOT facilities that are modern and fit for purpose, alongside an 800 space carpark. The upgraded facilities will improve the experience of the hospital staff and support their wellbeing whilst working. |
| **Sustainability** | **Provide a contemporary healthcare environment** | 6)<br>Enables contemporary models of care | **D**<br>The Base Case assumes no further capital investment to enable the implementation of contemporary models of care e.g. no capability to integrate different services or deliver person-centred care. | **A**<br>Option 1A delivers new and appropriate medical facilities and enablement of information communications technology (**ICT**) to support contemporary models of care. The delivery of 164 ambulatory spaces provides an opportunity to develop new models of care in the community and improve health outcomes. The expansion of mental health services in a stand-alone facility provides an optimal environment for mental health patients. | **A**<br>As per Option 1A. | **A**<br>Option 1C delivers new and appropriate medical facilities and enablement of ICT to support contemporary models of care. The delivery of 164 ambulatory spaces provides an opportunity to develop new models of care in the community and improve health outcomes. The expansion of mental health services and location in a separated wing of the hospital further provides an improved healing environment for mental health patients. |
| | | 7) Supports digital capabilities for a sustainable and innovative health system | **D**<br>The Base Case assumes no further capital investment to enable emerging technologies. | **A**<br>Option 1A delivers an investment into ICT of $74.8 million (nominal), including 280sqm for the new Virtual Hospital Hub. This will enable contemporary and emerging technologies and building of digital capabilities to support better outcomes and more efficient health service delivery. | **A**<br>As per Option 1A. | **A**<br>Option 1C delivers an investment into ICT of $71.3 million (nominal), including 280sqm for the new Virtual Hospital Hub. This will enable contemporary and emerging technologies and building of digital capabilities to support better outcomes and more efficient health service delivery. |
| | **Increase resilience of ACT health network** | 8) Improves system redundancy and response to major health events | **D**<br>The Base Case assumes no further capital investment to increase the capacity or flexibility of health | **A**<br>Option 1A delivers 99 ED POC to meet demand to 2040-41, within new infrastructure aligned to modern standards (e.g. fire safety, adaptability). This increases | **A**<br>As per Option 1A. | **A**<br>As per Option 1A. |

| | Objectives / benefits of Project | MCA criteria | Scoring<br>Base Case | Option 1A<br>Bruce multiple buildings in a single stage | Option 1B<br>Bruce staged | Option 1C<br>Single building |
|---|---|---|---|---|---|---|
| | | | infrastructure to improve system redundancy. | the ability of the hospital and the network to respond to surges in demand from any health crises or major events. | | |
| | Improve operational outcomes | 9) Improves operational efficiency of the hospital and ACT health network | **D**<br>The Base Case assumes no further capital investment to enable improvement in operational efficiency, but has continued access to private services within the precinct. | **A-**<br>The upgrade to the infrastructure and technology delivered under Option 1A, including 109,687sqm of new facilities, enables operational efficiency for the workforce, delivery of services and design sustainability. However, the need to transfer patients between the mental health services building and the main hospital provides some inefficiencies in the timely provision of care. | **A-**<br>As per Option 1A. | **A**<br>The upgrade to the infrastructure and technology delivered under Option 1C, including 109,426sqm of new facilities, enables operational efficiency for the workforce, delivery of services and design sustainability. The colocation of the public hospital services with those of the private hospital provide further efficiencies in the timely provision of care. |
| Deliverability and operability | Asset performance | 10) Order of magnitude capital costs and removal of asset maintenance backlog | **A**<br>The Base Case will require a total capital expenditure of $530.7 million (nominal) over the next 30 years to deliver critical infrastructure works to keep CPHB safe and operational. | **C**<br>Option 1A requires a capital investment of $1,692.9 million (nominal) which comes as a cost to the ACT Government. | **C**<br>Option 1B requires a capital investment of $1,708.1 million (nominal) which comes as a cost to the ACT Government. | **C**<br>Option 1C requires a capital investment of $1,579.4 million (nominal) which comes as a cost to the ACT Government. |
| | Delivery and operating risk | 11) Level of delivery and operating risk (including operational disruption at CPHB) | **B**<br>Key risks under the Base Case includes operational risks associated with constrained service delivery and ageing infrastructure. | **C**<br>Key risks under Option 1A include risks associated with disruption to existing services, decanting, and the physical constraints of delivering on a brownfield site. | **D**<br>Key risks under Option 1B include risks associated with disruption to existing services which is extended through the staged approach, decanting, and the physical constrains on delivering on a brownfield site. | **C**<br>As per Option 1A. |
| | | 12) Level of planning and program risk (including approvals and public acceptance) | **A**<br>No planning or program risk. | **C**<br>Moderate level of planning risk under Option 1A associated with access to site, APZ restrictions and ecology on northern block. | **C-**<br>As per Option 1A, with added program delay risk due to a staged delivery. | **B**<br>Moderate level of planning risk under Option 1C associated with access to the site, and higher risk / interdependencies from single building development. |
| | | 13) Certainty of land tenure | **D**<br>Low certainty of land tenure for Government. | **D**<br>Low certainty of land tenure for Government. | **D**<br>As per Option 1A. | **D**<br>As per Option 1A. |
| | | **Overall ranking** | **8** | **2** | **4** | **3** |

*Source: ACTHD and MPC (2023)*

## Table 26: MCA outcomes (Options 1D, 2, 3 and 4)[56]

| | Objectives / benefits of Project | MCA criteria | Option 1D<br>Multiple buildings (reduced size) | Option 2<br>Greenfield | Scoring<br>Option 3<br>Smaller hospital | Option 4<br>Third hospital + base case |
|---|---|---|---|---|---|---|
| Access | Improve health and wellbeing for the ACT community | 1) Meets current and future healthcare demand and reduces patient wait times | **B**<br>Option 1D delivers increased critical care capacity to meet healthcare demand to 2040-41, and ambulatory care capacity to meet a level of demand prior to 2030-31. It will deliver 452 multi-day beds, 99 ED POC, 17 operating suites, <154 ambulatory spaces and supporting medical imaging across 90,803sqm. | **A**<br>As per Option 1A. | **C**<br>Option 3 delivers increased capacity to meet healthcare demand to 2030-31. It will deliver 434 multi-day beds, 81 ED POC, 15 operating suites, 154 ambulatory spaces and supporting medical imaging across 93,689sqm. | **B**<br>Option 4 delivers an additional smaller hospital to support CPHB in meeting healthcare demand to 2040-41. It will deliver 294 multi-day beds, 19 ED POC, 10 operating suites, 147 ambulatory spaces and supporting medical imaging across 63,125sqm. |
| | | 2) Provides appropriate health services in a location of population growth | **B**<br>Option 1D delivers the appropriate services to meet the predicted future service case-mix to a level of demand prior to 2030-31, to 2030-31 and to 2040-41. This includes additional adult & OPMHIU beds to support an ageing population, additional surgical capacity to meet demand, delivery of maternity day only beds to support increased maternity services, and increased ED capacity for paediatric cases. Option 1D also supports person-centred care for mental health patients through the satellite facilities. | **A-**<br>As per Option 1A. However, Option 2 does not provide the health precinct colocation benefits that the Bruce campus options deliver. | **B**<br>Option 3 delivers the appropriate services to meet the predicted future service case-mix to 2030-31. This includes additional adult & OPMHIU beds to support an ageing population, additional surgical capacity to meet demand, delivery of maternity day only beds to support increased maternity services, and increased ED capacity for paediatric cases. | **B**<br>Option 4 delivers an additional smaller hospital to support CPHB in meeting the predicted future service case-mix to 2040-41. This includes additional adult & OPMHIU beds to support an ageing population, additional surgical capacity to meet demand, delivery of maternity day only beds to support increased maternity services, and increased ED capacity for paediatric cases. |
| | | 3) Improves patient and carer wellbeing outcomes | **A**<br>Option 1D provides new and contemporary hospital environments to support improved wellbeing outcomes. This includes 2,306sqm of commercial, café, public amenity, and cultural spaces. Option 1D also delivers a satellite mental health facility to support patient recovery. | **A+**<br>As per Option 1A. Additionally, the improved access to the surrounding natural environment of the preferred site provides patient and carer amenity and supports patient-centred care outcomes. There are also active Aboriginal communities within the Ginninderra catchment and the option offers opportunities to connect with these communities and improve health outcomes through targeted initiatives. | **B**<br>Option 3 provides new and contemporary hospital environments to support improved wellbeing outcomes. This includes 1,605sqm of commercial, café, public amenity, and cultural spaces. | **C-**<br>Option 4 provides new and contemporary hospital environments to support improved wellbeing outcomes. This includes 957sqm of commercial, café, public amenity, and cultural spaces. However, the operation of three disparate hospitals in the network (CH, CPHB, new smaller hospital) creates issues relating to equity of service and facilities. |

[56] The MCA undertakes a qualitative analysis of project characteristics with affordability measured through economic and financial analysis within the Business Case

| | Objectives / benefits of Project | MCA criteria | Scoring<br>Option 1D<br>Multiple buildings (reduced size) | Option 2<br>Greenfield | Option 3<br>Smaller hospital | Option 4<br>Third hospital + base case |
|---|---|---|---|---|---|---|
| Accountability | Improve staff wellbeing, retention and training capacity | 4) Develops the skills and flexibility of the ACT healthcare workforce | **C**<br>Option 1D delivers 1,647sqm of dedicated education and clinical research spaces with the latest technologies and clinical solutions to implement workforce education and training. This will support the ACT Government in maintaining the capability and skills required to respond to future demands. | **A**<br>As per Option 1A. | **B**<br>Option 3 delivers 2,334sqm of dedicated education and clinical research spaces with the latest technologies and clinical solutions to implement workforce education and training. This will support the ACT Government maintain the capability and skills required to respond to future demands. | **C**<br>Option 4 delivers 1,573sqm of dedicated education and clinical research spaces with the latest technologies and clinical solutions to implement workforce education and training. This will support the ACT Government maintain the capability and skills required to respond to future demands. |
| | | 5) Improves staff wellbeing and experience | **B**<br>Option 1D delivers 1,803sqm of commercial, café, staff amenity and EOT facilities that are modern and fit for purpose, alongside a 600 space carpark. The upgraded facilities will improve the experience of the hospital staff and support their wellbeing whilst working. | **A**<br>As per Option 1A. | **B**<br>Option 3 delivers 1,737sqm of commercial, café, staff amenity and EOT facilities that are modern and fit for purpose, alongside a 600 space carpark. The upgraded facilities will improve the experience of the hospital staff and support their wellbeing whilst working. | **C**<br>Option 4 delivers 1,211sqm of commercial, café, staff amenity and EOT facilities that are modern and fit for purpose, alongside a 600 space carpark. The upgraded facilities will improve the experience of the hospital staff and support their wellbeing whilst working. |
| Sustainability | Provide a contemporary healthcare environment | 6)<br>Enables contemporary models of care | **C**<br>Option 1D delivers new and appropriate medical facilities and enablement of ICT to support contemporary models of care. The expansion of mental health services in a stand-alone facility provides an optimal environment for mental health patients. | **A**<br>As per Option 1A. | **B**<br>Option 3 delivers new and appropriate medical facilities and enablement of ICT to support contemporary models of care. The delivery of 154 ambulatory spaces provides an opportunity to develop new models of care in the community and improve health outcomes. This is capped at 2030-31 demand which limits the benefits received. | **C**<br>Option 4 delivers new and appropriate medical facilities and enablement of ICT to support contemporary models of care. The delivery of 147 ambulatory spaces provides an opportunity to develop new models of care in the community and improve health outcomes. This is capped at the incremental demand on the Base Case which limits the benefits received. |
| | | 7) Supports digital capabilities for a sustainable and innovative health system | **A**<br>Option 1D delivers an investment into ICT of $63.2 million (nominal), including 280sqm for the new Virtual Hospital Hub. This will enable contemporary and emerging technologies and building of digital capabilities to support better outcomes and more efficient health service delivery. | **A**<br>As per Option 1A. | **A**<br>Option 3 delivers an investment into ICT of $63.7 million (nominal), including 280sqm for the new Virtual Hospital Hub. This will enable contemporary and emerging technologies and building of digital capabilities to support better outcomes and more efficient health service delivery. | **C**<br>Option 4 delivers an investment into ICT of $45.1 million (nominal), including 200sqm for the new Virtual Hospital Hub. This will enable contemporary and emerging technologies and building of digital capabilities to support better outcomes. However, the need to integrate the new technology with existing systems may impact on technical efficiency under this option. |
| | Increase resilience of | 8) Improves system redundancy and | **A**<br>As per Option 1A. | **A**<br>As per Option 1A. | **B** | **B** |

| | Objectives / benefits of Project | MCA criteria | Scoring<br>Option 1D<br>Multiple buildings (reduced size) | Option 2<br>Greenfield | Option 3<br>Smaller hospital | Option 4<br>Third hospital + base case |
|---|---|---|---|---|---|---|
| | ACT health network | response to major health events | | | Option 3 delivers 81 ED POC to meet demand to 2030-31. Whilst this partially improves the ability of the hospital to respond to surges in demand, there is limited improvement to future system redundancy and service delivery in the event of a territory-wide health crisis. | Option 4 delivers an additional 19 ED POC to meet demand to 2040-41, through a smaller hospital. Whilst the infrastructure upgrades and alignment with contemporary standards is limited to the new smaller hospital, the separation of the health facilities and services across the new and existing hospitals will improve network resilience in the case of a major event. |
| | Improve operational outcomes | 9) Improves operational efficiency of the hospital and ACT health network | **B**<br>The upgrade to the infrastructure and technology delivered under Option 1D, including 89,813sqm of new facilities, enables operational efficiency for the workforce, delivery of services and design sustainability. However, the need to transfer patients between the mental health services building and the main hospital provides some inefficiencies in the timely provision of care. | **A**<br>As per Option 1A, with no service flow impacts from a separated mental health facility due to site topography and level design. | **B**<br>The upgrade to the infrastructure and technology delivered under Option 3, including 93,689sqm of new facilities, enables operational efficiency for the workforce, delivery of services and design sustainability. | **C**<br>The upgrade to the infrastructure and technology delivered under Option 4, including 63,125sqm of new facilities, enables operational efficiency for the workforce, delivery of services and design sustainability. However, the delivery of services across multiple facilities can impact on operational efficiency at the network level. |
| Deliverability and operability | Asset performance | 10) Order of magnitude capital costs and removal of asset maintenance backlog | **C**<br>Option 1D requires a capital investment of $1,403.7 million (nominal) which comes as a cost to the ACT Government. | **C**<br>Option 2 requires a capital investment of $1,613.2 million (nominal) which comes as a cost to the ACT Government. | **C**<br>Option 2 requires a capital investment of $1,343.3 million (nominal) which comes as a cost to the ACT Government. | **B**<br>Option 4 requires a capital investment of $966.8 million (nominal) which comes as a cost to the ACT Government. |
| | Delivery and operating risk | 11) Level of delivery and operating risk (including operational disruption at CPHB) | **C**<br>As per Option 1A. | **B**<br>Key risks under Option 2 includes risks associated with impacts on program timeframes and costs from additional activities required for a greenfield site e.g. land acquisition costs, leasing negotiations, rezoning and potential community objection to the loss of parkland as a result of the site location | **C**<br>Key risks under Option 3 include risks associated with both Options 1A and 2 (i.e. both brownfield and greenfield risks). | **C**<br>Option 4 involves risks associated with delivering on an unconfirmed greenfield site including impact on program and cost, as well as risks associated with existing infrastructure at CPHB. |
| | | 12) Level of planning and program risk (including approvals and public acceptance) | **C**<br>As per Option 1A. | **D**<br>High level of planning risk associated with approvals and zoning requirements for greenfield redevelopment. Rezoning may have significant impacts on program. | **B-**<br>Lower level of planning risk either on brownfield or greenfield site due to smaller size hospital. | **B-**<br>As per Option 3. |

| Objectives / benefits of Project | MCA criteria | Scoring | | | |
|---|---|---|---|---|---|
| | | **Option 1D**<br>**Multiple buildings (reduced size)** | **Option 2**<br>**Greenfield** | **Option 3**<br>**Smaller hospital** | **Option 4**<br>**Third hospital + base case** |
| | 13) Certainty of land tenure | **D**<br>As per Option 1A. | **A**<br>High certainty of land tenure for Government. | **B**<br>Moderate certainty due to potential greenfield site. | **B**<br>As per Option 3. |
| | **Overall ranking** | **6** | **1** | **5** | **7** |

*Source: ACTHD and MPC (2023)*

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## 5.3 Shortlisted options

Following the criteria analysis, Options 1A and 2 have been shortlisted for further consideration in this Business Case.

Both Options 1A and 2 deliver increased inpatient capacity to service the community to 2040-41, including a stand-alone mental health facility designed to better support patient recovery. Through the delivery of new and contemporary facilities, both options support improved quality of care, better support the training and development of the workforce and improve the sustainability and resilience of the health network.

Option 2 scores marginally higher against improved wellbeing outcomes due to flexibility for future expansion, opportunities for health partnerships with the local Aboriginal community and improved patient and carer access to the natural environment. Option 2 also encompasses lower delivery and operating risk due to the development on a greenfield site which eliminates disruption to existing service delivery and is more flexible in relation to the ongoing contractual negotiations.

Compared to Option 2, Option 1A involves a slightly lower level of operational efficiency and higher level of delivery risk due to the location of the mental health facility on the northern block. Development on the northern block is contingent on the relaxation of APZ requirements and will require patients and staff to travel between levels to access the facility from the main hospital building. There is also a materially lower level of certainty in relation to land tenure for a proposed redevelopment on the Bruce campus.

## 5.4 Key next steps and options refinement process

The two shortlisted options will be further explored through economic and financial analysis in the Business Case. This will be to identify the preferred capital solution and associated site to progress to the next stage of detailed design and planning works, for which funding is being sought through the Business Case.

A separate parallel process is currently underway to consider the operating model to support the proposed capital solution. The outcomes of this process will inform future decision making and planning as part of the planning phase for the Northside Hospital project.

The detailed design scope of works will include confirmation of operator, further site surveys, planning approvals, detailed design, early contractor involvement period and development of the Enabling Works and Main Works Business Cases.

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# Appendix A: Schedule of Accommodation

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# Northside Hospital Redevelopment

## Workforce Planning Method Paper

### PwC and ACT Health



January 2023

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# 1 SUMMARY

The Northside Hospital workforce projections have been undertaken by Capital Insight Pty Ltd on behalf of Price Waterhouse Coopers as part of the feasibility planning for the possible expansion of Northside Hospital in Canberra, a facility of ACT Health.

The method paper outlines the process of developing the high-level workforce classifications and FTE projections, and the inputs and assumptions that underpin this. It considers national and international trends in the health workforce such as increasing specialisation in clinical scope of practice within medicine, nursing and allied health, the growth in the use of Enrolled nurses, opportunities for employing allied health assistants, and the potential for health technologies such as Assistive Technology and Tele-Medicine/Telehealth to facilitate more efficient models of care

Workforce planning has been informed by several sources, and include ACT Health and Commonwealth regulatory and legislative requirements where relevant; guidelines from interstate health agencies including NSW Ministry of Health, Department of Health and Human Services, Victoria, and Queensland Department of Health; recommendations from professional bodies including medical colleges, nurses associations, and allied health bodies, and benchmarking against similar sized facilities elsewhere in NSW, Queensland and Victoria. Table 1 provides a summary of references used within the workforce model.

*Table 1: Workforce Planning Reference snapshot*

| Workforce Classification | References / assumptions |
|---|---|
| Allied Health | • Allied Health Professions Australia<br>• Australian Institute of Radiography<br>• NSW Health Allied Health Portfolio of the Workforce Planning and Development Branch<br>• Relevant benchmarking |
| Medical | • Australian Government Dept of Health and Aged Care Medical Workforce Reform Advisory Committee<br>• Australian College of Emergency Medicine<br>• Australian and New Zealand College of Anaesthetics<br>• College of Intensive Care Medicine<br>• Royal Australasian College of Physicians<br>• Relevant benchmarking |
| Nursing | • ACT Health Nurse and Midwife Patient Ratios<br>• Australian Nursing and Midwifery Federation<br>• NSW Nurses and Midwifery Association<br>• Australian College of Perioperative Nurses (ACORN Standards for Perioperative Nursing in Australia)<br>• Australian College of Emergency Nursing<br>• Relevant benchmarking |
| Support Services / General | • ACT Health workforce sustainability strategy<br>• Qld Health Workforce Business Planning Framework<br>• Australian Institute of Health and Welfare<br>• Relevant benchmarking |

Note: a Baseline FTE was to be estimated using Canberra Hospital staffing to create a staffing rate per Point of Care (PoC) to apply to the existing infrastructure base case PoCs for the Northside Hospital project. However, this dataset was not received in time to integrate into the workforce model.

# 2 INTRODUCTION

## 2.1 BACKGROUND

The ACT Government has committed to planning a new Northside Hospital, with the aim to start construction by mid-decade. The business case is being developed and is expected to be ready for consideration within the 2023-24 Budget.

The future Northside Hospital will need to cater for the growing population and demand in the northside of Canberra, as described by the services arrangements in the Clinical Services Plan.

Capital Insight has been engaged to work with the Northside Hospital project team to develop workforce projections for the proposed new build. These workforce projections will be high level, drawing upon information that ACT Health currently has in relation to the existing hospital (~250 beds) and benchmarks from similar sized hospitals, to estimate the number of FTES required for the new build of over 500 beds, as indicated by Table 2.

*Table 2: Northside Hospital forecast bed demand*[1]

| | 2030/31 | 2040/41 |
|---|---|---|
| Medical | 174 | 218 |
| Surgical | 78 | 100 |
| Womens | 22 | 24 |
| Behavioural | 16 | 18 |
| Stroke | 7 | 9 |
| Mental Health | 72 | 91 |
| Critical Care | 32 | 39 |
| Birthing Suite | 6 | 8 |
| **Total Beds** | **407** | **507** |

## 2.2 WORKFORCE PLANNING OBJECTIVES

The objectives of this high-level projection of workforce for the future Northside Hospital are:

- to estimate and confirm high-level workforce projections for the future Northside Hospital from a public model perspective
- to support the estimation of labour costs for the purposes of the strategic business case (i.e. cost benefit analysis and financial impacts statement)
- to assess the potential implications of a private model approach to the future new hospital on the workforce projections.

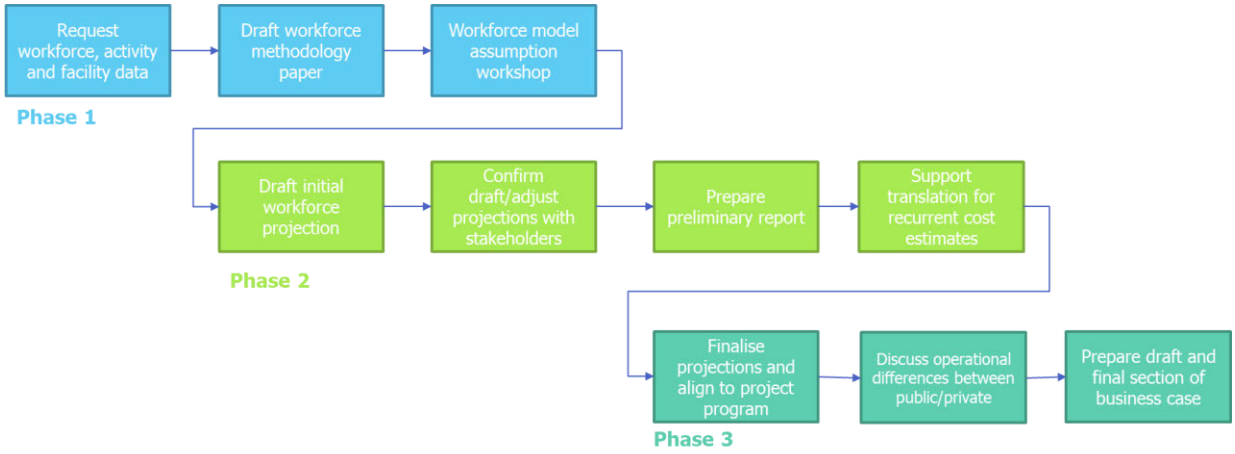
[1] Northside Clinical Services Plan Steering Committee Papers

# 3 WORKFORCE PLANNING METHODOLOGY

## 3.1 PROCESS

The proposed methodology to project the workforce for the future Northside Hospital is summarised in Figure 1.

*Figure 1: Workforce Planning Methodology*




| Phase | Activities |
|---|---|
| 1. Prepare a methodology paper and facilitate a workshop to confirm modelling assumption | • Review and integrate the clinical activity projections and high level SoA for the new Northside Hospital into the workforce model<br>• Obtain workforce information from Canberra Hospital for the public service baseline<br>• Confirm ACT standard workforce models and staffing ratios<br>• Prepare preliminary workforce model methodology and workshop approach<br>• Facilitate workshop with Northside Hospital project team<br>• Finalise methodology, assumptions and actions |
| 2. Draft workforce projections and support labour cost estimates | • Analyse workforce data to establish baseline aligned to the relevant cost centres/allocations, disciplines, grades<br>• Refine CI model to suit data structure<br>• Confirm program of the preferred option and workforce implications<br>• Prepare projections and preliminary report<br>• Support the integration of workforce model and the option appraisal model in real terms |
| 3. Finalise workforce projections and incorporate within the business case | • Facilitate meeting with Northside Hospital project team to discuss operational differences between public and private models (e.g. training, employment bases, research)<br>• Refine and finalise the workforce model for review and endorsement<br>• Prepare draft and final section of the business case. |

## 3.2 KEY ASSUMPTIONS

The projected FTE for the new Northside Hospital will be estimated using projected Points of Care (PoC), benchmarks and facility square metres for each staff category, as summarised by Table 3. Note that the projection is for hospital-based staff and does not include HITH/PACS/Community.

*Table 3: FTE growth drivers by staff category*

| Staff categories | Growth drivers |
|---|---|
| Management and Administration | • Estimated Executive and Director positions based on total forecast FTE<br>• Administration FTE in relation to total projected FTE (~12% of total FTE) |
| Medical | • Estimated Senior Medical Officers (SMO) and Junior Medical Officers (JMO) based on the forecast PoC, for each relevant functional unit and clinical service |
| Nursing | • Estimated Senior Nursing (e.g. NUM, CNC, CNE), Registered Nursing (e.g. RN, CNS) and Enrolled Nursing based on the forecast PoC, for each relevant functional unit and clinical service<br>• Registered Nurses are considered to comprise 75% of non-senior nursing staff, and Enrolled Nurses comprise 25% of non-senior nursing staff. |
| Allied Health | • Allied Health staff projections based on benchmarks per forecast PoC, for each relevant service (e.g. outpatient services), and benchmarks per level of activity (e.g. ED)<br>• Allied Health Professionals are considered to comprise 80% of total Allied Health staff, and Allied Health Assistants are considered to comprise 20% of total Allied Health staff. |
| Clinical Support | • Clinical Support staff projections based on high-level benchmarks per relevant PoC or per square metre rate |
| Non-Clinical Support | • Non-Clinical Support staff projections based on high-level benchmarks per relevant PoC or per square metre rate |

The proposed scope for the new Northside Hospital is defined by the high-level SoA[2], developed by TSA, as summarised by Table 4.

*Table 4: Current and projected points of care for the Northside Hospital*

| | 2017/18 | 2030/31 | 2040/41 |
|---|---|---|---|
| | Existing Base Case | Opening capacity | Total capacity |
| Multiday Beds | 305 | 407 | 507 |
| Day-Stay Beds | 19 | 27 | 36 |
| Emergency Department | 55 | 81 | 99 |
| Operating Suite | 7 | 15 | 17 |
| Ambulatory Care | 17 | 154 | 164 |
| Allied Health | – | 24 | 24 |
| Medical Imaging | 12 | 20 | 20 |
| Projected Floor Area (sqm) | – | 93,688 | 109,687 |

## 3.3 OUTPUTS

The workforce projections were estimated for the opening bed profile at 2030/31 and for the hospital capacity at 2040/41, and structured using staff sub-categories to support the estimate of labour costs. A summary of the workforce projections and the methodology and assumptions employed will be drafted for inclusions within the business case, aligned to the *TPP18-06 NSW Government Business Case Guidelines*.

The workforce projections will support the estimated labour costs for the option appraisal in real terms, aligned to the *TPP17-03 NSW Government Guide to Cost-Benefit Analysis*.

[2] Northside Hospital high level SOA v1.3

*Table 5: Northside Hospital Workforce Projections (2030/31 and 2040/41)*

| Staff Category | 2030/31 | 2040/41 |
|---|---|---|
| **Medical** | | |
| Senior Medical Staff | 115 | 121 |
| Junior Medical Staff | 354 | 390 |
| **Total Medical** | **469** | **511** |
| **Nursing** | | |
| Senior Nursing (inc. NUM, CNC, CNE, NP) | 105 | 121 |
| Registered Nursing (75% non-senior nursing, inc. RN, CNS) | 715 | 904 |
| Enrolled Nurses (25% non-senior nursing) | 238 | 301 |
| **Total Nursing** | **1,058** | **1,326** |
| **Corporate / Administration** | | |
| Executive | 17 | 17 |
| Administration/Clerical | 254 | 297 |
| **Total Corporate / Administration** | **271** | **314** |
| **Allied Health** | | |
| Allied Health Staff (inc. Dietitian, Physio, OT, Speech, Social Worker, Podiatrist, Psychiatrist) | 175 | 195 |
| Pharmacy | 29 | 30 |
| Phlebotomy | 5 | 5 |
| Other | 1 | 1 |
| Scientific (inc. Radiographer, Physicist) | 54 | 54 |
| **Total Allied Health Professional (80%)** | **211** | **229** |
| **Total Allied Health Assistants (20%)** | **53** | **57** |
| **Clinical Support** | | |
| CSSD | 25 | 29 |
| Biomedical engineering | 10 | 11 |
| ICT | TBC | TBC |
| Operations Asst | 11 | 12 |
| **Total Clinical Support** | **46** | **51** |
| **Non-Clinical Support** | | |
| Maintenance and Engineering | 21 | 25 |
| Domestic Services | 41 | 47 |
| Porterage | 39 | 43 |
| Food Services | 30 | 37 |
| Supply/Dock | 6 | 7 |
| Security | 20 | 24 |
| **Total Non-Clinical Support** | **157** | **183** |
| **Grand Total** | **2,265** | **2,671** |

## REPORT DETAILS

| | |
|---|---|
| Title | Northside Hospital Redevelopment – Workforce Planning Method Paper |
| Prepared for | PWC and ACT Health |
| Prepared by | Capital Insight Pty Limited |
| File Name | 124722 5.1 Northside Hospital Workforce Method Paper v1.1 |
| Date | 10/1/22 |

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TSA Advisory



# New Northside Hospital

# Strategic Functional Design Brief

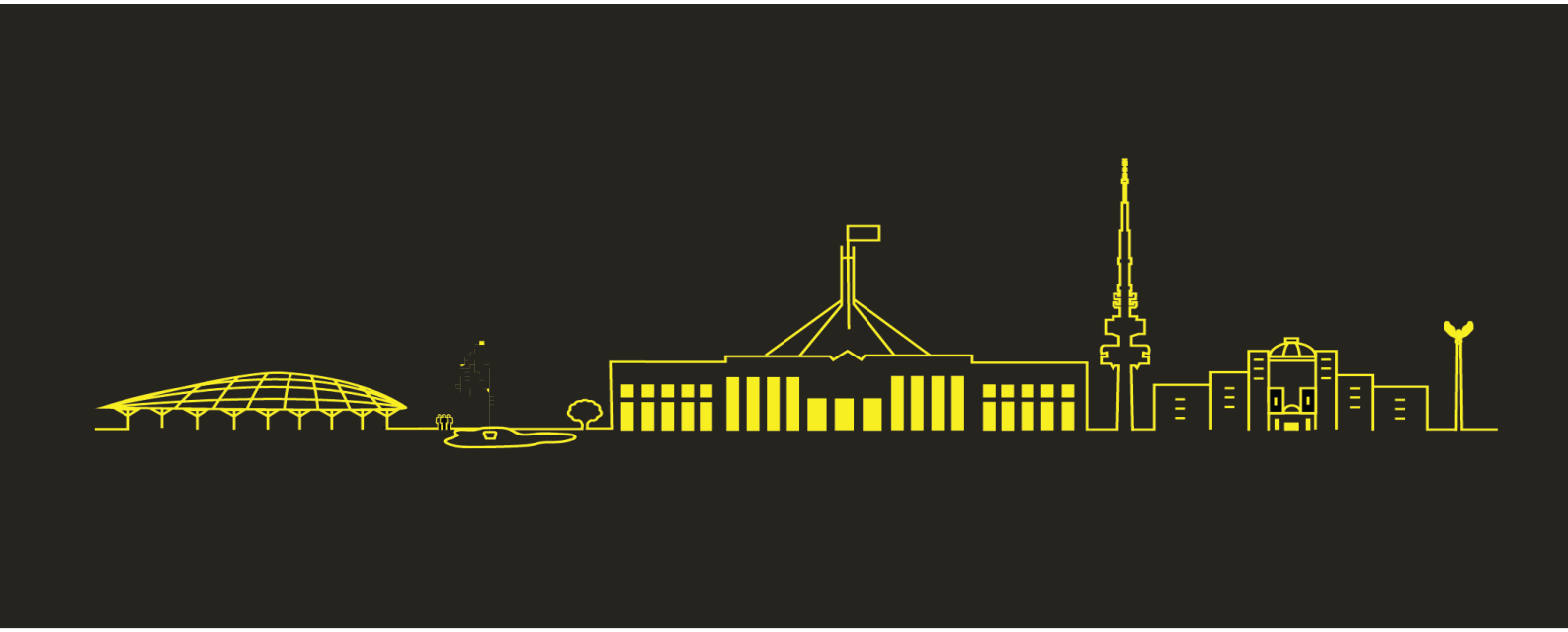
Best for Project

MARCH 2023 \ **ISSUE NO. 3.0**

# Version Control

| Version | Description of Change | Issued to | Issued by | Date of Issue |
|---|---|---|---|---|
| 1.0 | Draft Framework | | TSA | 09 Feb 2023 |
| 2.0 | Additional detail throughout | | TSA | 24 Feb 2023 |
| 3.0 | Address comments | | TSA | 10 March 2023 |
| | | | | |
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# Glossary

| | |
|---|---|
| **ACU** | Australian Catholic University |
| **AHIA** | Australasian Health Infrastructure Alliance |
| **AusHFG** | Australian Health Facility Guidelines |
| **ANU** | Australian National University |
| **CALD** | Culturally and Linguistically Diverse |
| **CARPS** | Computerised Tasks Management System |
| **CCU** | Cardiac Care Unit |
| **CE** | Central Equipment |
| **CHS** | Canberra Health Services |
| **CPHB** | The Calvary Public Hospital |
| **CS** | Courier Service |
| **CSP** | Clinical Services Plan |
| **ECT** | Electro-convulsive Treatment |
| **EFR** | External Functional Relationships |
| **eMM** | electronic Medication Management system |
| **ED** | Emergency Department |
| **ENT** | Ear, Nose and Throat |
| **EUG** | Executive User Group |
| **EWIS** | Emergency Warning Intercommunication System |
| **FFE** | Furniture, Fittings and Equipment |
| **GDM** | Gestational Diabetes Mellitus |
| **HDU** | High Dependency Unit |
| **HLSOA** | High Level Schedule of Accommodation |
| **HPU** | Health Planning Unit |
| **HSPU** | Health Service Planning Unit |
| **iEMR** | integrated Electronic Medical Record |
| **ICT** | Information and Communications Technology |
| **ICU** | Intensive Care Unit |
| **IPU** | Inpatient Unit |
| **MoC** | Model of Care |
| **MDT** | Multidisciplinary Team |
| **MPC** | Major Projects Canberra |
| **NCSM** | Northside Clinical Services Model |
| **NCSP** | Northside Clinical Services Plan |
| **NOK** | Next of Kin |
| **PACU** | Post-Anaesthetic Care Unit |
| **PPE** | Personal Protective Equipment |
| **PTS** | Pneumatic Tube Systems |
| **QEII** | Tresillian Queen Elizabeth II Family Centre |
| **RDS** | Room Data Sheets |
| **SAGO** | Standard Adult General Observation |
| **SFDB** | Strategic Functional Design Brief |
| **SoA** | Schedule of Accommodation |
| **SSD** | Sterilising Services Department |
| **SSU** | Short Stay Unit |
| **TCH** | The Canberra Hospital |
| **UCH** | University of Canberra Hospital |
| **WIP** | Warden Communication Phones |

# 1. Introduction

## 1.1 Purpose

The purpose of this Strategic Functional Design Brief (SFDB) is to provide ACT Health Directorate a statement of the health services to be provided at the proposed New Northside Hospital, in order to inform future stages of planning.

This SFDB also aims to outline the:

- Project objectives, scope, and services.
- Relevant clinical service plans (CSP).
- Points of care and schedule of accommodation (SOA).
- Key external functional relationships.
- Models of care.
- Overarching operational policies.

## 1.2 Project Objectives

The planning for health services on the Northside of the Australian Capital Territory (ACT) considers that Health services will be integrated across a range of health service providers and settings to deliver care. This includes the planning for a new Northside Hospital which will replace the facilities at Calvary Public Hospital in Bruce, which are approaching their end-of-life.

The new Northside Hospital presents an opportunity to meet the needs of Canberra's growing and ageing population, creating a modern health facility that delivers patient and community focused care in alignment with the Territory's wider health service network with the key objectives to provide:

- Greater capacity in the health care system and services in the north of the ACT
- Improved access to health services and specialised services
- Increased services to reduce the impact of chronic disease.
- Ability to embrace different settings for healthcare delivery.
- Services to meet growing demand and priority populations.
- A facility that is agile and flexible, with a whole-of-life focus.

## 1.3 Project Background

The Australian Capital Territory (ACT) Government provides public healthcare services across Canberra and surrounds. Recognising the need for further investment to meet the demands of Canberra's growing and ageing population, the ACT Government has committed to continue the planning and design work for a new northside hospital. This development will replace the facilities at Calvary Public Hospital in Bruce, which are approaching their end-of-life.

# 2. Overarching Service Framework

## 2.1 Introduction

The ACT Government is responsible for providing comprehensive healthcare services for the population of the ACT and tertiary referral services to southeast NSW.

There are four public hospitals in the ACT:

- The Canberra Hospital (TCH) located in Garran.
- The University of Canberra Hospital (UCH) located in Bruce.
- The Calvary Public Hospital (CPHB) located in Bruce.
- Tresillian Queen Elizabeth II (QEII).

There are three private hospitals in Canberra:

- The National Capital Private Hospital co-located with the CH in Garran.
- Calvary John James Hospital located in Deakin.
- Calvary Private Hospital collocated with the CPHB in Bruce.

Other ACT Health facilities include:

- Arcadia House
- Community Health Centres in Belconnen
- Dickson, Phillip
- Gungahlin Community Health Centre
- Karralika
- Tedd Noffs, Watson (North)
- Village Creek Centre
- Watson North Rehabilitation Facility
- Walk in Centres (WiC) - Belconnen, Tuggeranong, Inner North (Dickson), Weston and Gungahlin

The Territory's public health system is managed by two organisations:

- The ACT Health Directorate responsible for the administration and care of the Territory's health system; and
- Canberra Health Services (CHS) responsible for providing publicly owned acute, sub-acute, primary and community-based health services.

## 2.2 ACT Health Directorate

The ACT Health Directorate is accountable for the stewardship of the health system in the ACT by:

- Providing health policy, health capability and developing health strategies, including working with the Commonwealth on key health improvement initiatives.
- Setting the direction to ensure services meet community needs and expectations.
- Delivering improved health outcomes for the community.
- Ensuring that the health system is innovative, effective, and sustainable now and in the future.

The ACT Health Directorate is also responsible for:

- Managing demand for and supply of health services across the Territory.
- Improving the health and wellbeing of the ACT population by promoting healthy behaviours and lifestyles and through ongoing monitoring and evaluation of health programs and policy.
- Preventing, and providing a timely response to, potential public health incidents.
- Leading the health workforce and clinical training strategy, including building strong partnerships with key academic institutions and training providers.
- Commissioning and managing contracts for the provision of health services, including partnerships with community sector organisations, peak bodies, and advocacy groups.
- Monitoring and enforcement of public health regulations.
- Providing public health advice.

## 2.3 Canberra Health Services

CHS provides acute, sub-acute, primary, and community-based health services to a catchment of approximately 400,000 people.

CHS also services the surrounding Southern NSW region including the Bega Valley, Bombala, Cooma-Monaro, Eurobodalla, Goulburn, Mulwaree, Palerang, Queanbeyan, Snowy River, Upper Lachlan Shire and the Yass Valley.

CHS administers a range of publicly funded health facilities, programs and services including but not limited to:

- Collaboration with CPHB.
- TCH - 600-bed tertiary hospital providing trauma services and most major medical and surgical sub-specialty services.
- UCH Specialist Centre for Rehabilitation, Recovery and Research - a dedicated rehabilitation facility, with 140 inpatient beds, 75-day places and additional outpatient services.
- Walk-in Centre's - providing free treatment for minor illness and injury.
- Community Health Centres - providing a range of general and specialist health services to people of all ages.
- A range of community-based health services - including early childhood services, youth and women's health, dental health, mental health and alcohol and drug services.

## 2.4 Calvary Public Hospital

Calvary Public Private Hospital (CPHB) is a 250-bed teaching hospital which provides a 24/7 Emergency Department (ED), intensive and coronary care services (ICU and CCU), medical and surgical inpatient services, maternity services, voluntary inpatient mental health services (MHS), specialist outpatient clinics, Hospital in the Home (HiTH) service and

the Geriatric Rapid Acute Care Evaluation (GRACE) service.

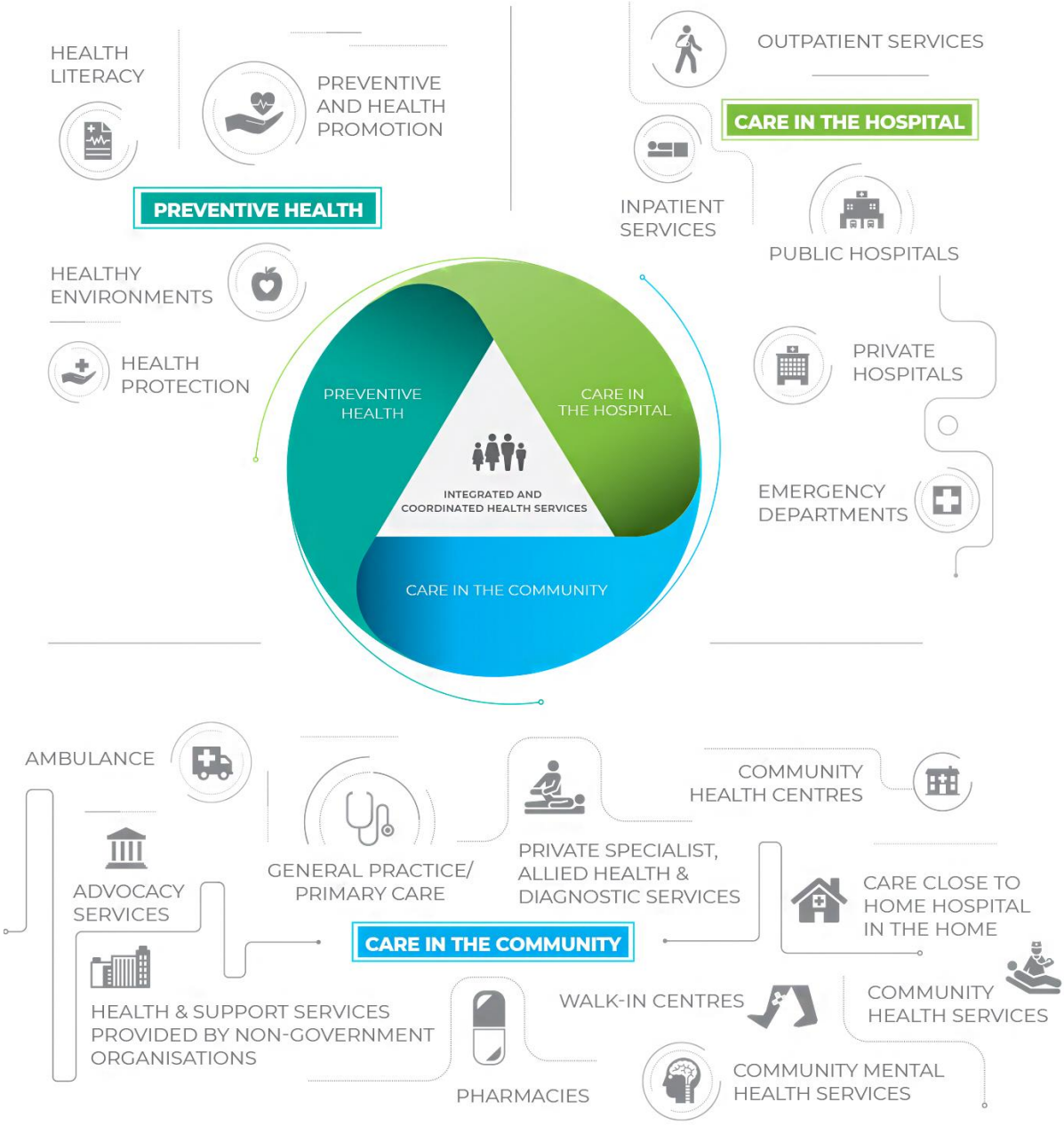
Calvary Health Care ACT (CHC) delivers services for CPHB and Calvary Private Hospital both of which are operated by The Little Company of Mary Health Care (LCMHC). These services are provided under the Calvary Network Agreement.

# 3. ACT Health Framework

## 3.1 Overview

The following graphic provides an overview of the ACT Public Health System. It depicts how the Public Health System will collaborate with the broader health system in the ACT to achieve the best outcome for our patients. The plan outlines how we will help improve access, integration, health outcomes and deliver a more patient-centred approach to health service.

Figure 1: Health Services provided in the ACT.

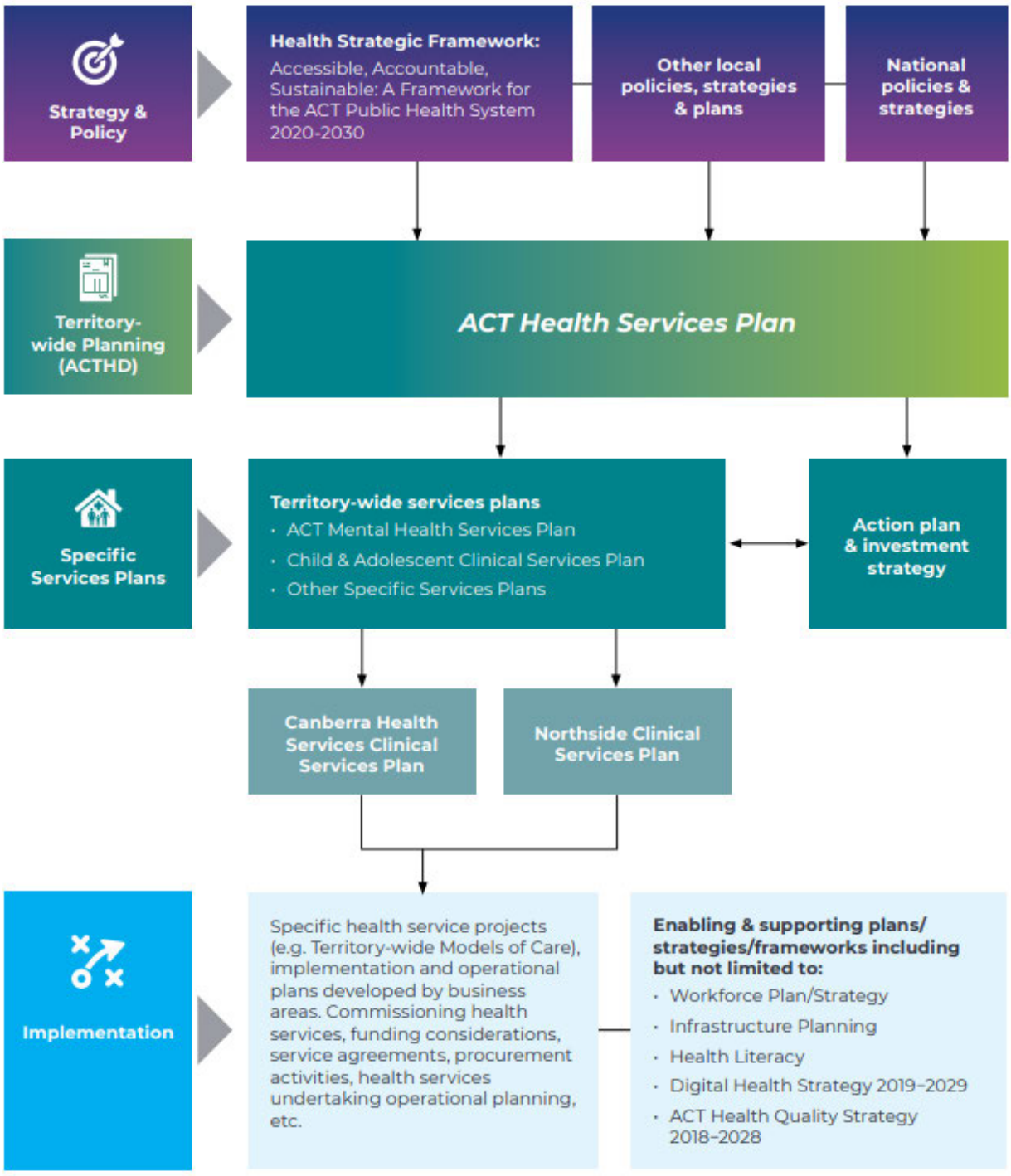


## 3.2 Hierarchy of Policies, Strategies and Plans[1]

The following graphic provides an overview of the health policies, strategies and plans underpinning this SFDB.

Figure 2: ACT Health Services Plan 2022 to 2030

[1] ACT Health Services Plan 2022 to 2030




## 3.3 ACT Health Services Plan 2022 to 2030

The ACT Health Services Plan 2022 to 2030[2] (the HSP) provides a roadmap for improving the way health services work together in the ACT and sets out the ACT Government's vision to support the community, those in surrounding regions and workforce. The following graphic outlines the future service directions and desired outcomes.

[2] https://www.health.act.gov.au/sites/default/files/2022-09/ACT%20Health%20Services%20Plan_2022%20to%202030.pdf

Figure 3: ACT Health Services Plan 2022 to 2030




The health landscape is changing, we have seen the world around us has change dramatically in recent years with COVID-19. The ACT health system continues to face similar pressures to others globally, including rising costs driven by increasing incidence of chronic diseases, demographic and social shifts, inequitable access to services, and gaps in workforce and infrastructure. This combined with, the advent of personalised care, technological and digital innovation, a focus on wellness and advances in medical research and models of care will impact the type of health care that is provided and the types of facilities that are built.

To meet the current and future challenges for system wide reform will require creative and innovative solutions to deliver future-focused and cutting-edge health services, that are adaptable and sustainable to provide the best health outcomes for our people. We need to focus our efforts where there is maximum influence in the project lifecycle and integrate good design principles, digital and non-capital solutions into planning and design.

All of this requires new ways of thinking, planning, delivering and maintaining our health facilities and services to meet Within the context of key challenges / opportunities such as impact of cost escalation, increasing expectations on net zero pathway and increasing requirement for capital and recurrent affordability.

## 3.4 ACT Health Services Plan 2021-2026

This ACT Health Services Plan 2021-2026[3] establishes the system wide priorities for service development and redesign of publicly provided and funded health services in the ACT. The Plan encompasses the range of public health services provided by:

- CHS.
- CPHB.
- Health protection and other services delivered through the ACT Health Directorate.
- Services provided by other organisations in the community.
- Public hospital services that ACT residents access interstate.

The service planning methodology is underpinned by the following principles:




- Planning for safe and quality services.
- Planning to improve population health outcomes and access.
- Planning that is person-centred.
- Planning for culturally appropriate services.
- Planning for sustainable services.

The following strategic priorities underpin the themes, strategies and actions identified in the Plan:

- **Aligning services with need**: To improve health outcomes at the population level, a focus is needed on both those population groups that are in greatest need and those services that are most in need of investment. It is important that reforms support better, more equitable access to care across the whole service spectrum from promotion and prevention services through to acute care.
- **A focus on prevention**: Preventing health issues from emerging (primary prevention), reducing impact or re-occurrence (secondary prevention) as well as managing the impact of ongoing health issues (tertiary prevention) are essential for supporting access to care and ensuring sustainability of our health system.

[3] https://www.health.act.gov.au/about-our-health-system/planning-future/act-health-services-plan-2022-2030

Therefore, it is vital that the focus is shifted from diagnosis and treatment to prevention of disease or worsening of a condition to support better health outcomes for individuals and the population.

- **Improving integration**: Fragmentation of health services, inequitable access, lack of continuity of care, governance issues and a 'silo' approach to health service provision are major barriers to improving population health outcomes. Improving integration of services both vertically (within their own service) and horizontally (with other services across the patient journey) supports better patient experiences and outcomes.
- **Embracing technology**: Advances in technology reshape everyday life and provide opportunities to improve all aspects of health care including clinical diagnosis and treatment, delivery of support services and communication with and between staff and patients. Improving the use of technology to enhance and complement care is an essential component of our commitment to ensuring access to the right care, in the right place, at the right time.

## 3.5 Points of Care

Clinical service planning is undertaken to ensure the organisation and its health services are arranged and delivered to meet the community's current and future needs and preferences, and to make the most effective use of available resources. It provides a clear direction for service development and resource investment across all parts of the health system and the health continuum.

The clinical service planning process looks at the future array and configuration of services required to meet population needs, including evidence-based models of care and service models and the role that public and private healthcare facilities and services are likely to play. It looks at the challenges that are faced in meeting the health needs of the ACT and surrounding regions due to a growing and ageing population, the rising burden of disease due to the increasing incidence, prevalence and complexity of chronic conditions and how this can be addressed through capital and non-capital solutions.

Throughout the clinical service planning process for the new Northside Hospital and the broader health services on the northside of Canberra, future ‘points of care’ to the planning horizon of 2041 have been drafted.

Figure 5: Northside Hospital – Points of Care

| Northside Hospital | | | | | |
|---|---|---|---|---|---|
| | Reference Document> | Draft Northside Hospital Planning Nov 2022 | Aecom 2020 | Draft Northside Hospital Planning Nov 2022 | |
| Care Type Beds | Clinical Unit | Current Funded - Operational Base | Infrastructure Existing Base Case | Updated Expanded Services (Self Sufficiency) | Updated Expanded Services (Self Sufficiency) |
| | | | 2017/18 | 2030/31 | 2040/41 |
| **Multiday Beds** | Medical Beds | 99 | 133 | 174 | 218 |
| | Inpatient Behavioural Unit | | | 16 | 18 |
| | Surgical Beds | 24 | 32 | 78 | 100 |
| | Cardiology Beds | | 6 | | |
| | Rehab & Aged Care | 28 | 16 | NPS | NPS |
| | Specialist Medical Beds | | 19 | | |
| | Intensive Care | 8 | 8 | 12 | 15 |
| | High Dependency Unit | | 8 | | |
| | Stroke Unit | 4 | 4 | 7 | 9 |
| | Cardiac Care Unit | 6 | | 8 | 10 |
| | | **169** | **226** | **295** | **370** |
| | Adult & OPMHIU | 36 | 41 | 72 | 91 |
| | Specialist ECT | | | | |
| | Women's Beds | 15 | 20 | 22 | 24 |
| | Special Care Nursery | 10 | 10 | 12 | 14 |
| | Birthing Rooms | 4 | 8 | 6 | 8 |
| **Total Beds** | | **234** | **305** | **407** | **507** |
| **Day Stay Beds** | Day Chemo | | 8 | 6 | 8 |
| | Maternity Day Only | | | 2 | 2 |
| | Adult Day Surgery Beds | 15 | 9 | 19 | 26 |
| | Same Day Medical | | 2 | 0 | 0 |
| | Renal Dialysis | | 0 | 0 | 0 |
| **Total Multiday Beds / m²** | | **249** | **324** | **434** | **543** |
| **Emergency Department** | Resus/Cubicles/Fast Track | 61 | 36 | | |
| | Resus | | | 6 | 7 |
| | Fast Track | | | 13 | 16 |
| | Acute | | | 36 | 45 |
| | Behavioural / Mental Health | | | 6 | 6 |
| | Seclusion and De-escalation room | | | 1 | 1 |
| | Short Stay | 19 | 19 | 19 | 24 |
| **Total Emergency Department m2** | | **80** | **55** | **81** | **99** |
| **Operating Suite** | Operating Room | 5 | 7 | 11 | 12 |
| | Procedure Room | 2 | 0 | 4 | 5 |
| **Total Operating Suite m2** | | **7** | **7** | **15** | **17** |
| **Ambulatory** | Acute site Outpatients hub - Consultation Spaces | | 17 | 63 | 73 |
| | Acute site Outpatients hub - Treatment Spaces | | | 6 | 6 |
| | Acute site Outpatients hub - Specialty Spaces | | | 34 | 34 |
| | Acute site Outpatients hub - Cardiac Treatment | | | 5 | 5 |
| | Virtual Care Spaces | | | | |
| | Paediatric, adolescent and neonatology | | | 8 | 8 |
| | Ambulatory Procedures/Infusion Centre - Consult | | | 4 | 4 |
| | Ambulatory Procedures/Infusion Centre - Treat | | | 27 | 27 |
| | Ambulatory Procedures/Infusion Centre - Spec | | | 7 | 7 |
| | Allied Health | | | | |
| **Total Ambulatory Areas m²** | | **17** | **17** | **154** | **164** |
| **Medical Imaging** | Interventional Radiology | | | 2 | 2 |
| | Interventional Radiology -CT | | | 1 | 1 |
| | General X-ray | | 4 | 4 | 4 |
| | MRI | | 1 | 2 | 2 |
| | CT | | 3 | 2 | 2 |
| | Ultrasound | | 4 | 6 | 6 |
| | OPG | | | 1 | 1 |
| | Fluoroscopy - fixed | | 0 | 2 | 2 |
| | Mammography | | 0 | | |
| **Total Medical Imaging m²** | | **12** | **12** | **20** | **20** |

## 3.6 Reference Documents

The Australasian Health Facility Guidelines (AusHFG) have been used to inform the development of this functional brief, including the schedule of accommodation.

The AusHFG are an initiative of the Australasian Health Infrastructure Alliance (AHIA). The AusHFG enable health planners and designers of health facilities throughout Australasia to use a common set of guidelines and specifications for the base elements of health facilities. Using the AusHFG as a basis to plan offers the benefits of Australasian best-practice approach to health facility planning by supporting the delivery of optimal patient care through provision of an appropriate physical environment.

The following Health Planning Unit (HPU) have been used when developing the functional brief and schedule of accommodation:

- HPU 131 - Mental health – Overarching Guideline
- HPU 135 - Older Peoples Acute Mental Health Inpatient Unit
- HPU 132 - Child and Adolescent Mental Health Unit
- HPU 540 - Paediatric Adolescent Unit
- HPU 390 - Neonatal Care Unit
- HPU 155 - Ambulatory Care and Community Health
- HPU 610 - Rehabilitation Inpatient Unit
- HPU 330 - Maternity Unit
- HPU 340 - Adult Acute Inpatient Unit
- HPU 260 – Cardiac Care Unit
- HPU 360 - Intensive Care Unit
- HPU 270 - Day Surgery/Procedure Unit
- HPU 520 - Operating Unit
- HPU 300 - Emergency Unit
- HPU 510 - Maternity Unit
- HPU 620 - Renal Dialysis unit
- HPU 140 - Allied Health/Therapy Unit
- HPU 430 - Front of House Unit
- HPU 490 - Hospital Mortuary / Autopsy Unit
- HPU 700 - Logistics / Back of House Services
- HPU 440 - Medical Imaging Unit
- HPU 550 - Pathology Unit
- HPU 560 - Pharmacy Unit

# 4. High Level Schedule of Accommodation

A high-level schedule of accommodation has been developed to inform the new Northside Hospital planning, using the points of care referenced in section 3.5.

Using the array and configuration of clinical services, incorporating innovation, benchmarking of similar facilities, AusHFG, unique drivers around workforce and sustainable healthcare models the high-level schedule of accommodation (HLSOA) has been built up.

The New Northside Hospital high-level schedule of accommodation provides:

- Meterage for each clinical, clinical support and non-clinical department and service.
- Benchmarked across like facilities that have been planned and constructed in NSW and interstate.
- Brought together with industry benchmarked travel and engineering allowances confirmed by Genus Advisory.

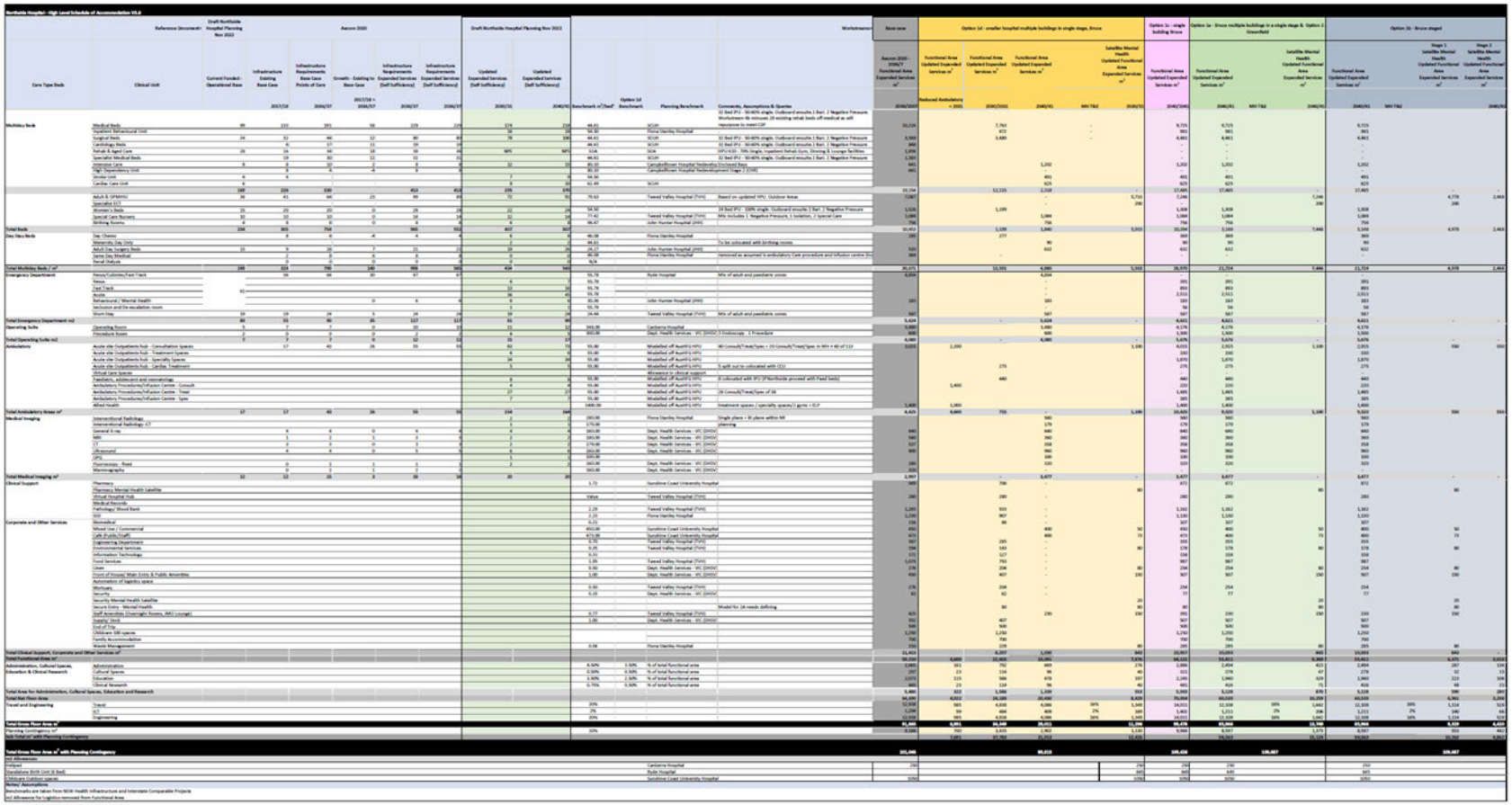
The following guidelines have informed the development of the HLSOA for the New Northside Hospital:

- AusHFG's
- Victorian Health and Human Service Building Authority.

The high-level schedule of accommodation allows planning to move forward with certainty and guide options planning.

The high-level schedule of accommodation is shown below in FIGURE 6 and APPENDIX A

Figure 6: High-level Schedule of Accommodation



# 5. Functional Relationships

## 5.1 Overview

External functional relationships describe the optimal location of the services within the overall hospital including the physical relationships required between different areas within the facility and flow and access requirements to support patient, staff, and public movements within the facility. These relationships are the building blocks of facility design. They will influence the shape, size and orientation of the building.

The external functional relationships are shown as a visual diagram that shows how services are to be grouped, arranged, and distributed throughout the site and its buildings. Architects and engineers use this information in the layout of the functional areas and departments within the facility and within the context of the site.

The relationships are defined as:

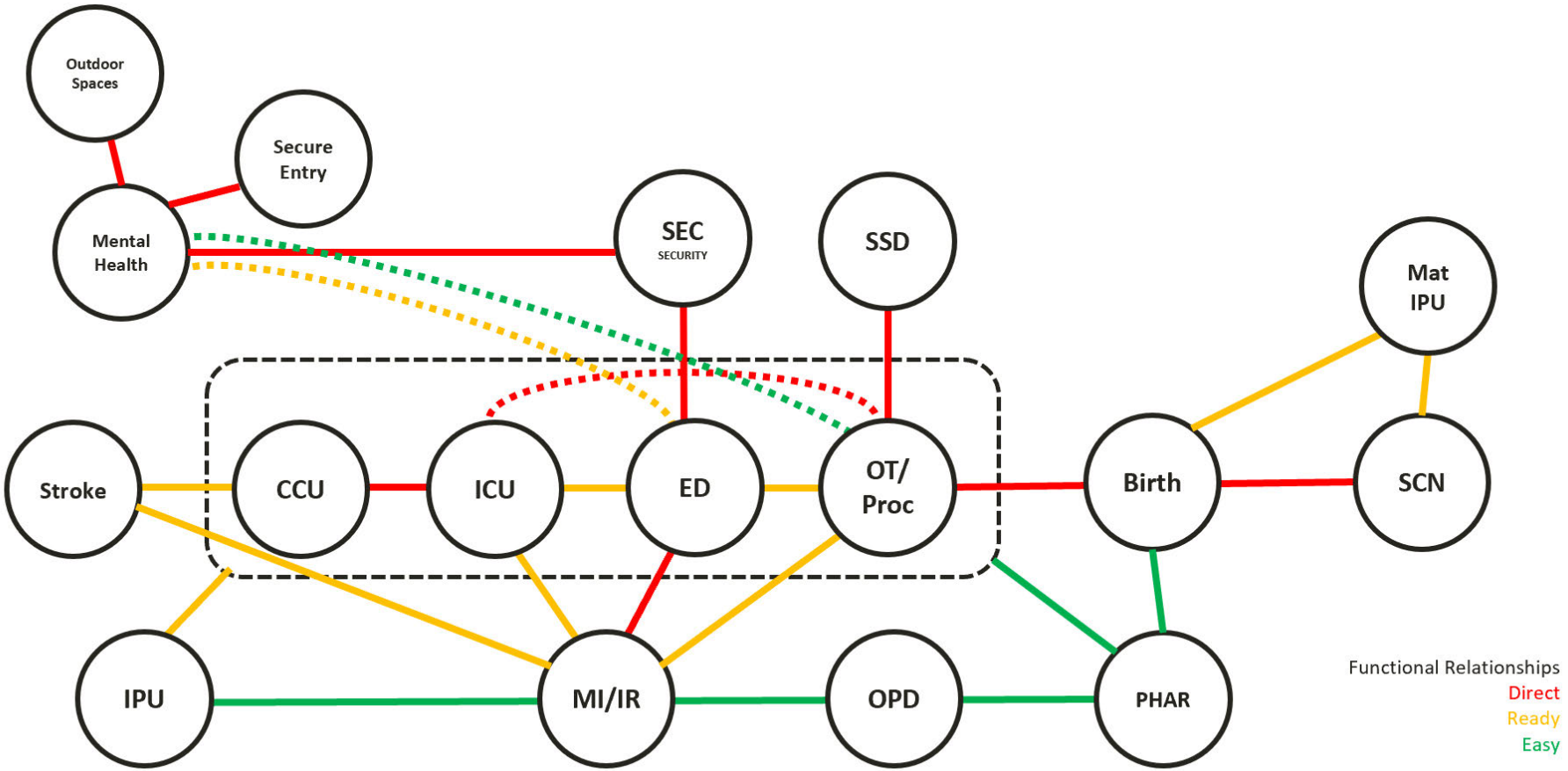
- **Direct access** - co-located, such as an ED and Medical Imaging.
- **Ready access** - proximal access via vertical or horizontal means (e.g., relationship between Surgical IPUs and the Operating Theatre Suite).
- **Easy access** - access on site such but relationship is not critical.

## 5.2 Process

The external functional relationships for the New Northside Hospital were developed over two meetings with the Northside Hospital Executive User Group (EUG) whose role is to provide high level advice on such matters. The group discussed and debated each clinical and clinical support service and their key relationships arriving at a documented external functional relationship diagram for key services. The diagram as shown in FIGURE 7 was verbally confirmed in EUG 3 as an accurate depiction of the required functional relationships.

## 5.3 External Relationships

Figure 7: The New Northside Hospital – Functional Relationships


Outdoor Spaces
Secure Entry
Mental Health
SEC
SECURITY
SSD
Mat IPU
Stroke
CCU
ICU
ED
OT/ Proc
Birth
SCN
IPU
MI/IR
OPD
PHAR
Functional Relationships
Direct
Ready
Easy

## 5.4 Internal Functional Relationships

Internal functional relationships identify how the various areas within each clinical, clinical support or support service area will work together i.e., whether a design works and meets the needs of the future operational or service model.

Internal functional relationships need a clear understanding on the future operational or service model, this will be worked through in the next stage of consultation.

# 6. Future Models of Care

## 6.1 Overview

When considering the future Model of Care for the New Northside Hospital there are two main reference documents that are under development, the Northside Clinical Services Model (NCSM) and the Northside Clinical Service Plan (NCSP), these documents when completed will seek to provide a high-level picture of the current and future service system.

These high-level service models are intended to:

- guide the development of evidence-based clinical models of care describing the right care, at the right time and in the right location across the continuum of care, and
- ensure health professionals 'view the same picture', work towards common goals and evaluate performance on an agreed basis.

The planning for the New Northside Hospital has not advanced to the level of detailed service level models of care / model of service engagement and documentation. Therefore, this strategic functional brief will note a benchmarked MoC for the major departments/services that aligns to the clinical capability of the New Northside Hospital.

Noting that this is not intended to replicate engagement but just to describe services broadly for the technical team to continue planning and design.

## 6.2 Future Approach

When considering the approach to developing the future Models of Care, Clinical Redesign Methodology and Experience-Based Co-Design principles should be used to guide this process to deliver improved patient experiences with patient outcomes at the centre.

## 6.3 Models of Care

### 6.3.1 Adult Acute Inpatient Overnight Model of Care

*** The planning for the New Northside Hospital has not advanced to the level of detailed service level models of care / model of service engagement and documentation. Therefore, this strategic functional brief will note a benchmarked MoC for the major departments/services that aligns to the clinical capability of the New Northside Hospital. Noting that this is not intended to replicate engagement but just to describe services broadly and generalized principles for the technical team to continue planning and design***

## Aim, Objective, and Scope of Model

An acute Hospital will typically include an array of Adult Inpatients Units for the provision of a care environment that involves the patient, family, and carers in care planning, which will be of a high quality, evidenced based, culturally appropriate which delivers equitable and coordinated care as close to home as possible.

The adult inpatient units provide integrated care for medical, surgical, medical oncology and haematology, acute geriatric, palliative care, stroke, coronary care and geriatric evaluation and management sub specialities.

**Key aspects of the model**

Adult inpatient units typically have the following guiding principles:

- Be patient centred, enabling carers to be involved to support the patient journey.
- Implement evidenced based practice.
- Defined protocols for streaming patients into the most appropriate care environment / site.
- Defined protocols for optimal patient assessment and review times.
- Clearly defined care pathways for high-risk patients.
- Integrate the multidisciplinary care team into the acute setting to support early mobilisation, therapy, prevent avoidable deterioration, and support safe and early discharge.
- Information and communications technology linkages to other sites/ service providers.
- Integrated Electronic Medical Record (iEMR) enabled.
- Education and training opportunities.
- Respect the role that family members, friends, carers and advocates may play in the patient's decision making.

**Medical Inpatient Unit**

The Medical Inpatient unit model of care will deliver care to patients of all ages with a range of medical conditions and co-morbidities. The unit will be supported by a mix of rooms to allow for increased adaptability and flexibility in caring for a wide range of patient groups. All beds and treatment areas will be for multipurpose use. The

model of care for medical inpatients will be based around the patient cohort within each unit. There will be clear streaming of patients to the appropriate inpatient unit to provide specialist care.

**Surgical Inpatient Unit**
The Surgical Inpatient Unit model of care aims to decrease the length of stay in overnight hospital care by engaging patients and carers in the healthcare experience and when appropriate, transition them through the continuum of care to a range of multidisciplinary health services such as rehabilitation, ambulatory and outpatient clinics, community health services, and Hospital in the Home. The model of care for surgical inpatients will be based around the patient cohort within each unit. There will be clear streaming of patients to the appropriate inpatient unit to provide specialist care.

**Inpatient Behavioural Unit**
The Inpatient Behavioural Unit model of care will deliver care under a proposed shared care model under general medicine with geriatrician consult. Treatment will include promoting interaction between patients and staff and supporting therapeutic goals.

**Cardiac Care Unit**
The Cardiac Care Unit (CCU) model of care will deliver support, monitoring and treatment of highly dependent patients with medical or surgical cardiac conditions, which are life threatening or potentially life threatening. The service will provide assessment, treatment, and monitoring services for cardiac patients.

**Stroke Unit**
The Stroke Unit model of care and the Clinical Guidelines for Stroke Management by National Stroke Foundation will be an integral component of the Stroke Unit, providing nursing capabilities, and 24-hour telemetry for patients with suspected cardio-embolic strokes.

Multidisciplinary care will be provided with the commencement of early mobilisation and rehabilitation where appropriate. Functional requirements for the Stroke model of care include:

- Close observations of patients with high falls risk and higher medical acuity
- Direct access to a therapy space (which will be a shared space for all inpatients)

## Operational Arrangements

| | |
|---|---|
| **CSCF level** | Level 4 |
| **Governance** | TBC |
| **Hours of Operation** | 24hours / 7 days per week |
| **Network** | TBC – typically part of an integrated service network |
| **Workforce** | A specialist multidisciplinary team including medical, nursing, allied health professionals and support services. |

| | |
|---|---|
| **Clinical Supports Services** | Pathology<br>Pharmacy<br>Medical Imaging<br>Pharmacy<br>Other clinical support – TBC |

### 6.3.2 Ambulatory Care Summary Model of Care

*** The planning for the New Northside Hospital has not advanced to the level of detailed service level models of care / model of service engagement and documentation. Therefore, this strategic functional brief will note a benchmarked MoC for the major departments/services that aligns to the clinical capability of the New Northside Hospital. Noting that this is not intended to replicate engagement but just to describe services broadly and generalized principles for the technical team to continue planning and design***

**Service Aim, Objective, and Scope of Model**

Ambulatory Care services are required for the provision of a care environment that involves the patient, family, and carers in care planning, which will be of a high quality, evidenced based, culturally appropriate which delivers equitable and coordinated care as close to home as possible.

The aim of the Ambulatory Care Service is to provide comprehensive integrated holistic care to enhance the non-admitted patient journey and enhance operational efficiency while reducing reliance on hospital presentations. The services will promote wellness and provide opportunities for early diagnosis, treatment, and rehabilitation to patients, and meet the needs of people recovering from an acute illness or complex chronic disease or condition that requires a multidisciplinary and transdisciplinary approach to care.

**Service Description**

The Ambulatory Care service provides the setting for nursing, medical, allied health, students, clinical and non-clinical support, carers and administrative staff to work collaboratively to provide safe and efficient care for patients requiring ambulatory services. The Ambulatory Care Service will provide a range of services that focus on both enhancing the health and wellbeing of patients. Outpatient services will be an efficient service by clustering subspecialty clinics, specialty diagnostic and support services and allied health services into a co-located environment. It will also provide the basis for virtual clinics/telehealth service delivery. The design will be flexible to accommodate varied types of medical, nursing, and allied health care services and to ensure 'flow of traffic' is simplified and facilitates access to information technology.

**Key Aspects of the Model**

The Ambulatory Care Service will:

- Be patient centred, enabling carers to be involved to support the patient journey.
- Implement evidenced based practice.
- Empower and educate patients to better manage their chronic illness and maintain independence.
- Defined protocols for streaming patients into the most appropriate care environment / site.
- Defined protocols for optimal patient assessment and review times.

- Clearly defined care pathways for high-risk patients.
- Integrate the multidisciplinary care team into the acute setting to support early mobilisation, therapy, prevent avoidable deterioration, and support safe and early discharge.
- Information and communications technology linkages to other sites/ service providers.
- iEMR enabled.
- Education and training opportunities.
- Respect the role that family members, friends, carers and advocates may play in the patient's decision making.

**Outpatient Consultation**

Outpatient consultation will provide care that takes place as online consultation through virtual care technology, face to face consultation in the patient's home, or face to face consultation at the hospital. The Outpatient Consultation service will provide patients with a broad range of multidisciplinary and specialist consultation, assessment, and treatment services. The care environment will support the connection and patient flow across specialist service providers to enable collaboration and connected care. The services will include one-on-one and multidisciplinary group therapy either face-to-face and/or virtually. The services will be classified as non-admitted patient care.

Services may include:

- Maternity Outpatient Clinics
- Endocrinology and Diabetes Management
- Early Pregnancy Unit
- Cardiology
- Allied Health – service specific consultation and support for Speciality consultation services
- Dermatology
- Ophthalmology
- Rheumatology
- Immunology and Allergy Services
- Nephrology
- Gastroenterology
- Respiratory
- Chronic Pain

## Operational Arrangements

| | |
|---|---|
| **CSCF level** | Level 4 |
| **Governance** | TBC |

| | |
|---|---|
| **Hours of Operation** | An Ambulatory Care Services will typically operate 0700 – 1900 hours, Monday to Saturday.<br><br>The Ambulatory Care services may provide extended hours of service depending on clinical demand. After hours services may include health care options such as telephone and videoconference helplines to provide flexibility for patients. |
| **Network** | TBC Part of integrated service network |
| **Workforce** | A specialist multidisciplinary team including medical, nursing, allied health professionals and support services. |
| **Clinical Supports Services** | Pathology<br>Pharmacy<br>Medical Imaging<br>Pharmacy<br>Aboriginal Liaison Officer<br>Healthcare Interpreter Services<br>Sub-specialty consultation (on-site and through virtual)<br>Other clinical support - TBC |

### 6.3.3 Emergency Care Summary Model of Care

*** The planning for the New Northside Hospital has not advanced to the level of detailed service level models of care / model of service engagement and documentation. Therefore, this strategic functional brief will note a benchmarked MoC for the major departments/services that aligns to the clinical capability of the New Northside Hospital. Noting that this is not intended to replicate engagement but just to describe services broadly and generalized principles for the technical team to continue planning and design***

### 6.3.4 Service Aim, Objective, and Scope of Model

Typical Emergency Department provides a care environment that involves the patient, family, and carers in care planning, which will be of a high quality, evidenced based, culturally appropriate which delivers equitable and coordinated care as close to home as possible.

Formal network linkages will be in place, to enable 24 access to support for service provision above the service capability including assistance to decision making, care planning and management of critically ill patients.

The Emergency Department (ED) will provide timely, accessible, and appropriate health services to both adult and paediatric patients with acute illness or injury. The ED will receive, triage, stabilise and provide acute health care to patients. This includes patients requiring resuscitation and those with emergent, urgent, semi-urgent and less-urgent conditions.

**Service Description**
The ED provides the setting for nursing, medical, allied health, students, peer workers, clinical and non-clinical support, carers, and administrative staff to work collaboratively to provide safe and efficient care for patients with emergency care needs.

**Key Aspects of the Model**
The ED will:

- Be patient centred, enabling carers to be involved to support the patient journey.
- Implement evidenced based practice.
- Defined protocols for streaming patients into the most appropriate care environment / site.
- Defined protocols for optimal patient assessment and review times.
- Clearly defined care pathways for high-risk patients.
- Integrate the multidisciplinary care team into the acute setting to support early mobilisation, therapy, prevent avoidable deterioration, and support safe and early discharge.
- Information and communications technology linkages to other sites/ service providers.
- iEMR enabled.
- Education and training opportunities.
- Respect the role that family members, friends, carers and advocates may play in the patient's decision making.

The range of integrated ED models of care that will be provided include:

**Triage and Patient Registration**
Triage is a fundamental component of ED management where a person's acuity and level of urgency for treatment is determined to stream the patient to the most appropriate care zone. First aid is provided if required.

Triage and Patient Registration will be situated in the same area for the focus of initial presentation and associated clerical/administrative functions.

Following Triage, the patient will be directed to the appropriate stream/sub wait area. Patients will be seen according to a combination of clinical urgency and their time of arrival.

**Resuscitation**

The most seriously ill or injured patients will be treated in the resuscitation area. Both paediatric and adult services will be provided. Both ambulant, and ambulance arrivals may require immediate triage to the resuscitation area.

**Acute Care**
The Acute Care Zone will manage patients that are acute, potentially unstable and complex in nature. This cohort of patients require a higher level of care, more frequent observations, haemodynamic monitoring, specialised interventions, and comprehensive management.

**Fast Track**
Fast Track will provide rapid assessment, care and observation for non-complex ambulant patients. A fast track stream will provide ready access from the waiting area and reception areas. The acute bays within the fast track area will facilitate a multidisciplinary review of the patient.

**Paediatric Zone**
Following triage, paediatric patients (child and adolescent) will be streamed where appropriate to the separate paediatric zone within the ED which will provide assessment, early treatment, fast track and acute care services. The exception will be paediatric patients requiring resuscitation on presentation, these patients will be managed in a resuscitation bay within the resuscitation areas designed for paediatric use. The Paediatric ED treatment spaces will be suitable for a 'treat and leave' type of care or 'resuscitate and transfer' to a high delineation hospital.

**Safe Assessment Zone – Behavioural, Drug and Alcohol and Mental Health**
This model typically provides assessment and management for patients with intoxication and suicidal ideation. Patients with disturbed and high-risk behaviours will be assessed within a separate de-escalation and seclusion area of the ED.

**Allied Health Services**
An integrated and multidisciplinary Allied Health rapid assessment, intervention and discharge team will be provided to prevent unnecessary admission and fast track clinical handover from the ED. The key services may include pharmacy, physiotherapy and occupational therapy. Access to other Allied Health disciplines will be required on an ad hoc basis, for example dietitian, speech pathology (beneficial for hospital avoidance dysphagia), Podiatry, with potential to extend hours into the future.

## Operational Arrangements

| | |
|---|---|
| **CSCF level** | Level 4 |
| **Governance** | TBC |
| **Hours of Operation** | 24hours / 7 days per week |
| **Network** | TBC Part of integrated service network |
| **Workforce** | A specialist multidisciplinary team including medical, nursing, allied health professionals and support services. |
| **Clinical Supports Services** | Pathology<br>Pharmacy<br>Medical Imaging |

Pharmacy
Aboriginal Liaison Officer
Security
Other clinical support - TBC

### 6.3.5 Intensive Care Unit Surgery Summary Model of Care

*** The planning for the New Northside Hospital has not advanced to the level of detailed service level models of care / model of service engagement and documentation. Therefore, this strategic functional brief will note a benchmarked MoC for the major departments/services that aligns to the clinical capability of the New Northside Hospital. Noting that this is not intended to replicate engagement but just to describe services broadly and generalized principles for the technical team to continue planning and design***

**Service Aim, Objective, and Scope of Model**
An Adult Intensive Care Unit (ICU) provides a care environment that involves the patient, family, and carers in care planning, which will be of a high quality, evidenced based, culturally appropriate which delivers equitable and coordinated care as close to home as possible.

The aim of the Intensive Care Unit is to create a sustainable, patient centric, efficient, and effective Intensive Care environment for the complex critically ill patient. Involving the patient, family and carers in care planning and delivery, and that is high quality, evidenced based and culturally appropriate, and delivers equitable and accessible care and to provide an appropriate level of support for Hospital services.

**Service Description**
The Intensive Care Unit will provide an appropriate level of support for other Hospital services such as emergency, operating theatres, and medical specialties. The unit will receive patients from a variety of sources including directly from the community, via ambulance services and emergency departments, and as internal and external referrals and transfers.

Intensive Care is an essential component of the acute hospital system. Safe, effective, and timely care of the critically and acutely unwell patient improves survival and outcomes.

**Key Aspects of the Model**
The Intensive Care Unit will:

- Be patient centred, enabling carers to be involved to support the patient journey.
- Implement evidenced based practice.
- Defined protocols for streaming patients into the most appropriate care environment / site.
- Defined protocols for optimal patient assessment and review times.
- Clearly defined care pathways for high-risk patients utilising advanced monitoring and treatment modalities.
- Information and communications technology linkages to other sites/ service providers.
- iEMR enabled.
- Education and training opportunities.

- Formal process will be established that support regular communication within the network between Level 4 and 5/6 ICU to discuss the flow of patients requiring intensive care within the Territory, including the appropriate location of at-risk patients.
- Respect the role that family members, friends, carers and advocates may play in the patient's decision making.

**Intensive Care Unit Model of Care**

The ICU Model of Care will be a specially staffed and equipped, separate and self-contained area of the hospital dedicated to the management and monitoring of patients with life-threatening conditions, injuries, and complications. The ICU will provide special expertise and facilitates for support of vital functions through the skills of medical, nursing, allied health and other personnel experienced in the management of these problems.
The ICU will be capable of providing immediate resuscitation and short-term cardiorespiratory support for critically ill patients. Patient care in the ICU will be provided by a multidisciplinary team, led by an intensive care specialist. The admission, discharge and referral of the patient is under the governance of the Intensivist in collaboration with the referring team.

The ICU will be supported through functional links with a higher level ICU, in a networked approach to service delivery. Enabling timely access via telehealth/remote monitoring to senior critical care clinical advice. Patients requiring more complex care are transferred to the level 6 service. This includes patients who require complex multi-system life support, extended periods of mechanical ventilation, renal replacement therapy, or invasive cardiovascular monitoring for an indefinite period.

### Operational Arrangements

| | |
|---|---|
| **CSCF level** | Level 4 |
| **Governance** | TBC |
| **Hours of Operation** | The Intensive Care Unit will operate 24 hours a day, 7 days a week |
| **Network** | TBC |
| **Workforce** | A specialist multidisciplinary team including medical, surgical, nursing, allied health professionals and support services. |
| **Clinical Supports Services** | Pathology<br>Pharmacy<br>Medical Imaging<br>Pharmacy<br>Biomedical Engineering<br>Other clinical support - TBC |

## 6.4 Mental Health Model of Care

*** The planning for the New Northside Hospital has not advanced to the level of detailed service level models of care / model of service engagement and documentation. Therefore, this strategic functional brief will note a benchmarked*

*MoC for the major departments/services that aligns to the clinical capability of the New Northside Hospital. Noting that this is not intended to replicate engagement but just to describe services broadly and generalized principles for the technical team to continue planning and design***

**Service Aim, Objective, and Scope of Model**

Adult Mental Health Units provide a care environment that involves the patient, family, and carers in care planning, which will be of a high quality, evidenced based, culturally appropriate which delivers equitable and coordinated care as close to home as possible.

The aim of the Mental Health Adult Inpatient Unit (IPU) is to provide safe, recovery-oriented, welcoming and engaging environment, in the least restrictive environment possible. The service aims to provide information in a way that patients can understand and involve patient, families and carers in decision making.

**Service Description**

The Mental Health Adult Inpatient Unit will provide care to admitted patients, usually on a short-to medium-term and intermittent basis.

The Mental Health Service provides the setting for nursing, medical, allied health, students, peer workers, clinical and non-clinical support, patients, carers and administrative staff to work collaboratively to provide safe and efficient care for patients with reoccurring or ongoing mental illness. The Adult Mental Health IPU will provide short term inpatient care, inclusive of assessment and treatment services for adults to the age of 65, who experience severe or brief episodes of mental illness and cannot be adequately treated in a less restrictive environment. The unit requires the capacity to manage and contain high acuity admission, as well as providing a range of therapeutic programmes and interventions.

The Mental Health Model of Care also includes de-escalation and seclusion areas within the Mental Health Adult Inpatient Unit and ED. The Mental Health Adult IPU will provide gazetted acute adult mental health services and a neurostimulation suite for electro-convulsive treatment (ECT) and repetitive Transcranial Magnetic Stimulation (rTMS) treatment to support same-day and non-admitted services.

Child and Adolescent Mental Health Services will continue at Canberra Hospital.

**Key Aspects of the Model**

The Mental Health Adult Inpatient Unit will:

- Be patient centred, enabling carers to be involved to support the patient journey.
- Implement evidenced based practice.
- Provide inpatient services to voluntary and involuntary patients.
- Provision of direct admission promoting ED avoidance.
- Structured as an integrated mental health service (across inpatient and community mental health).
- Group program – therapeutic environment / activities.
- Culturally appropriate for culturally and linguistically diverse (CALD) communities.
- Defined protocols for streaming patients into the most appropriate care environment / site.

- Defined protocols for optimal patient assessment and review times.
- Clearly defined care pathways for high-risk patients.
- Integrate the multidisciplinary care team into the acute setting to support early mobilisation, therapy, prevent avoidable deterioration, and support safe and early discharge.
- Information and communications technology linkages to other sites/ service providers.
- iEMR enabled.
- Education and training opportunities.
- Respect the role that family members, friends, carers and advocates may play in the patient's decision making.

**Mental Health Adult Acute Inpatient Unit**

The Mental Health Adult Inpatient Unit will provide a safe clinical and therapeutic environment for people who may be characterised as complex, difficult to treat and are of serious ongoing risk to themselves or others. The care and treatment provided will be based on assessment need and mental health recovery principles. The Mental Health Adult IPU will manage clinical risk and implement behaviour management interventions while supporting individuals and their families/carers across the broad continuum of care, including facilitating a smooth transition of care to other teams/services.

The service is intended to focus on people with complex needs who are unable to be adequately treated in less restrictive settings due to their mental illness and associated issues of behaviour and risk. This can include:

- Severely disorganised behaviour leading to difficulty in managing the activities of daily living.
- Poor impulse control and judgement.
- Ongoing risk of aggression and violence.
- Serious risk of self-harm and/or harm to others.

## Operational Arrangements

| | |
|---|---|
| **CSCF level** | Level 4 |
| **Governance** | TBC |
| **Hours of Operation** | 24hours / 7 days per week |
| **Network** | TBC |
| **Workforce** | A specialist multidisciplinary team including medical, nursing, allied health professionals, lived experience workers, carer support and other support services |
| **Clinical Supports Services** | Pathology<br>Pharmacy<br>Medical Imaging<br>Pharmacy<br>Aboriginal Liaison Officer<br>Security<br>Other clinical support - TBC |

### 6.4.1 Perioperative Suite and Day Surgery Summary Model of Care

*** The planning for the New Northside Hospital has not advanced to the level of detailed service level models of care / model of service engagement and documentation. Therefore, this strategic functional brief will note a benchmarked MoC for the major departments/services that aligns to the clinical capability of the New Northside Hospital. Noting that this is not intended to replicate engagement but just to describe services broadly and generalized principles for the technical team to continue planning and design***

**Service Aim, Objective, and Scope of Model**

Perioperative Suite provides a care environment that involves the patient, family, and carers in care planning, which will be of a high quality, evidenced based, culturally appropriate which delivers equitable and coordinated care as close to home as possible. The aim of the Perioperative Service is to treat patients in clinically appropriate timeframes while optimising patient outcomes and deliver elective services through a contemporary and efficient service model.

**Service Description**

The Perioperative Service will provide surgical and procedural services for children and adults, including anaesthetic services, surgical services, operating rooms, interventional / hybrid suites, endoscopy services and post anaesthetic care. The Perioperative Services will enable clinically appropriate surgical and procedural services to be provided locally, support the delivery of new technologies and contemporary models of care.

**Key Aspects of the Model**

The Perioperative Suite will:

- Be patient centred, enabling carers to be involved to support the patient journey.
- Implement evidenced based practice.
- Defined protocols for streaming patients into the most appropriate care environment / site.
- Defined protocols for optimal patient assessment and review times.
- Clearly defined care pathways for high-risk patients.
- Information and communications technology linkages to other sites/ service providers.
- iEMR enabled.
- Education and training opportunities.
- Respect the role that family members, friends, carers and advocates may play in the patient's decision making.

Sub-specialties typical of this level facility are noted below:

- General Surgery (day and overnight)
- Orthopaedics
- Ophthalmology
- Gynaecology
- Surgical Oncology (diagnostic and curative)

- Urology
- Plastics

The Perioperative Services Model of Care will be designed to cater for the needs of the community it serves. It will include the following key functional areas:

- Pre-admission clinic
- Operating Theatre Bookings
- Same Day Surgical Admission and Discharge
- Operating Theatre Suite
- Intervention / Imaging
- Endoscopy Unit
- Anaesthetic Services
- Post Anaesthetic Care Unit (PACU)
- Sterilising Services Department (SSD)

## Operational Arrangements

| | |
|---|---|
| **CSCF level** | Level 4 |
| **Governance** | TBC |
| **Hours of Operation** | TBC |
| **Network** | TBC |
| **Workforce** | A specialist multidisciplinary team including medical, surgical, nursing, allied health professionals and support services. |
| **Clinical Supports Services** | Pathology<br>Pharmacy<br>Medical Imaging<br>Pharmacy<br>Biomedical Engineering<br>Other clinical support - TBC |

# 7. Overarching Policies and Procedures

Throughout the following section specific operating policies and procedures are listed, these will require further development through the next stages of the project.

Where possible content has been brought in from benchmark facilities as a starting point with which to expand on. Note content is not intended to replicate engagement but rather assist in framing engagement.

Operational policies have a major impact upon the planning, design, capital, and recurrent costs of health facilities. It is necessary to demonstrate that the capital and recurrent cost implications of the proposed operational policies have been fully considered. Therefore, documenting the future policies is an important step in the planning of capital infrastructure.

## 7.1 Clinical Services

| Item | Operational Principles |
|---|---|
| | **Northside Hospital** |
| **Operating Hours** | The ED, Inpatient and Intensive Care will operate 24 hours a day, 7 days per week.<br>Perioperative Unit will operate 24 hours a day, 7 days per week.<br>Operating hours will be confirmed in consultation for all other services. |
| | Northside visiting hours will be detailed in the next stage of planning.<br>Access to the hospital outside visiting hours will be via the Emergency Department. |
| **Access to sites during business hours** | The overarching principle is to minimise entry points into the hospital.<br>Staff access<br>• The design must provide for staff to access the hospital from public entrances and via dedicated staff access points controlled by the security team.<br>• Parking for staff must be conveniently located to enable safe passage into the facility both during and after hours.<br>• The design must provide for agency/casual and cleaning staff to access the hospital during and after hours via the Main Entry.<br>• Loading dock access for Support Services (supply, linen, cleaning, pharmacy, pathology, clinical engineering, property management and maintenance)<br>• Courier and other small deliveries will be via the main entrance or loading dock.<br>Public access: |

| Item | Operational Principles |
|---|---|
| | **Northside Hospital** |
| | • Public access will be provided via the ED for emergency presentation.<br>• Inpatient Units, Maternity Services and Ambulatory Services will be accessed via Main Entry.<br>• Family and visitors will be welcomed into the Intensive Care Unit (ICU) via a controlled access point via the ICU main reception area.<br>• Security will be responsible for managing access to the building. |
| **After-hours Access** | The ED public will be access controlled after business hours |
| | A 'staff only' entrance will be via ED or dedicated swipe security access. |
| **Admissions** | Patients may be admitted via the Emergency Department, Maternity Unit, transferred from other health services, transferred back from other health services, or admitted after medical officer consultation in rooms or clinics as elective or urgent admissions.<br>Detailed policies/procedures/guidelines to be developed. |
| **Discharges and Patient Transfer:** | Detailed policies/procedures/guidelines to be developed. |
| **Allied Health** | Detailed policies/procedures/guidelines to be developed. |
| **Infection Control** | Infection Control policies and guidelines to be included.<br>General<br>• Staff, patients and visitors will be encouraged to maintain hand hygiene throughout the provision of hand basins, soap dispensers and sterilising hand gel. Single use disposal items will be used throughout the hospital.<br>• The design of the hospital should take into account the need to ensure a high level of infection control in all aspects of practice.<br>• Clean up areas will be required to clean patient equipment with space to hold dirty equipment.<br>• Allow for appropriate space between patients in shared rooms to assist and maintain appropriate infection prevention and control.<br>Isolation Rooms<br>The use of isolation rooms will be provided throughout both facilities to meet a range of isolation requirements:<br>• **Class S** (standard pressure): Class S rooms are for isolating patients capable of transmitting infection by contact or droplet routes. |

| Item | Operational Principles |
|---|---|
| | **Northside Hospital** |
| | • **Class N** (negative pressure): Class N rooms are used for isolating patients. The rooms are supported by a dedicated ensuite and anteroom. Use of Class N rooms is associated with the prevention of transmitting infection by airborne droplet nuclei. |
| **Medical Imaging** | Operational guidelines and policies to be included.<br>The imaging department will provide on demand time urgent medical imaging, with rapid acquisition, transfer and reporting of images.<br>• Located adjacent to the Emergency Department for timely assessment and treatment of patients.<br>• Radiology staff<br>• PACS system will manage all picture and information management requirements as well as provide access for on-site and off-site viewing and reporting.<br>• Access to cardiac CT, MRI and ultrasound. |
| **Pathology** | Operational guidelines and policies to be include.<br>Hours of Operation to be confirmed in the next stage of planning.<br>General<br>• Pathology requests will be computerised with authorised access to verified results. Point of Care Testing (PoCT) will be provided in selected locations within the ED supported by Pathology Services and a pneumatic tube system to deliver samples to pathology and pharmacy.<br>• Transport of specimens will be internal (to laboratories) and external (between facilities).<br>• Pneumatic Tube Systems (PTS) will be used to transport specimens to and from the Pathology Unit.<br>• Pathology specimen collection to inpatient units via pathology collection staff.<br>• Outpatients service via specimen collection chairs.<br>• Pathology and Radiology results will be reported electronically. |
| **Anaesthetic Services** | Hours of Operation to be confirmed in the next stage of planning.<br>General<br>• One anaesthetic room per operating theatre<br>• access to ultrasound.<br>• access to radiographer. |

| Item | Operational Principles |
|---|---|
| | **Northside Hospital** |
| | • access to operating theatre staff.<br>• access to registered medical specialists with credentials in anaesthetics where emergency services provided.<br>• Anaesthetist will be responsible for on the day of surgery/procedure final assessment for fitness for surgery/procedure.<br>• Recovery from anaesthesia to take place under supervision in a dedicated area close to where anaesthesia or sedation has been administered.<br>• PACU is part of the operating suite with easy access for management of emergencies.<br>• Electronic record-keeping available. |
| **Emergency Department (ED)** | The unit will operate in accordance with Australian Council on Health Care Standards. The unit will adhere to the relevant design and space standards outlined in the *Australasian Health Facility Guidelines*<br>• *(AusHFG) Part B – Health Facility Briefing and Planning*<br>• AusHFG 300 Emergency Unit<br>• It is assumed the Emergency Department service operates 24 hours a day, 7 days a week. |
| **Intensive Care Unit** | The ICU will operate in accordance with Australian Council on Health Care Standards. The unit will adhere to the relevant design and space standards outlined in the *Australasian Health Facility Guidelines*<br>• AusHFG 360 Intensive Care-General and 540 Paediatric/Adolescent Unit |
| **Medication Management and Pharmacy Services** | Medications will be managed and administered in accordance with operational policies:<br>Hours of Operation to be confirmed in the next stage of planning.<br>○ |
| **Mental Health** | The unit will adhere to the relevant design and space standards outlined in the *Australasian Health Facility Guidelines (AusHFG) Part B – Health Facility Briefing and Planning*<br>• AUSHFG HPU 131 Mental Health – Overarching Guidelines. |
| **Perioperative Services** | The service will adhere to the relevant design and space standards outlined in the *Australasian Health Facility Guidelines (AusHFG) Part B – Health Facility Briefing and Planning*<br>• AusHFG 0130 – Admissions Unit<br>• AusHFG 0270 – Day Surgery Procedure Unit |

| Item | Operational Principles |
|---|---|
| | **Northside Hospital** |
| | • AusHFG 0520 – Operating Unit<br>• AusHFG 0190 - Sterilizing Services Unit<br>Operational Policies:<br>• ACORN Standards for Perioperative Nursing in Australia, The Australian College of Perioperative Nurses<br>• ANZCA PS15: Recommendations for the Perioperative Care of Patients Selected for Day Care Surgery<br>• ANZCA: Perioperative Care Framework<br>• ACI GL2018_004 – The Perioperative Toolkit<br>Hours of Operation to be confirmed in the next stage of planning. |

## 7.2 Non-Clinical Services

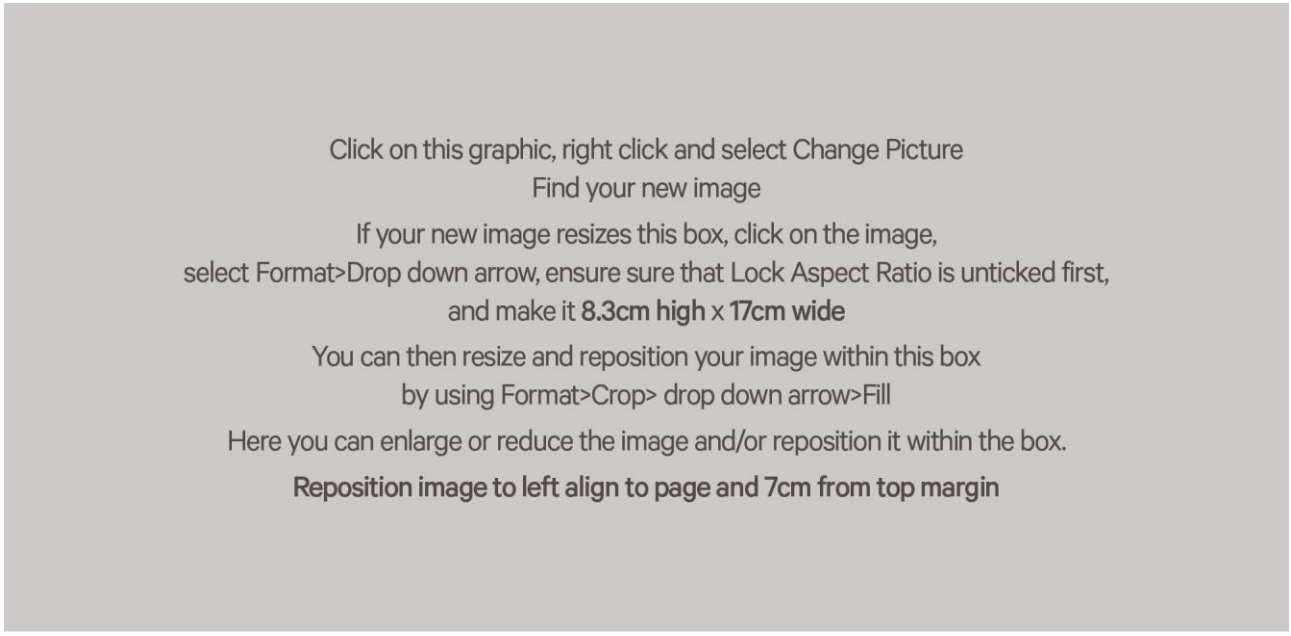
A number of non-clinical principles and policies will require documenting, including but not limited to:

- Administration (Clerical)
- Access and Wayfinding
- Biomedical Engineering
- Cleaning
- Clinical Records Management
- Death and dying
- Environmental Services
- Emergency Management
- Fire Safety
- Food Services
- Hotel Services
- ICT
- Infection Prevention and Control
- Internal Mail
- Interpreter Services
- Linen

- Loading Dock
- Management and Storage of Gases Medical Gases
- Materials Movement
- Mortuary
- Parking (staff, visitors)
- Patient Amenities
- Patient Safety and Quality
- Pneumatic Tube System
- Reception
- Security
- Spiritual Support and Pastoral Care
- Staff Amenities
- Stores
- Supply Services
- Transport Services (Patients, staff, visitors)
- Visitor Amenities

# 8. Appendices

Appendix A – Schedule of Accommodation


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and make it 8.3cm high x 17cm wide
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Caption

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# Best for Project

**AUSTRALIA**
SYDNEY | ADELAIDE | BRISBANE | CANBERRA | DARWIN
MELBOURNE | NEWCASTLE | PERTH

**NEW ZEALAND**
AUCKLAND | CHRISTCHURCH | TAURANGA
WELLINGTON | QUEENSTOWN

**MALAYSIA**
KUALA LUMPUR

**hello@tsamgt.com | tsamgt.com**

TSA
Advisory

# NSH Project 2023-24 Business Case

# Appendix J - Major Project Designation

## 1. Major Project Designation

This business case proposal has been prepared on the assumption that the next phase of the Project is led by ACTHD with commercial and technical support provided by MPC.

It is anticipated that the Project is likely to be designated as a major project to be directly procured and delivered by MPC at some point in the future.

Designated major projects benefit from distinct project governance and management arrangements, tailored to the complex and high-risk nature of large capital works. This includes oversight provided by a Project Advisory Board and a dedicated Project Delivery Team that provides specialist expertise in design development, construction, and contract management.

To inform consideration of future development phases of the Project, outlined below are the indicative project governance arrangements (**Section 2)** and project resourcing requirements (**Section 3)** that would apply following major project designation.

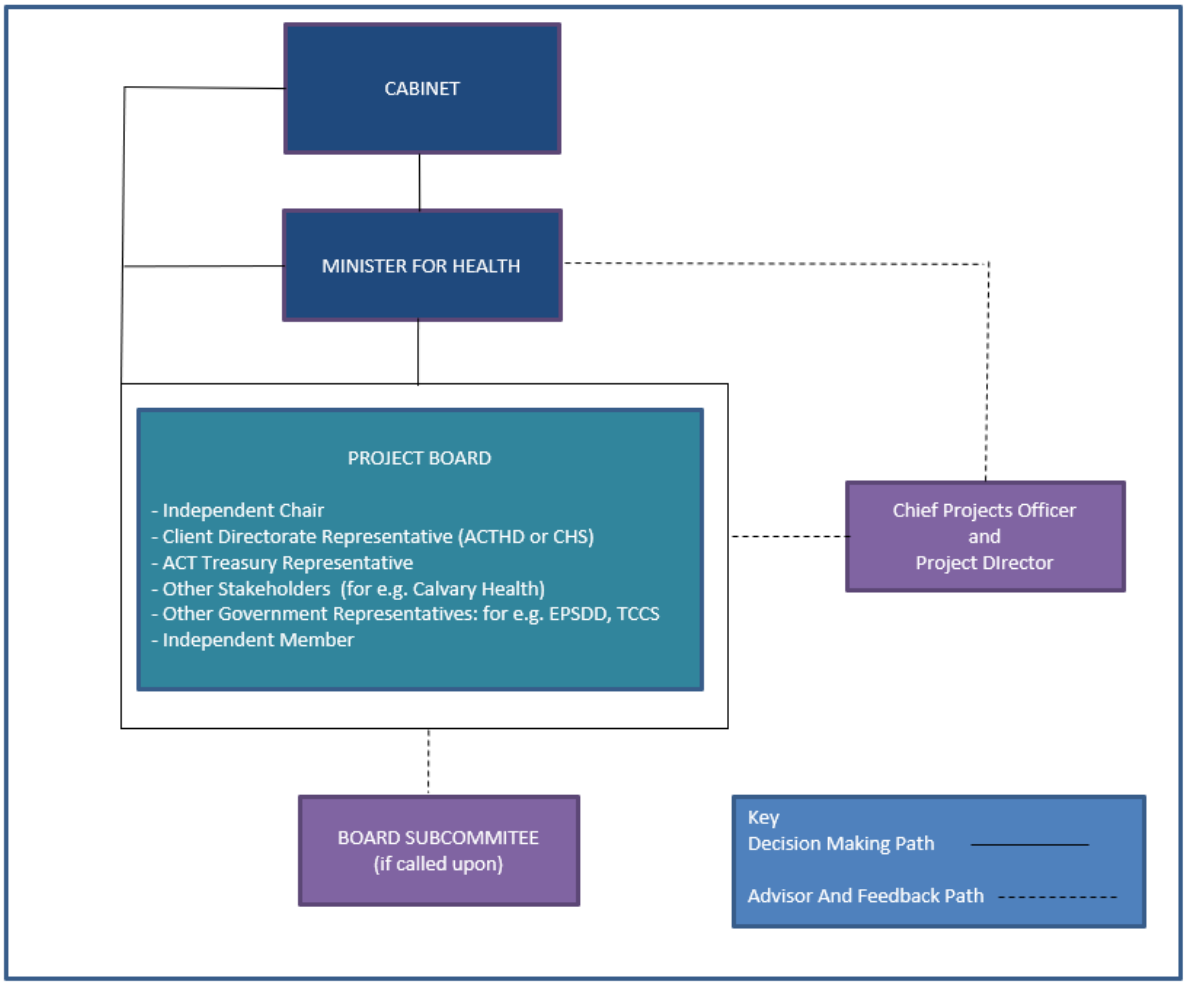
## 2. Project Governance Structure – Designated Major Project

The key directorates and their respective roles following major project designation would be as follows:

- **MPC -** the directorate responsible for overseeing the development, procurement and delivery of the Project through to construction completion and the commencement of operations.
- **Client Directorate** – The client directorate would depend on the operator of the new Northside Hospital:
    - If operated by Calvary Health, the client Directorate will be ACTHD. ACTHD would be responsible for the strategic direction, policy and planning of the Northside Hospital and supporting consultation and engagement with Calvary Health.
    - If the new hospital is to be operated by CHS, CHS would be the Client Directorate.
- Other Key Directorates include Transport Canberra and City Services, Environment Planning and Sustainable Development Directorate and Treasury within CMTEDD.

The indicative major project governance structure for the Northside Hospital is presented in **Figure 1** below and has been developed consistent with arrangement implemented on other major projects including the Canberra Hospital Expansion and CIT Campus Woden projects.

**Figure 1: Northside Hospital Project, designated Major Project governance structure**




## 2.1 Key roles and responsibilities

The established governance structure for a major project incorporates a Project Advisory Board as its key governing body, including an Independent Chair and Independent member. The Project Advisory Board is the highest level of governance, below the Minister for Health and Cabinet. The Board provides advice on the Project to Government and the Project Director through project infrastructure design, procurement and delivery phases. Following operational handover of infrastructure governance arrangements will revert to the appropriate internal governance structure of the Client Directorate.

The roles and responsibilities of the key groups under the governance structure are summarised in **Table 1**.

**Table 1: Roles and responsibilities**

| Governing body/ stakeholder/group | Role/responsibility |
|---|---|
| **Cabinet** | Cabinet, or a delegated Subcommittee of Cabinet, will be the peak decision-making authority for the Project. This includes investment and funding decisions related to the Project. |

| Governing body/ stakeholder/group | Role/responsibility |
|---|---|
| **Minister for Health** | The Minister for Health carries portfolio responsibility for the Project. The Minister would be briefed by the MPC Chief Projects Officer and, where required, the Chair of the Project Board. |
| **Project Board** | The Project Board would provide strategic decision-making advice and provide advice to the ACT Government and key project personnel (including the CPO, the Project Director, and the Project Team) in respect of the planning, procurement and delivery of the Project. The main responsibilities of the Project Board would include:<br>• Endorsement of approvals sought from Cabinet<br>• Strategy formulation and project oversight<br>• Communicating with key strategic stakeholder groups<br>• Monitoring of the Project Team's performance<br>• Compliance relevant legislation and Government policies<br>• Risk oversight. |
| **PCG** | The PCG would function as the primary working group for all matters relating to the enabling works and main works of the Project. It would approve Project delivery decisions where these fall within the overarching strategy and parameters that have been approved by the Project Board.<br>The PCG would support the Project Director to manage project planning, delivery and risk. The group will monitor project performance and risk whilst reporting to the Project Board and escalate endorsed matters to the Project Board for approval where necessary. |
| **MPC Chief Projects Officer (CPO)** | The CPO leads MPC which is responsible for the procurement and delivery of the ACT Government's infrastructure program. The CPO 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), various directorates and agencies involved in the Project, and community stakeholders. |

If the Project be designated as a major project, a detailed governance framework will be prepared for Minister endorsement, setting governance arrangements for the Project including:

- The governance structure
- Governance principles
- Decision making hierarchies and associated accountabilities.

## 3. Project Team Resources – Designated Major Project

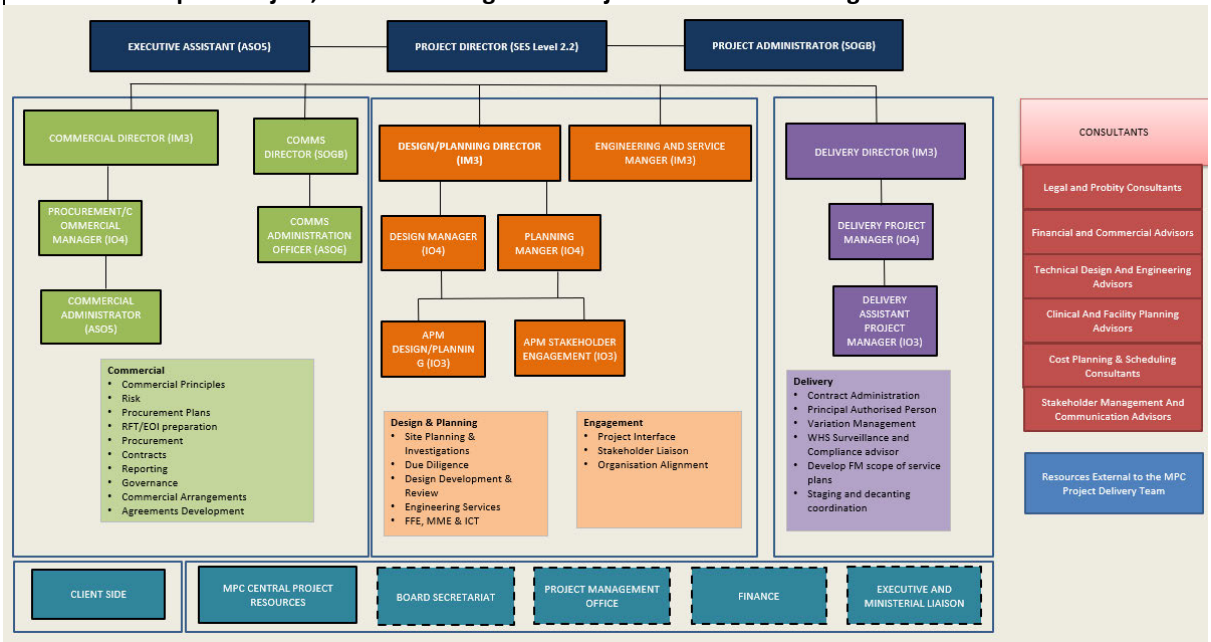
Should the Project be designated as a major project, project delivery is expected to require the following resources:

1. Dedicated project director and project team residing within MPC.

2. Dedicated resourcing within the Client Directorate and/or hospital operator to act as a project liaison and to support clinical planning and stakeholder engagement.
3. Governance oversight through the establishment of a Project Board

An indicative Project Team structure is outlined in **Figure 2**.

**Northside Hospital Project, indicative designated Project Team Structure Figure 2**




The proposed project team within MPC would provide specialist experience and capability in design development, construction, project and contract management and is similar to the resourcing engaged to deliver other designated projects.

The 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.

Internal resourcing for the Client Directorate (ACTHD or CHS) would be responsible for liaison between the Project Team and management of the Client Directorate, ensuring operational requirements are delivered through design, documentation, construction and project delivery.

The funding sought in this business case proposal includes MPC team resources that would support transition of project responsibility to MPC, including 2 FTEs that are expected to transition to the MPC delivery Project Team. This approach would provide consistency in project co-ordination, mitigate transition risks, and ensure resources are available whilst a broader a project team can be established.

Project Team resourcing and corresponding funding requirements will be reassessed and confirmed when there is certainty on the timing of any designation. This assessment will include exploration of opportunities to leverage resources from the existing Canberra Hospital Expansion Project Team and Project Board arrangements.

If the project is designated as a major project at any point during the funding period of this proposal, responsibility for infrastructure delivery and relevant resourcing and funding would be transferred to

MPC. The establishment of the MPC project governance structure and full, dedicated MPC delivery Team may require funding in addition to the transferred budget and would be sought through to a separate funding proposal.

ACT Government | ACT Health

# Northside Hospital Planning Project Governance Protocol

## Infrastructure, Communication and Engagement Division

*Planning a new Northside Hospital that is safe, efficient and equitable*



Prepared by ACT Health

February 2022

Version 1.1

# 1. Purpose

The purpose of this document is to define the project governance to guide the current phase of the Northside Hospital Project, the development of a Tier One Infrastructure Business Case.

The business case will focus on delivery of a new hospital on the northside that is safe, efficient and equitable for Canberrans and those living in its surrounding regions.

This governance document is designed to be flexible so approaches can be adapted to respond to the site, clinical service needs and facility requirements as the project evolves.

This project aligns to the ACT Health purpose 'to provide strategic leadership, direction and action that improves the health of our community and ensure our public health system meets our community's needs'.[1]

## Document control

The Project Lead is the owner of this document and is responsible for ensuring its currency and that its content aligns with industry best practice in project governance principles and should instruct the Secretariate when amendments need to be made.

It is proposed that this Governance Protocol is reviewed annually alongside the committee terms of reference to ensure it is up to date.

| Version | Date | Author | Purpose |
|---|---|---|---|
| **V0.1** | February 2022 | Kim Wheeler | First draft |
| **V0.2** | March 2022 | Kim Wheeler | Updates provided by ESC to amend project principles. |
| **V0.3** | June 2022 | Kim Wheeler | Additional decision framework attached and redraft. |
| **V0.4** | July 2022 | Kim Wheeler | Updated to reflect comments of ESC. |
| **V1.1** | February 2023 | Caitlin Bladin | Updated to reflect forward governance for Northside Hospital |

1 ACT Health Strategic Plan 2020-2025

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   Project Governance Arrangements - designated major project ..... **Error! Bookmark not defined.**
   Recommended Designated Major Project Governance Structure... **Error! Bookmark not defined.**
   Key Bodies ..... **Error! Bookmark not defined.**
   Designated Major Project Governance Roles and Responsibilities . **Error! Bookmark not defined.**

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# 2. Introduction

This governance protocol outlines the governance processes and procedures for the Northside Hospital Planning Project (the project).

This protocol, together with the Terms of Reference for each governance layer, reflect the:

- governance structure;
- principles;
- decision types, hierarchy and associated accountability;
- roles and responsibilities; and
- project phases.

The project is aligned to ACT Government Capital Framework governance protocol for a Tier 1 Business Case. [2][3]

## Project Principles

The project principles are set out to guide the project; its governance, stakeholders, roles and responsibilities, deliverables, timeframes.

The Project will:

- *'Continue the planning and design work for a new Northside Hospital, with the aim to start construction by mid-decade'* in an efficient and effective manner*;*
- Plan for excellent clinical and patient care at all times, aligned with the Australasian Health facility Guidelines (AusHFG) and all applicable design standards;
- Commit to a pathway for a zero-emissions health sector by 2040 and a zero emissions territory by 2045, as per the ACT Climate Change Strategy 2019-2025;
- Align with the guidelines of the Global Green and Healthy Hospitals (GGHH) networks to improve sustainability performances and reduce emissions from health facilities;
- Be informed by and respond to developments in smart technology, such as the Digital Health Record, to transform health service delivery and models of care;
- Provide value for money ensuring that all expenditure is in line with government procurement;
- Ensure that safety of all workers, consumers and patients is paramount; and
- Provide clear, consistent and timely information to all Canberrans as the project evolves.

2 https://www.treasury.act.gov.au/__data/assets/word_doc/0019/470323/Project-Governance-Protocol-2020-2.1.docx

3 The Capital Framework - Treasury (act.gov.au)

# 3. Project Background

The ACT Government currently funds a northside hospital at Calvary Public Hospital Bruce (CPHB). The ACT Government has been investigating the potential for a new replacement hospital on the northside of Canberra.

In 2017-18, the ACT Government invested $3.25 million in a Northside Scoping Study for expanded Northside Hospital facilities. As part of this, a Calvary Public Hospital Bruce (CPHB) Condition Assessment and Strategic Asset Management Plan (SAMP) were undertaken to understand the need for a new Northside Hospital. This work identified that the CPHB buildings are nearing end of life and a new northside hospital was recommended.

Two options were identified as viable for further investigation:

a. construction on the existing CPHB site (CPHB Option); or

b. construction on a new Greenfield (or Brownfield) site in north Canberra (Greenfield Option).

In 2020, the Parliamentary and Governing Agreement for the Territory committed to *'Continue the planning and design work for a new northside hospital, with the aim to start construction by mid-decade'.*[4]

In line with the Government's commitment, an ACTHD business case for the development of a northside hospital was funded in the 2021-22 Budget to continue the planning and design work for a new northside hospital. With this funding, the Government has established a Northside Hospital Project Team (NHPT) with specialist advisors to prepare a Tier 1 business case for the continued planning, design and construction of a new northside hospital, for consideration by Government.

The Northside Hospital planning project (NHP) will assess sites, identify clinical services and develop a concept design for the new Northside Hospital that will allow Government to determine an appropriate funding envelope for the more detailed planning and construction phases of the hospital. The NHP is separated into three key streams of work as shown in figure 1: **Commercial/Legal**; **Land Planning and Design**; and **Clinical Services Planning**.

The NHP will deliver a business case to Government for consideration in the 2023-24 Budget. This will include information and options on a proposed site, identify clinical services and develop a concept design and masterplan for a new hospital on the northside of Canberra.

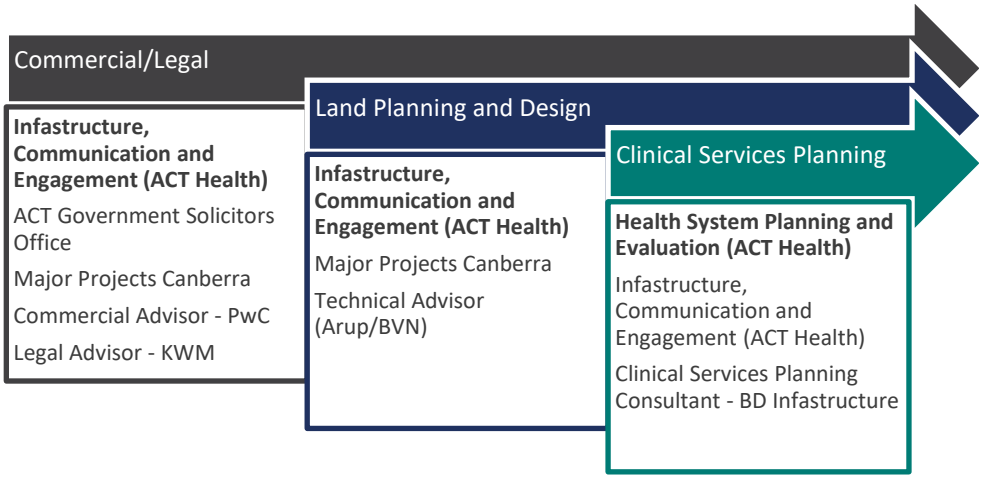



*Figure 1. The Northside Hospital Planning Project key streams of work*

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

# 4. Guidance Material

The Project and its associated policies will be consistent with values of the ACT Health Directorate (ACTHD) and the ACT Government.

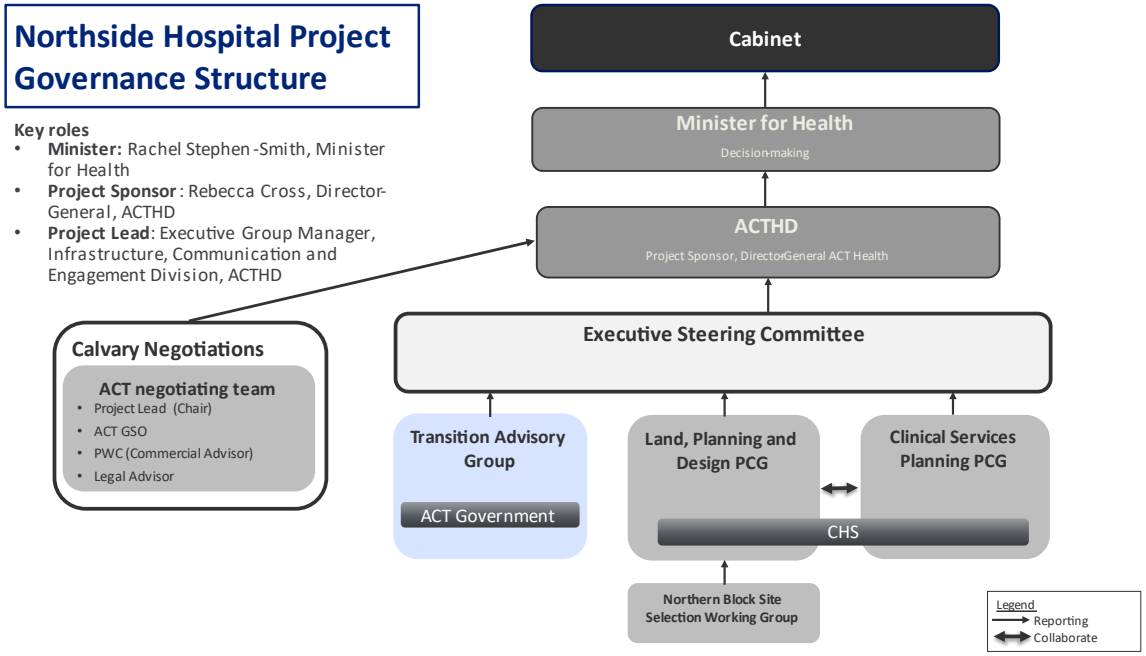
The ACT Government developed the Capital Framework to be a fit for purpose delivery model for infrastructure projects in the ACT. It provides practical assistance to directorates and agencies proposing investment projects, and to advisors helping develop business cases for them. It helps shape proposals, inform investment decisions and track outcomes and benefits. As this project is a Tier 1 Business Case, The Capital Framework is used to define its governance model.

The ACT Health Services Plan informs all health planning and infrastructure development and monitoring. This guides us to be strategic in how services are delivered in the ACT and to deliver the best health facilities for our local community. [5]

The Strategic Infrastructure Division utilises the following agreements and strategies to inform its project development (not an exhaustive list):

- Parliamentary and Governing Agreement of the 10th Legislative Assembly, ACT
- The Capital Framework
- ACT Health Directorate Strategic Plan 2020-2025
- ACT Health Governance Protocol
- Aboriginal and Torres Strait Islander Agreement 2019-2028
- ACT Climate Strategy 2019-2025 - *commits to a pathway for a zero-emissions health sector by 2040 and a zero emissions territory by 2045.*
- Australasian Health Facilities Guidelines
- Global Green and Healthy Hospitals

# 5. Governance




5 Territory-wide Health Services | Health (act.gov.au)

The Northside Hospital is a high priority project for the ACT Government. The project's complexity, value and relationships to other Government projects and initiatives demands a governance structure which supports timely, accountable, well-informed decision making. The project governance was prepared in alignment to the Capital Framework Project Governance Protocol (figure 2), and the roles and responsibilities are summarised below.

*Figure 2. Northside Hospital Planning Project governance framework*

# Roles and Responsibilities

**Cabinet** and the **Expenditure Review Committee** of Cabinet will set directions, make key policy and funding decisions in relation to the project on the recommendation of the Minister for Health.

The **Minister for Health** will make decisions at the strategic and leadership level. The Minister for Health has responsibility for the overall project with delegated responsibility flowing to the Director-General ACT Health through to the Project Lead and Project Team.

The DG, ACT Health (also the **Project Sponsor**) oversees the overall project, including key milestones, decisions or sensitive matters depending on the stage of the project. The project sponsor also operates as the first escalation point for any matters requiring escalation through the commercial negotiations.

The DG, ACT Health has appointed the Executive Group Manager (EGM), Strategic Infrastructure Division (SID) as a **Project Lead** to manage the day-to-day project management, including leading commercial negotiations, engagement with stakeholders, and recommendations to Cabinet (through DG ACT Health and the Minister) through the delivery of a draft Business Case.

These project, accountability and decision-making roles are supported by a range of advisory and oversight committees. These include:

- Executive Steering Committee (ESC): The ESC will provide crucial leadership, oversight and advice relevant to the Northside Hospital project. Membership will be limited to decision markers. The ESC will receive recommendations for the PCGs and the Project Team in relation to the Northside Project. Membership consists of ACT Health, Major Projects Canberra and CMTEDD representatives. Terms of reference for this committee is provided at Appendix B.

- Project Control Groups (PCGs): These groups will make recommendations to the ESC on matters pertaining to their area of focus, being **Land Planning and Design**, and the **Clinical Services Planning** streams of work:

    - Land Planning and Design PCG is chaired by the Project Lead, EGM SID, ACT Health.

    - Clinical Services Planning Steering Committee is chaired by the EGM, Health System Planning and Evaluation, ACT Health.

    The core functions of these committees is to oversee and provide advice on matters relating to the Northside Hospital Planning Project, such as the masterplan and the health services planning. Membership includes key ACT Government Directorates and clinical services representatives to inform the project streams. Limited membership of these committees facilitates effective discussion and decision-making abilities. Terms of reference for these committee is provided at Appendix B.

- ACTHD/Calvary Northside Working Group: This working group meets monthly to discuss the project., specifically matters relating to the options for a new northside hospital on the current site of Calvary Public Hospital Bruce. The ongoing role of this working group will be defined once government has made further decisions in relation to the project and related negotiation parameters.

- ACT Negotiating Team: The team will sit within ACTHD. It will be led by the Project Lead (EGM, SID) and is made up of ACT Government Solicitors Officer (ACTGSO) and commercial and legal advisors and other expertise across ACT Government as required. Any issues that cannot be resolved by the negotiating team and in line with the parameters (negotiation protocol), will be escalated to the Project Sponsor (DG, ACTHD), and if required the Minister for Health.

## Decisions and Accountability

The decisions framework (figure 3) outlines the levels of decision making and which key groups and/or individuals are involved in the decision based on its impact for achieving the project objectives. It is designed to ensure that the project and its key groups leverage the expertise and experience of its committees, control groups with oversight support from the Project Team.

Per the agreed ESC terms of reference (Attachment B), it is expected that matters bought to the ESC for consideration will, if relevant and appropriate, have first been considered by the project control groups or other participants in the governance structure.

All decisions and actions will be recorded in a Decisions and Actions Register. The register will reflect the meeting minutes and provided to the committee at each meeting.

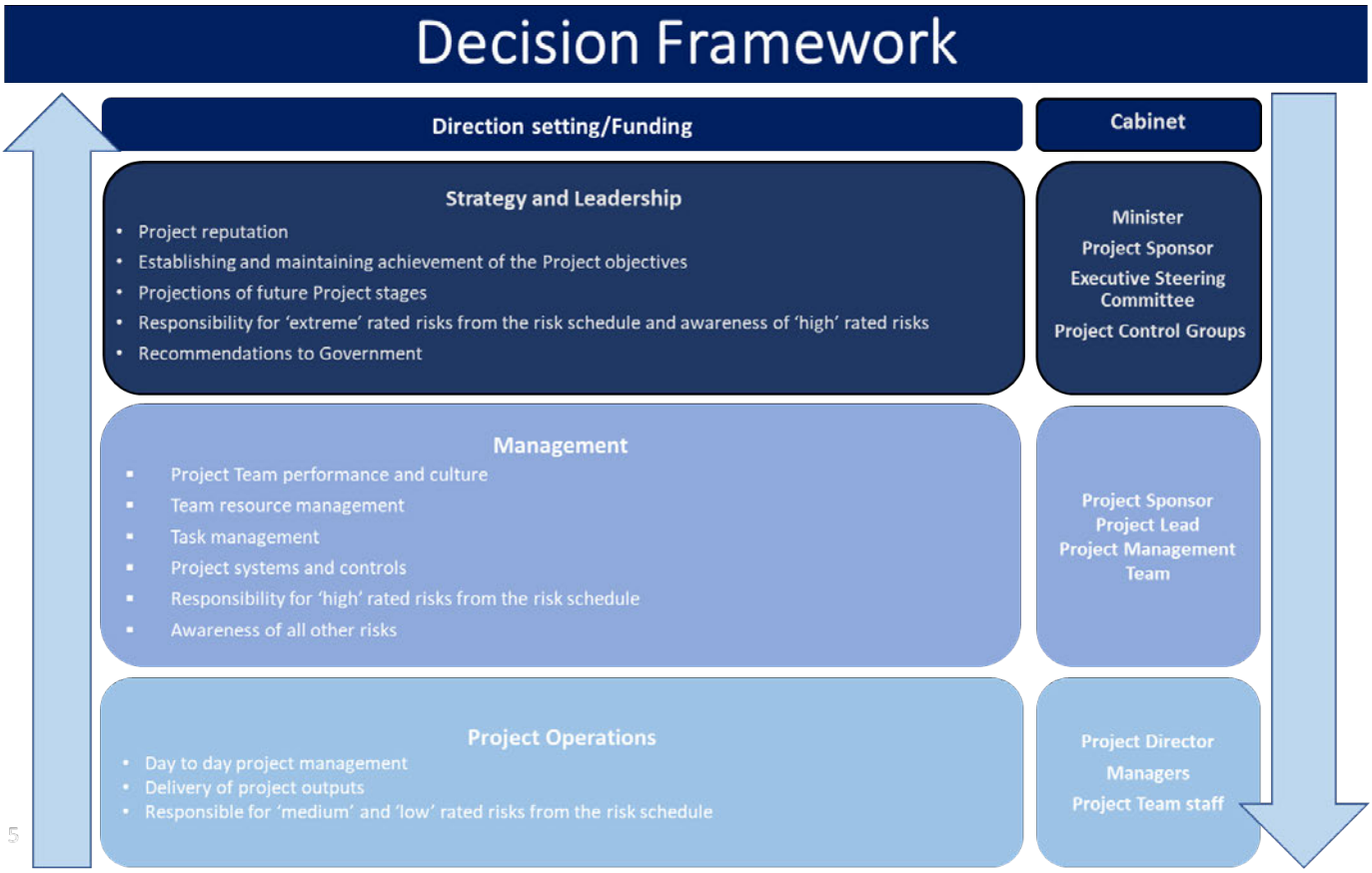



*Figure 3 Northside Hospital Decisions Framework*

## Committee Operations

The committee decisions will typically take the form of one of the following:

- 'agreed' – the recommendations tables are agreed/endorsed as presented in the paper;
- 'endorsed subject to…' - the recommendation tables are endorsed subject to specific changes;
- 'not endorsed' – the recommendations tabled are not endorsed, with a summary of rework required provided;
- 'noted' – where the committee receives a briefing paper or a verbal briefing but is not required to make a decision.

## Conflicts of interest

A conflict of interest arises where a committee participant has an interest that conflicts, could perceived, or has the potential to conflict with the interests of the project, ACT Health or the Territory more generally in conducting the project.

Committee members must:

a. Disclose to the chair any actual, perceived or potential conflicts of interest which may exist as soon as they become aware of the issue; and
b. Take any necessary and reasonable measures to try and resolve the conflict.

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

## Reporting

The Northside Hospital Project Team will report monthly to the ESC in a Project Directors report. This report outlines updates on the three key streams of work, along with reporting on the project milestones and Cabinet dates.

# 6. Project Phases

This section outlines the overarching project phases for the Northside Hospital planning project.

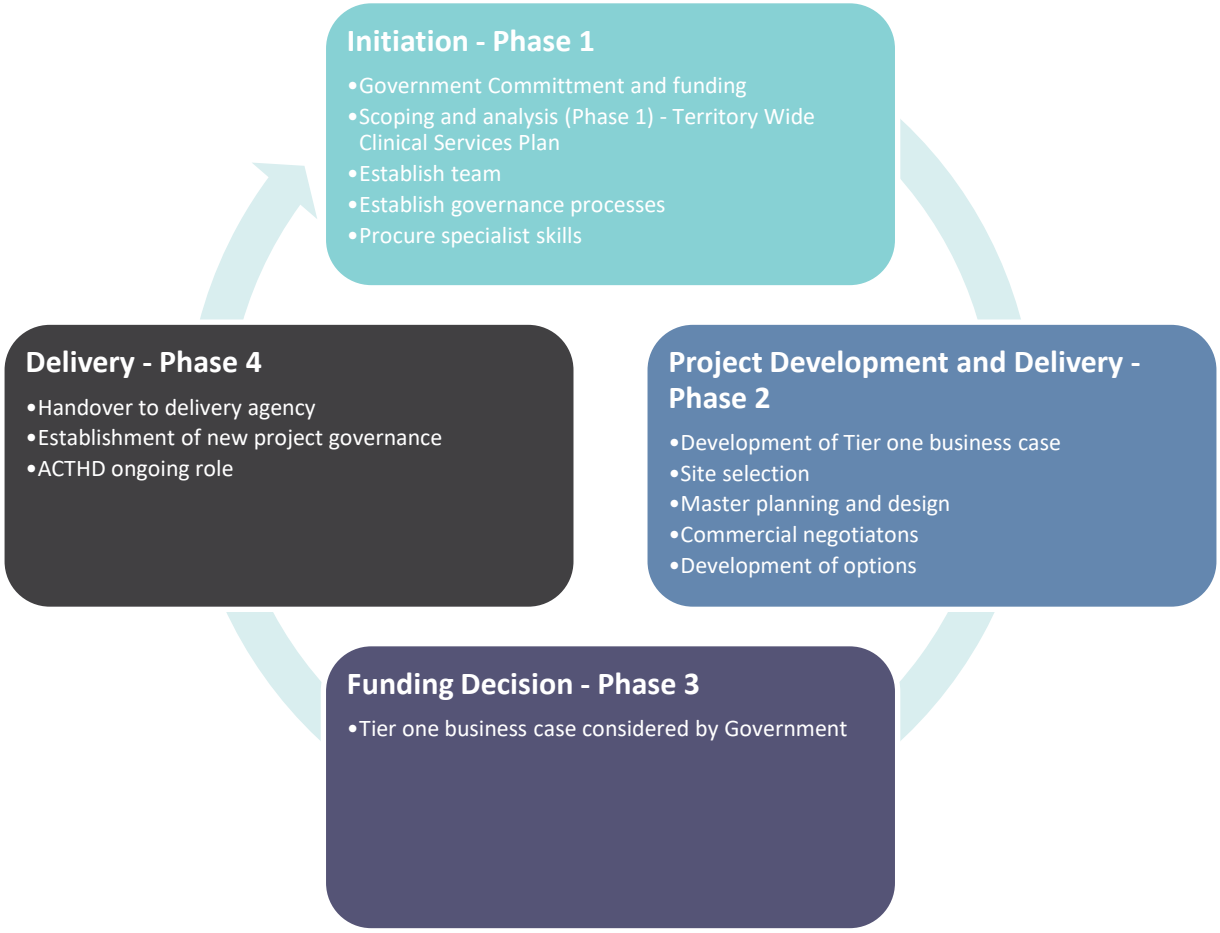



*Figure 4 Northside Hospital Project phases*

## Timeframes and Deliverables

This document is developed to support governance of an agile project that's deliverables are site agnostic. A high-level project plan is presented at figure 5, outlining the project development and major milestones for developing a business case for a Northside Hospital.

The following outputs are expected to be delivered during the business case:

- appropriate site and ownership arrangements
- Concept Design and Master Plan
- Functional Brief
- Early Design
- Northside Hospital Clinical Services Plan
- community and engagement activities and communications plan
- arrangements for the management and operations of the new northside hospital.

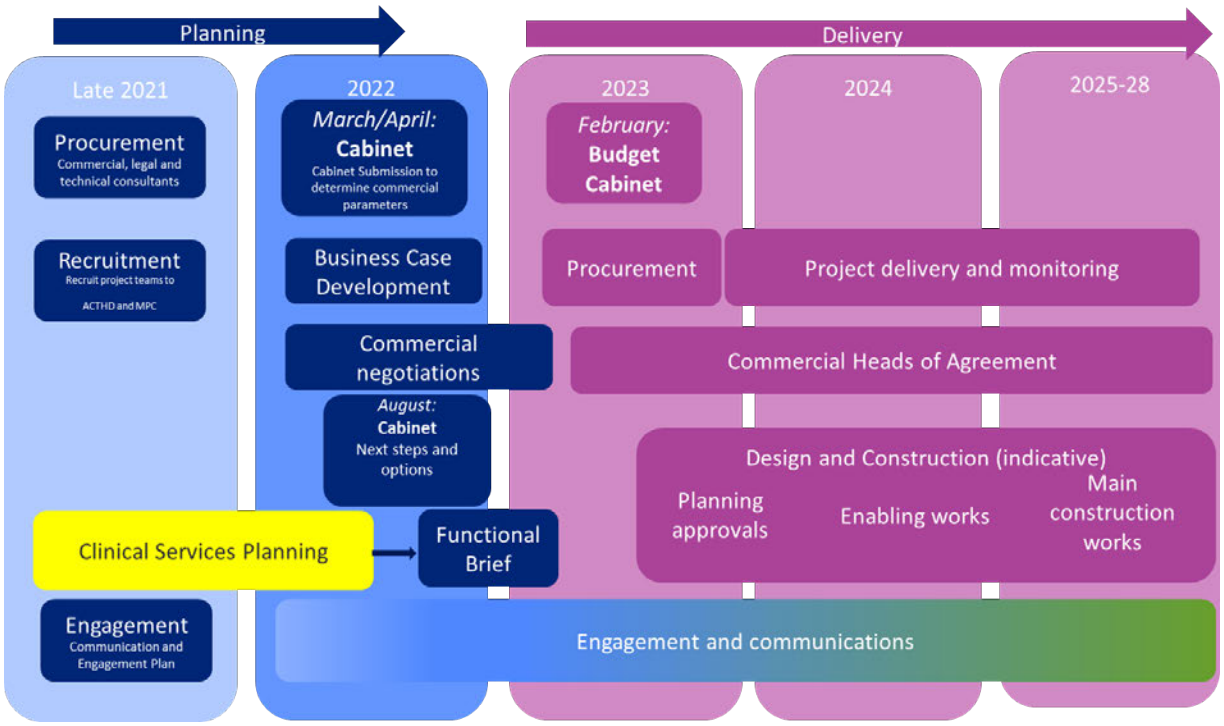



*Figure 5 High-level Project Plan*

## Communications and Stakeholder Engagement

A communication and engagement plan will be prepared to identify and connect with key peak bodies, community councils and marginalised communities (and their supporters) who will want to provide input into a Northside Hospital infrastructure and its services. This plan will be developed and aligned to other health infrastructure and service planning that the ACT Government is delivering.

## Financial Implications

The Northside Hospital will be a significant investment from the Territory to future proof the health system in the ACT. The funding provided in 2021-22 Budget is funding the current work. A full Business Case will be developed based on the suitable site option and presented to Cabinet for consideration as part of the 2023-24 Budget process.

## Risk Management

The project team will be managing the ongoing risks of the project with the Project Control Groups and the Executive Steering Committee for ongoing monitoring/mitigation. The project will identify risks and mitigation methods and document and report to the Project Lead and Sponsor (DG, ACTHD) throughout the project.

## Project Registers

- Committee Actions Register
- Risk Register
- Assumptions Register
- Decisions Register
- Documentation Register

- rates and agencies involved in the Project, and community stakeholders.

# 7. Appendices

- Appendix A –Glossary
- Appendix B – Committee Terms of References

# Appendix A –Glossary

| | |
|---|---|
| ACT Health | ACT Health Directorate |
| AusHFG | Australasian Health Facility Guidelines - AusHFG \| (healthfacilityguidelines.com.au) |
| Business Case | A business case records the justifications for starting a project. It describes the benefits, costs, impact and includes a calculation of the financial case. |
| CHS | Canberra Health Services |
| CMTEDD | Chief Minister, Treasury and Economic Development Directorate |
| CPHB | Calvary Public Hospital Bruce |
| EPSDD | Environment, Planning and Sustainable Development Directorate |
| ESC | Executive Steering Committee |
| FDB | Functional Design Brief |
| JACS | Justice and Community Safety Directorate |
| MOC | Model of Care |
| MPC | Major Projects Canberra |
| PCG | Project Control Group |
| TCCS | Transport Canberra and City Services Directorate |

# Appendix B – Committee Terms of References

ACKNOWLEDGMENT OF COUNTRY

ACT Health acknowledges the Traditional Custodians of the land, the Ngunnawal people. ACT Health respects their continuing culture and connections to the land and the unique contributions they make to the life of this area. ACT Health also acknowledges and welcomes Aboriginal and Torres Strait Islander peoples who are part of the community we serve.

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Communication Link

DRAFT

# Northside hospital project

## Communication and stakeholder engagement strategy

Version 1.2

December 2022

communicationlink.com.au

Ask.
Listen.
Understand.
Achieve.

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# 1. Introduction

## 1.1 Purpose of this plan

This communication and stakeholder engagement strategy (the strategy) will be used as a guide to engagement activity for the northside hospital project.

Throughout the duration of the project, engagement activity will inform development and decision making for the Northside Hospital allowing the community and stakeholders to have regular input into the development of the new hospital. This engagement strategy builds on feedback and lessons learned from previous consultations, such as the University of Canberra Hospital (UCH), Canberra Hospital Master Plan, Canberra Hospital Expansion Project, and Centenary Hospital for Women and Children Expansion Project.

This strategy draws on key information from *Accessible, Accountable, Sustainable*: *A Framework for the ACT Public Health System 2020*-2030 and the *ACT Health Services Plan 2022-2030*.

## 1.2 Background

The ACT Government's vision is for a person-centred health system that is innovative, effective, and sustainable. A healthcare system that puts patients and their families first and provides the right facilities to meet the future health needs of the growing ACT and surrounding region.

The 2021-22 ACT Budget provides $13.521 million over two years to continue planning and design of the new northside hospital. A business case in 2023 will determine future project direction and funding. The northside hospital project is complex and will be the largest health infrastructure project ever undertaken in the ACT. It is expected to service the community for the next 50-70 years and meet the future demand for public hospital services. Construction for the new hospital is expected to start mid-decade.

The new northside hospital is not an additional hospital for the ACT but is intended to replace the existing Calvary Public Hospital Bruce (CPHB). While the northside hospital project is underway, the ACT Government will continue to invest services and delivery of essential infrastructure upgrades at CPHB to ensure continued provision of safe and effective services for patients and staff.

# 2. Approach

## 2.1 Engagement objectives

The objectives of this strategy are to:

- enable accessible, grass-roots feedback from key stakeholders and the broader community to help inform the development of a new northside hospital
- regularly deliver activities that facilitate effective listening of key stakeholders and the community to ensure they feel heard by the ACT Government. This includes those with limited or no access to digital engagement, and identified priority population groups
- understand what is important to all stakeholders and the community in a new northside hospital
- collect meaningful and regular feedback to inform planning and development for the northside hospital project.

## 2.2 Engagement approach

The ACT Government will seek regular feedback from key stakeholders and the community to inform key project deliverables for the new hospital.

The engagement approach is framed around ACTHD's strategic vision[1] for 'person-centred services; safe and effective care' and the corresponding strategic goals of 'Access, Accountability and Sustainability' to inform how consultation is designed. In addition to the community, consultation will target priority population groups and other primary stakeholders in the ACT and surrounding regions.

The engagement approach will not draw comparison between CHS and CPHB and will avoid any perception of minimising or criticising the current delivery of services at CPHB. Moreover, the strategy seeks to identify opportunities for CPHB, CHS and ACTHD marketing and communications team to partner and be involved in the engagement process, seeking mutually beneficial understanding of community needs and desires.

All engagement outcomes will be summarised in a published listening report. A detailed consultation report providing evaluation and analysis of all feedback received will also be produced.

A range of communication activities will be undertaken to support consultation and ensure that the community and all relevant stakeholders are informed about the process, timeframes and how to provide feedback. Media opportunities will be leveraged to promote the northside hospital project consultation process. These activities are detailed at Section 4.

Suitable engagement tools will be leveraged to enable genuine and meaningful consultation with stakeholders and the community during key project milestones. Engagement activities will be widely promoted to maximise community and stakeholder participation; a variety of communication tools will be used to best target stakeholder groups and the community.

It will be essential that all feedback is recorded accurately, collated, and analysed to create useful information to report back to the community and inform decision making for the northside hospital project.

[1] *Accessible, Accountable, Sustainable: A Framework for the ACT Public Health System 2020-2030*



## 2.3 Engagement principles

This engagement strategy has been developed to encourage community and stakeholder input that can be used throughout the development of the northside hospital project. It has been prepared in the context of the high level of community interest in projects associated with ACTHD infrastructure and adopts the principles outlined in Table 1. It also considers the ACTHD values of Respect, Integrity, Collaboration, and Innovation, which are reflected through the approach and principles.

Table 1. **Engagement principles**

| Principle | Implementation | Outcome |
|---|---|---|
| Two-way | Listen to the stakeholders and community as well as provide information. Use effective facilitation and listening activities to ensure meaningful feedback is received from stakeholders and community. | Better understanding of stakeholder and community views and ideas making it easier to reflect and respond to feedback in designing the new northside hospital. |
| Genuine | Ensure development of the new northside hospital takes into consideration the feedback received. | Community and stakeholders will have greater support development of the new northside hospital and other ACTHD initiatives if they can see where their feedback has been reflected. |
| Clear and accurate information | Non-technical, simple language. Use of maps, diagrams and pictures to increase clarity. Work closely with subject matter experts to ensure accuracy. Include timeframe clarity. | Increases stakeholder and community engagement. Builds trust in the outputs. Minimises potential for confusion or rumour/misinformation. |
| Accessible and inclusive | Digitally and physically accessible. Weekend and evening engagements as required. Meeting the stakeholders and representative groups when it suits them.<br>Ensuring information reaches those with limited or no digital access. | Fosters increased participation. Supports the broad delivery of information and strengthens understanding by all stakeholders. |
| Sustainable | Use engagement as a tool to inform key project milestones. Provide opportunities to acknowledge input and how it has been used. Be consistent and regular in delivery. | Facilitates delivery of final project outcomes and contributes to activities that are more reflective of the values of the broader community. |
| Build ownership | Create a sense of ownership among stakeholders and the community as long-term partners in the development of a new northside hospital. | A long-term partnership that lasts beyond the northside hospital project and helps to shape the future of the ACTHD infrastructure system. |

## 2.4 Engagement themes

The following key statements will be used in support of the engagement approach, reflecting the strategic goals of Access, Accountability and Sustainability.



The new northside hospital delivers person-centred services, and safe and effective care. All patients get the right service, at the right time, in the right place, and by the right team. (Access)



The new northside hospital operates with a robust and transparent decision-making system, high performing workforce and strong quality and performance measures. (Accountability)



The new northside hospital is part of a sustainable health system that embraces an innovative and modern approach to health care technology, research and environmental sustainability. (Sustainability)

These key statements will be used to inform engagement and consultation activities and the development of supporting content to assist participants to provide feedback. All content will be accessible, engaging, and easy to understand. Table 2 provides some overarching consultation questions and topics which will be used for detailed content development.

Structuring consultation in this way will assist in gathering and grouping well rounded feedback, ensuring consideration is given to the views of key stakeholders and the community, and that consultation reporting broadly aligns with the strategic aims of the ACTHD.

Table 2. Guiding statements, consultation questions and potential areas of interest

| Strategic Goal | Guiding statement | Overarching consultation questions | Topics |
|---|---|---|---|
| Access  | All patients get the right service, at the right time, in the right place, and by the right team. | What do you need from a new hospital? This could relate to:<br>• Infrastructure design, look and feel<br>• Room or hospital equipment or amenities<br>• Parking<br>• Services<br>• Inclusivity and accessibility (including location)<br>• Experience<br>• Hospital operator<br>• The clinical care you receive<br>• How you are treated<br>• What your basic care is like, including food, personal care and hygiene, and any cultural or pastoral care. | • Clinical services<br>• Culturally safe<br>• Priority population groups<br>• Integrated health care<br>• Infrastructure – design and planning<br>• Visitor, patient, and staff amenities<br>• Disability access<br>• Car parking and transport access<br>• Look/feel/amenity of new facility<br>• Relationship to other strategic areas such as ACT health service planning<br>• Current service offerings<br>• Partnerships – CHS, UCH, NSW Health |
| Accountability  | The new northside hospital operates with a robust and transparent decision-making system, high performing workforce and strong quality and performance measures. | What does a hospital need to assure you of its quality and safety? | • Workforce<br>• Service quality<br>• Professional standards<br>• Wait times<br>• Public safety |
| Sustainability  | The new northside hospital is part of a sustainable health system that embraces an innovative and modern approach to health care technology, research and environmental sustainability. | What does a hospital need to be a ‘facility of the future’?<br>• You might think about its role in the community, advances in technology and medical fields, and changes in the environment. | • Innovation and research<br>• Technology<br>• Environmental sustainability<br>• Green spaces |



## 2.5 Key messages

Table 3 outlines the key overarching messages for engagement activities. Noting that tailored messaging will be developed in line with project deliverables and milestones.

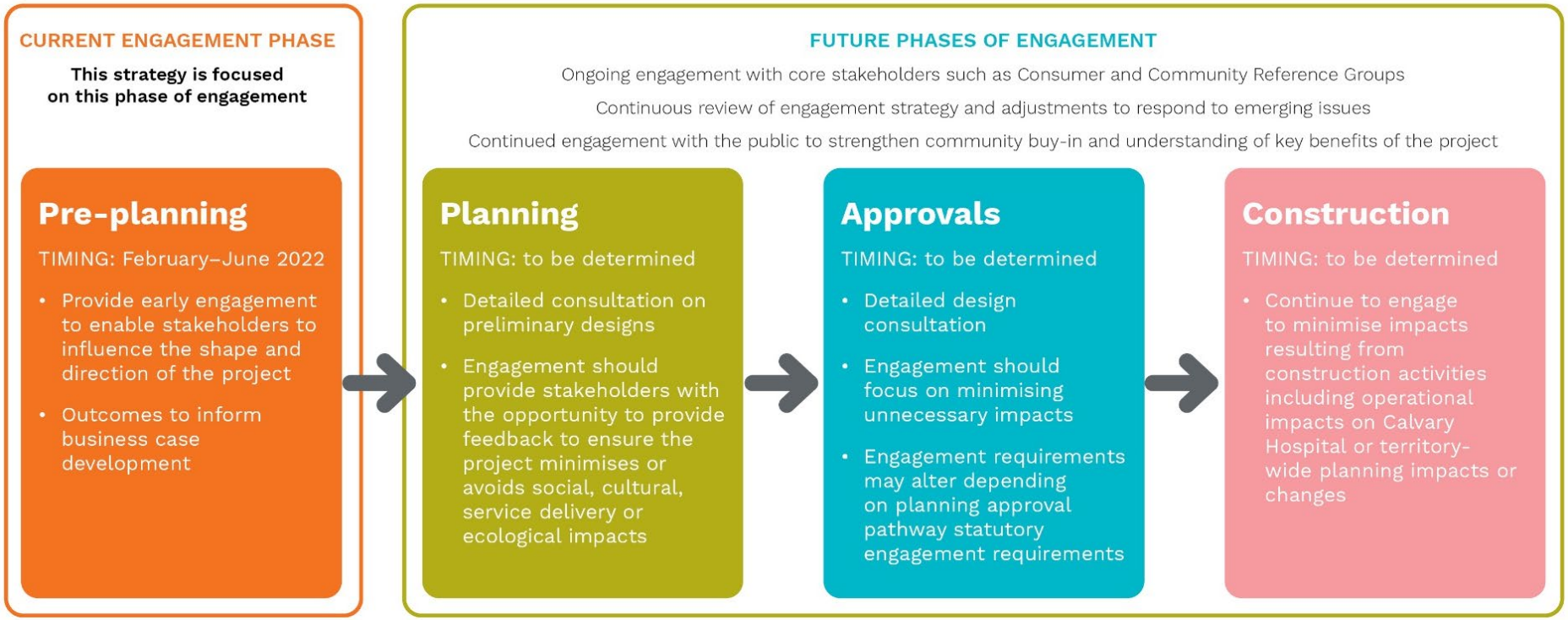
Table 3. Key messages

| |
|---|
| The ACT Government is committed to delivering a **new hospital in the north of Canberra** to meet the future health needs of the ACT and surrounding region. |
| We need a new hospital in the north of the ACT to meet growing and future demand for public hospital services driven by population growth and an increasingly ageing population. |
| The northside hospital project is complex and will be the largest health infrastructure project ever undertaken in the ACT. It is expected to service the community for the next 50-70 years with the aim to start construction by mid-decade. |
| The new northside hospital is not an additional hospital for the ACT but is intended to replace CPHB. While the northside hospital project is underway, the ACT Government will continue to invest services and delivery of essential infrastructure upgrades at CPHB to ensure continued provision of safe and effective services for patients and staff. |
| Previous conversations with the community on ACTHD infrastructure projects such as The Canberra Hospital Master Plan will also inform this consultation. Members of the public are welcome to provide additional feedback if they have participated in consultation on another related project. |

## 2.6 Engagement timeframes

Consultation will occur with key stakeholders and the community, in line with key project milestones.

Figure 1 provides a preliminary overview of the expected engagement phases for the northside hospital project. Whilst the detail within each phase will be subject to change, a commitment to ongoing, genuine community engagement must continue throughout.



# 3. Stakeholders

A stakeholder is defined as someone who is interested in, can influence, or will be impacted by the development of the new northside hospital. Good stakeholder engagement recognises that the community and key stakeholders will have different experiences and perspectives of the ACTHD system and be at different stages of familiarity, understanding and have different reasons for being engaged.

This strategy will ensure the community and key stakeholders achieve a level of engagement in the process that reflects their expectations and aspirations; from aware through to informed, through to engaged and involved.

Table 4 identifies the stakeholder groups for this project and the engagement approach to be undertaken for each group. A working list of identified stakeholder groups is included in Appendix A. Engagement activities will vary between the different stakeholder groups providing each group a range of opportunities to contribute. These activities are detailed further at Sections 4 and 5 of this strategy.

The engagement approach for each stakeholder can be defined as follows:

- Work together – partnerships will be established with these groups for the duration of the engagement program to guide and influence the consultation process.
- Involve – groups and individuals who will be impacted by new northside hospital and will directly approached for feedback.
- Consult – these groups and individuals will be targeted for expert advice or to learn from their experiences.
- Keep informed – groups and individuals will be informed of consultation opportunities though broader communication channels.

Table 4. Engagement approach for each stakeholder group

| Engagement approach | Stakeholders |
|---|---|
| Work together | ACTHD<br>CHS<br>Northside hospital project team |
| Involve | CHS<br>CPHB staff, volunteers and campus tenants<br>Aboriginal & Torres Strait Islander Liaison<br>ACTHD<br>Capital Health Network<br>Health Care Consumers' Association<br>Winnunga Nimmityjah Aboriginal Health and Community Services |
| Consult | Community Councils<br>United Ngunnawal Elders Council<br>ACT Aboriginal and Torres Strait Islander Elected Body<br>NGO's funded by ACTHD to deliver health services<br>Health peak bodies<br>Regional NSW health providers and services<br>Unions<br>Womens Centre for Health Matters |

| | |
|---|---|
| | Joint Advisory Council Chairs<br>– ACT Mental Health Advisory Council<br>– Aboriginal and Torres Strait Islander Elected Body<br>– ACT Disability Reference Group<br>– Domestic Violence Prevention Council<br>– LGBTIQ+ Ministerial Advisory Council<br>– Minister's Creative Council<br>– Ministerial Advisory Council for Veteran's and their Families<br>– Ministerial Advisory Council on Ageing<br>– Ministerial Advisory Council on Women<br>– Multicultural Advisory Council<br>– Youth Advisory Council<br>Priority population groups<br>– Aboriginal and Torres Strait Islander peoples<br>– People with disability<br>– Children and young people<br>– Culturally and linguistically diverse peoples<br>– LGBTIQ+ community<br>– Older people<br>– Families with complex needs<br>– People with chronic conditions including mental illness<br>– Carers |
| Keep informed | ACT Community<br>Other ACT Government Directorates |

# 4. Promotion and communication

Providing stakeholders with a range of different channels to hear about and provide feedback to a consultation process greatly increases the effectiveness of that consultation.

Due to the broad range of stakeholders under this strategy, promotional tools to be used are varied ranging from direct approach methods through to broader promotional activities such as social media. An indicative list of channels are outlined in Table 5.

Consideration is also given to those in the community who may have limited or no digital access, including the elderly people and those who may be vulnerable or disadvantaged.

Successful consultation will, in part, be reliant on successful promotion of the opportunity to engage. This will need to ensure stakeholders and the community are well informed about consultation and engagement activities. It is recommended that a social media schedule, messaging and products are developed to support distribution of messaging through ACT Government and ACTHD social media channels. For some ACT Government channels, this may require longer lead-times be prepared for in the implementation of this strategy.

Table 5. Promotion methods and channels

| Channel/method | Collateral required | Timeframe |
|---|---|---|
| Website | YourSay website:<br>• Program overview<br>• Feedback channels<br>• Questions and answers<br>• engagement events calendar<br><br>ACTHD website. | The page will be available online throughout the engagement period and updated with information throughout the consultation program. Consultation program outcomes and next steps will be included at the conclusion of the consultation period. |
| Intranet content | Content inviting staff to contribute to engagement activities will be placed on CHS, and ACTHD intranets and in all-staff emails (where appropriate). Information will also be supplied to CPHB for consideration | Ongoing – in-line with consultation timeframes. |
| Social media | Promotion of consultation activities through ACTHD and ACT Government accounts. | Ongoing – in-line with consultation timeframes. |
| Other ACT Government channels | Leverage ACT Government channels including whole-of-government desktop advertising, whole-of-government publications notice and Access Canberra advertising screen. | Ongoing – in-line with consultation timeframes. |

| Channel/method | Collateral required | Timeframe |
|---|---|---|
| Internal newsletter/ noticeboards/assemblies | Where possible, promotion of consultation activities to interested health services staff, including CHS, CPHB and NSW Health, through internal newsletters, digital noticeboards, and other internal promotional channels. | Ongoing – in-line with consultation timeframes. |
| Presentation to community councils | A presentation outlining the project status and consultation program encouraging members to get involved and to distribute within their community. | Ongoing – in-line with consultation timeframes and planned meetings. |
| Emails to representative groups and peak bodies | Targeted content email/EDM (emails) inviting groups to participate in engagement activites. This includes those representing priority population groups. | Ongoing – in-line with consultation timeframes. |
| Media engagement | Targeted content to local news outlets.<br>Media events involving the Minister.<br>Minister talkback/feedback opportunities on local radio. | Ongoing – in-line with consultation timeframes. and as relevant. |
| Ministerial opportunities | Media releases.<br>Participation by Minister in engagement activities as available | Ongoing – in-line with consultation timeframes. |

# 5. Engagement tools and events

Table 6 details the indicative engagement tools and events that may be used to achieve the objectives outlined in Section 2.1. Additional tools may be used in-line with engagement best practice methods.

Table 6. Engagement tools and events

| Engagement type (Tool/event) | Item/activity | Description | Use |
|---|---|---|---|
| Tool | ACT Government YourSay platform | YourSay is the online platform available to anyone in the ACT and surrounding regions to provide input to the northside hospital project. It offers a range of tools and functions to capture feedback. | The YourSay page will focus on gathering views on the new northside hospital. Various feedback tools will be used through this project. |
| Tool | Ideas board | Pinboards can be used at in-person engagement events and visually represent community and stakeholder feedback. | Primary use will be at in-person events. |
| Tool | Factsheet | A summary factsheet that can be used to provide an overview of the consultation program, project objectives and feedback avenues. | Website<br>Printed copies for in-person events. |
| Tool | Project presentation | A PowerPoint presentation showing an overview of the project, objectives, and consultation activities. | For in-person and online events |
| Tool | Planning timeline graphic | An image showing an overview of the project stages and opportunities for community input | Website<br>In-person events |
| Tool | Content | Text based on key messages that can be adapted for various targeted stakeholder groups. Includes desktop/advertising graphic and social media tiles. | All channels |

| | | | |
|---|---|---|---|
| Tool | **Video** | A short video explaining the new northside hospital project and what the community can expect during consultation. | Website and social media channels. |
| Event | **Community drop-in sessions** | A community drop-in session consultation event provides an opportunity for people to hear about the project and give their immediate feedback. This method often enables engagement with parties who may not normally engage.<br>These events will be promoted via YourSay and other channels and will be in areas that will maximise and enable participation by passers-by as well. They may include utilisation of the ideas board and all feedback will be recorded. | Community drop-in sessions may take place at varied times and locations to increase the potential of attracting a wide range of community representatives and stakeholders. This will include at hospitals and health care facilities.<br>A virtual engagement room can also be created to increase access. |
| Event | **One-on-one key stakeholder briefings and feedback sessions** | These briefings and feedback sessions are designed to provide key stakeholders and priority population groups with an opportunity to provide detailed feedback. | One-to-one meetings will be sought at times suitable for stakeholders. |
| Event | **Community Council meetings** | Presentations to Community Councils will provide an opportunity to promote consultation activities and seek feedback from attendees. | Presentations will be offered to each Community Council. |
| Event | **Union briefing – Directorate Consultative Committee (DCC)** | Presentation to Unions via the DCC, by ACTHD Senior Executive to provide an overview of the project, consultation, and opportunity for feedback. | Presentations in-line with project timeframes and DCC meeting schedule. |
| Event | **Workshops and meetings with CPHB and ACTHD staff** | Meetings with senior staff members to promote consultation and gather feedback | Timing to be developed. |
| Event | **Forums for CPHB staff** | Regular forums to provide updates and opportunities for feedback. | Timing to be developed. |

Table 7. Communication channels and engagement activities as they apply to stakeholders

| | Promotional channels | | | | | | | | | Engagement tools and activities | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | CHS, CPHB and ACTHD intranet | Social media | Hospital newsletter/ noticeboards | Community Council promotion | Other ACT Government channels/ EDMs | Emails to representative groups and peak bodies | Media | Ministerial opportunities | Project presentation | Factsheets | Planning timeline graphic | Video | Community and online drop-in sessions | Key stakeholder briefings and feedback sessions | Workshops | ACT Government YourSay platform (including Visioner board) | Virtual engagement room | Community Council presentations |
| Broader ACT community | | ✔ | ✔ | ✔ | ✔ | | ✔ | ✔ | | ✔ | ✔ | ✔ | ✔ | | | ✔ | ✔ | ✔ |
| Community Councils | | ✔ | | ✔ | ✔ | | ✔ | | ✔ | ✔ | ✔ | ✔ | ✔ | | | ✔ | ✔ | ✔ |
| NGO stakeholders and priority population groups | | ✔ | ✔ | | ✔ | ✔ | ✔ | | ✔ | ✔ | ✔ | ✔ | | ✔ | ✔ | ✔ | ✔ | |
| Regional NSW health providers | | ✔ | ✔ | | ✔ | ✔ | ✔ | | ✔ | ✔ | ✔ | ✔ | ✔ | ✔ | ✔ | ✔ | ✔ | |
| Government agencies, ACTHD, CHS, CPHB staff | ✔ | ✔ | ✔ | | ✔ | | ✔ | | ✔ | ✔ | ✔ | ✔ | ✔ | ✔ | ✔ | ✔ | ✔ | |
| Unions | ✔ | ✔ | ✔ | | | | ✔ | | ✔ | ✔ | ✔ | ✔ | | ✔ | | ✔ | ✔ | |

# 6. Issues and risks

The key community, communication and engagement issues and risks for the project, including preliminary mitigation measures are listed in Table 8.

Table 8. Key issues and risks

| Key Risk | Mitigation Measure |
|---|---|
| A lack of community and stakeholder support may jeopardise the project progress | • Prepare a community engagement plan that encourages broad community input<br>• Present a strong narrative that previous engagement and consultation has been taken into consideration |
| As key users, CPHB staff, campus staff and general community does not engage with the project and therefore does not contribute to the design | • Provide accessible engagement options for members of the community<br>• Provide numerous community-based engagement activities<br>• Engagement with key groups and associations who have membership bases<br>• Activate networks through existing peak bodies and consultation groups |
| Engagement fatigue | • Present a strong narrative that previous engagement and consultation has been taken into consideration<br>• Make engagement easy and attractive to participate in |
| Face-to-face consultation is halted due to COVID-19 cases. | • Online alternatives will be planned<br>• |
| Consultation is used to publicly discuss sensitivities around CPHB or potential sites. Sites or operator become the key focus. | • Ensure key messaging clearly excludes commercial and site issues from the consultation.<br>• Ensure Ministerial media release is issued at the start of the consultation process to promote clear messaging.<br>• Ensure web content is updated in advance of the consultation commencing. |
| Public disappointment at the new northside hospital replacing CPHB rather than being an additional public hospital. | • Ensure messaging clearly articulates the purpose of the northside hospital, increased bed numbers, reduced wait times etc.<br>• Elevate messaging that explains the new northside hospital will be the largest health infrastructure undertaken by the ACT Government. |
| Priority population groups are not adequate consulted during this process. | • Ensure relevant peak bodies and organisations are identified for targeted consultation.<br>• Ensure the information is distributed through relevant channels to ensure individuals are also captured.<br>• Ask people to identify if they are part of a priority population group to capture data on consultation numbers. |

# 7. Evaluation and reporting

## 7.1 Project evaluation

Evaluation objectives have been produced to measure the effectiveness of this strategy and are outlined in Table 9.

Table 9. Project evaluation

| Evaluation objective | Measurement tool | Evaluation outcome |
|---|---|---|
| Principles – All materials produced align to the project engagement principles. | • Project collateral<br>• Stakeholder feedback | All materials produced are consistent with the engagement principles and ensure stakeholder understanding and engagement. |
| Effectiveness – Engagement events are effective and useful. | • Exit surveys of participants<br>• Stakeholder feedback | Engagement events are planned and structured to produce the greatest opportunity for engagement and the ability to give feedback. |
| Engaging - All stakeholders receive identified engagement tools. | • Distribution lists<br>• Stakeholder database<br>• Number of letters sent<br>• Consultation report | Effective administration and process management ensures that all stakeholders identified receive materials relating to the project and understand feedback channels available to them. |
| Listening - All identified feedback is captured as consultation. | • Listening reports<br>• Internal engagement with project team | Through the effective facilitation of a Listening Workshop, project team members will be supported to ensure that all feedback received is considered and responded to. |
| Accessibility - No complaints received about being unable to access information. | • Correspondence received<br>• Consultation report | Proactive and early engagement ensure stakeholders have access to information relating to the project through a variety of channels and can give their feedback. |

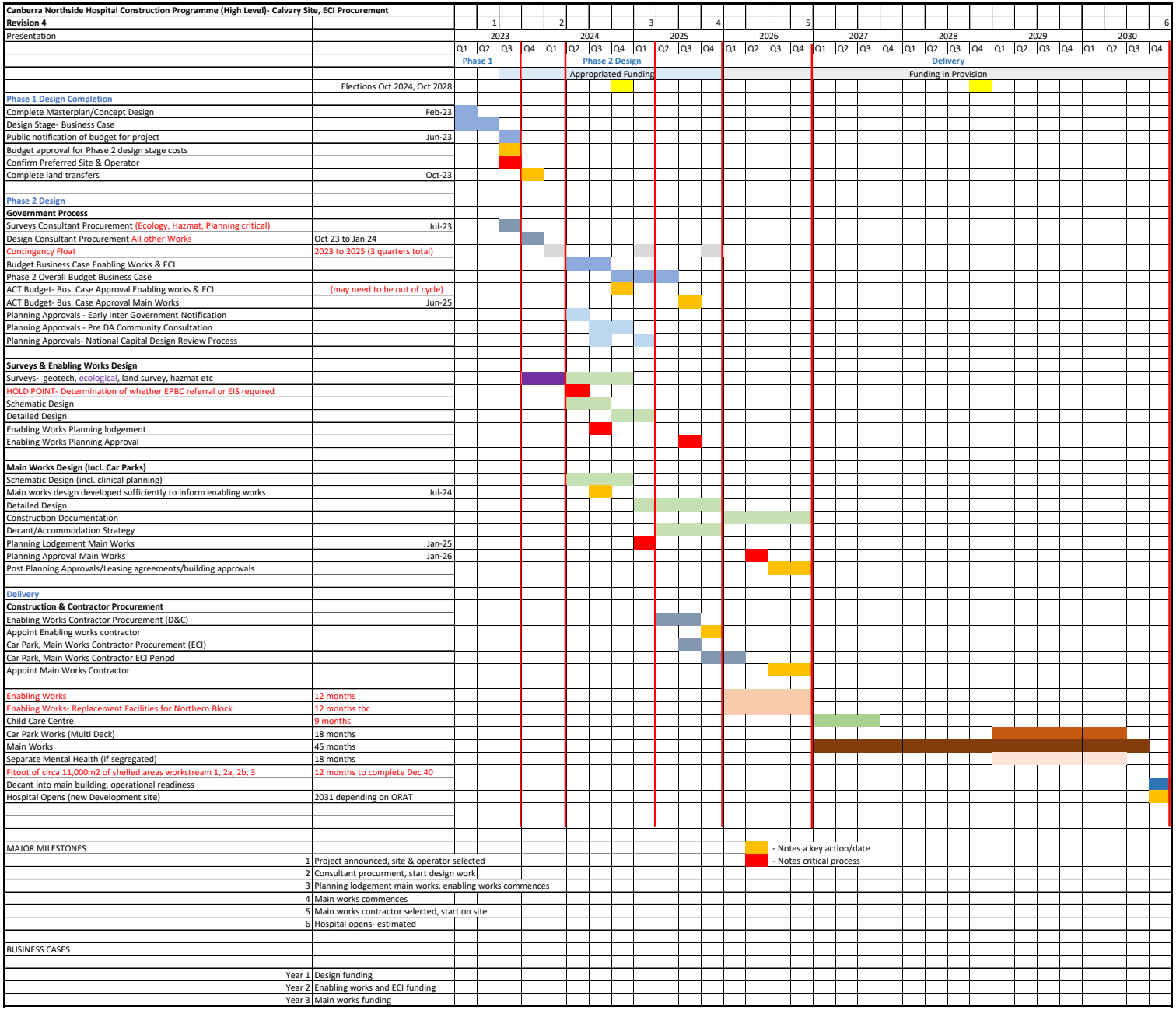
## 7.2 Project reporting and managing data

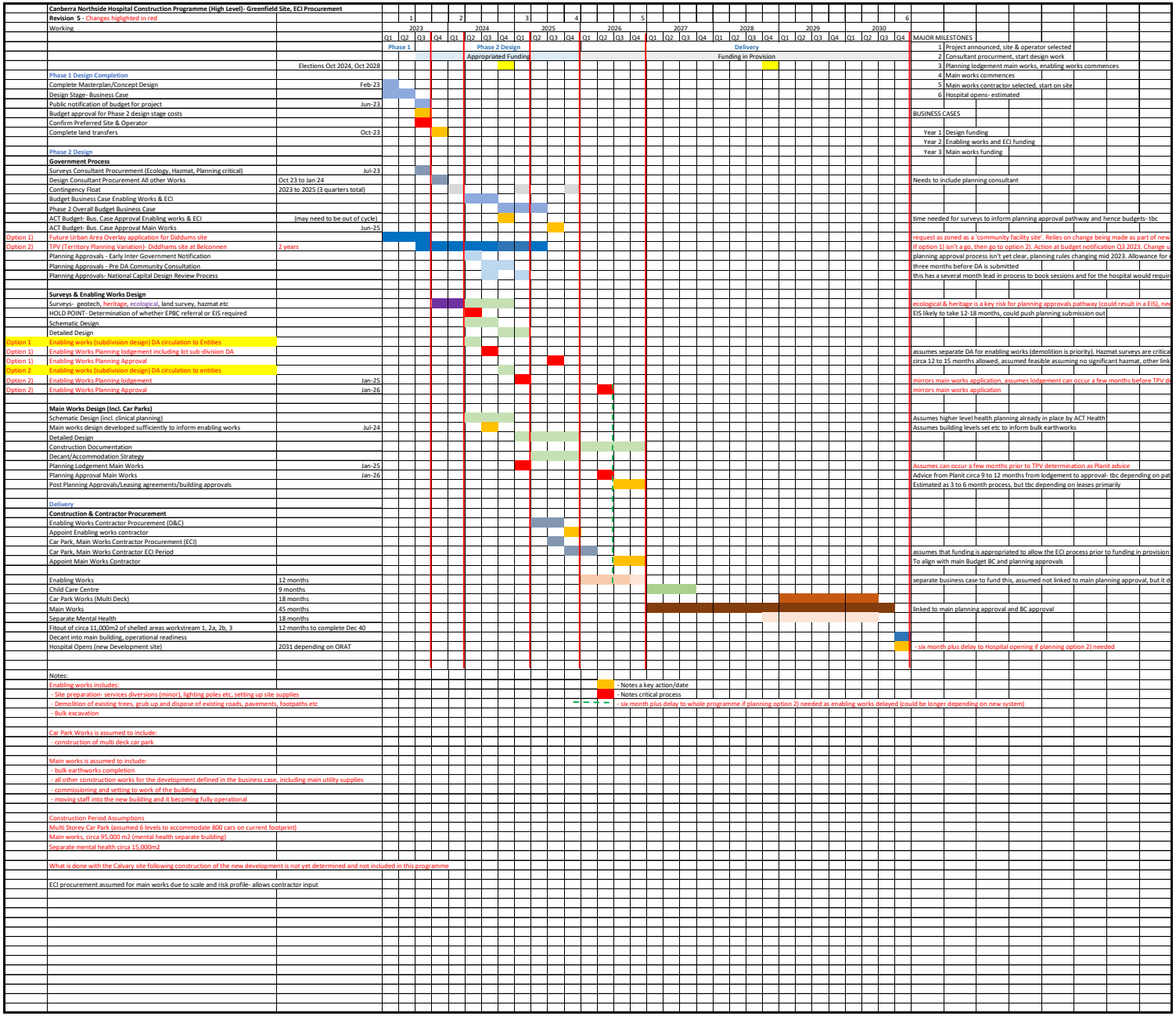
The management of data and accurate, fulsome reporting will be key to ensuring community and stakeholder feedback inform the next steps of project development and delivery.

To support clear and effective understanding of feedback the following reporting will be produced:

- Listening reports (individual) – these will be developed after each engagement activity to provide a summary of the activity outputs and 'close the loop' with participants.
- Listening report (overall) – at the conclusion of each consultation period a summary listening report will be produced and made available to all consultation participants and the public.
- Consultation report – at the conclusion of each consultation period, a detailed consultation report will be produced that provides a detailed analysis of all consultation participation and outcomes.

# Appendix A - stakeholder list


Canberra Northside Hospital Construction Programme (High Level)- Calvary Site, ECI Procurement
Revision 4
Presentation
1
2
3
4
5
6
2023
2024
2025
2026
2027
2028
2029
2030
Q1 Q2 Q3 Q4
Phase 1
Phase 2 Design
Delivery
Appropriated Funding
Funding in Provision
Elections Oct 2024, Oct 2028
Phase 1 Design Completion
Complete Masterplan/Concept Design Feb-23
Design Stage- Business Case
Public notification of budget for project Jun-23
Budget approval for Phase 2 design stage costs
Confirm Preferred Site & Operator
Complete land transfers Oct-23
Phase 2 Design
Government Process
Surveys Consultant Procurement (Ecology, Hazmat, Planning critical) Jul-23
Design Consultant Procurement All other Works Oct 23 to Jan 24
Contingency Float 2023 to 2025 (3 quarters total)
Budget Business Case Enabling Works & ECI
Phase 2 Overall Budget Business Case
ACT Budget- Bus. Case Approval Enabling works & ECI (may need to be out of cycle)
ACT Budget- Bus. Case Approval Main Works Jun-25
Planning Approvals - Early Inter Government Notification
Planning Approvals - Pre DA Community Consultation
Planning Approvals- National Capital Design Review Process
Surveys & Enabling Works Design
Surveys- geotech, ecological, land survey, hazmat etc
HOLD POINT- Determination of whether EPBC referral or EIS required
Schematic Design
Detailed Design
Enabling Works Planning lodgement
Enabling Works Planning Approval
Main Works Design (Incl. Car Parks)
Schematic Design (incl. clinical planning)
Main works design developed sufficiently to inform enabling works Jul-24
Detailed Design
Construction Documentation
Decant/Accommodation Strategy
Planning Lodgement Main Works Jan-25
Planning Approval Main Works Jan-26
Post Planning Approvals/Leasing agreements/building approvals
Delivery
Construction & Contractor Procurement
Enabling Works Contractor Procurement (D&C)
Appoint Enabling works contractor
Car Park, Main Works Contractor Procurement (ECI)
Car Park, Main Works Contractor ECI Period
Appoint Main Works Contractor
Enabling Works 12 months
Enabling Works- Replacement Facilities for Northern Block 12 months tbc
Child Care Centre 9 months
Car Park Works (Multi Deck) 18 months
Main Works 45 months
Separate Mental Health (if segregated) 18 months
Fitout of circa 11,000m2 of shelled areas workstream 1, 2a, 2b, 3 12 months to complete Dec 40
Decant into main building, operational readiness
Hospital Opens (new Development site) 2031 depending on ORAT
MAJOR MILESTONES
- Notes a key action/date
- Notes critical process
1 Project announced, site & operator selected
2 Consultant procurment, start design work
3 Planning lodgement main works, enabling works commences
4 Main works commences
5 Main works contractor selected, start on site
6 Hospital opens- estimated
BUSINESS CASES
Year 1 Design funding
Year 2 Enabling works and ECI funding
Year 3 Main works funding


Canberra Northside Hospital Construction Programme (High Level)- Greenfield Site, ECI Procurement
Revision 5 - Changes higlighted in red
Working
Phase 1
Phase 2 Design
Appropriated Funding
Delivery
Funding in Provision
Elections Oct 2024, Oct 2028
Phase 1 Design Completion
Complete Masterplan/Concept Design Feb-23
Design Stage- Business Case
Public notification of budget for project Jun-23
Budget approval for Phase 2 design stage costs
Confirm Preferred Site & Operator
Complete land transfers Oct-23
Phase 2 Design
Government Process
Surveys Consultant Procurement (Ecology, Hazmat, Planning critical) Jul-23
Design Consultant Procurement All other Works Oct 23 to Jan 24
Contingency Float 2023 to 2025 (3 quarters total)
Budget Business Case Enabling Works & ECI
Phase 2 Overall Budget Business Case
ACT Budget- Bus. Case Approval Enabling works & ECI (may need to be out of cycle)
ACT Budget- Bus. Case Approval Main Works Jun-25
Option 1) Future Urban Area Overlay application for Diddums site
Option 2) TPV (Territory Planning Variation)- Diddhams site at Belconnen 2 years
Planning Approvals - Early Inter Government Notification
Planning Approvals - Pre DA Community Consultation
Planning Approvals- National Capital Design Review Process
Surveys & Enabling Works Design
Surveys- geotech, heritage, ecological, land survey, hazmat etc
HOLD POINT- Determination of whether EPBC referral or EIS required
Schematic Design
Detailed Design
Option 1 Enabling works (subdivision design) DA circulation to Entities
Option 1) Enabling Works Planning lodgement including lot sub-division DA
Option 1) Enabling Works Planning Approval
Option 2 Enabling works (subdivision design) DA circulation to entities
Option 2) Enabling Works Planning lodgement Jan-25
Option 2) Enabling Works Planning Approval Jan-26
Main Works Design (Incl. Car Parks)
Schematic Design (incl. clinical planning)
Main works design developed sufficiently to inform enabling works Jul-24
Detailed Design
Construction Documentation
Decant/Accommodation Strategy
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Main Works 45 months
Separate Mental Health 18 months
Fitout of circa 11,000m2 of shelled areas workstream 1, 2a, 2b, 3 12 months to complete Dec 40
Decant into main building, operational readiness
Hospital Opens (new Development site) 2031 depending on ORAT
Notes:
Enabling works includes:
- Site preparation- services diversions (minor), lighting poles etc, setting up site supplies
- Demolition of existing trees, grub up and dispose of existing roads, pavements, footpaths etc
- Bulk excavation
Car Park Works is assumed to include:
- construction of multi deck car park
Main works is assumed to include:
- bulk earthworks completion
- all other construction works for the development defined in the business case, including main utility supplies
- commissioning and setting to work of the building
- moving staff into the new building and it becoming fully operational
Construction Period Assumptions
Multi Storey Car Park (assumed 6 levels to accommodate 800 cars on current footprint)
Main works, circa 95,000 m2 (mental health separate building)
Separate mental health circa 15,000m2
What is done with the Calvary site following construction of the new development is not yet determined and not included in this programme
ECI procurement assumed for main works due to scale and risk profile- allows contractor input
- Notes a key action/date
- Notes critical process
- six month plus delay to whole programme if planning option 2) needed as enabling works delayed (could be longer depending on new system)
MAJOR MILESTONES
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6 Hospital opens- estimated
BUSINESS CASES
Year 1 Design funding
Year 2 Enabling works and ECI funding
Year 3 Main works funding
Needs to include planning consultant
time needed for surveys to inform planning approval pathway and hence budgets- tbc
request as zoned as a 'community facility site'. Relies on change being made as part of new
if option 1) isn't a go, then go to option 2). Action at budget notification Q3 2023. Change u
planning approval process isn't yet clear, planning rules changing mid 2023. Allowance for
three months before DA is submitted
this has a several month lead in process to book sessions and for the hospital would requir
ecological & heritage is a key risk for planning approvals pathway (could result in a EIS), nee
EIS likely to take 12-18 months, could push planning submission out
assumes separate DA for enabling works (demolition is priority). Hazmat surveys are critica
circa 12 to 15 months allowed, assumed feasible assuming no significant hazmat, other link
mirrors main works application, assumes lodgement can occur a few months before TPV d
mirrors main works application
Assumes higher level health planning already in place by ACT Health
Assumes building levels set etc to inform bulk earthworks
Assumes can occur a few months prior to TPV determination as Planit advice
Advice from Planit circa 9 to 12 months from lodgement to approval- tbc depending on pat
Estimated as 3 to 6 month process, but tbc depending on leases primarily
assumes that funding is appropriated to allow the ECI process prior to funding in provision
To align with main Budget BC and planning approvals
separate business case to fund this, assumed not linked to main planning approval, but it d
linked to main planning approval and BC approval
- six month plus delay to Hospital opening if planning option 2) needed