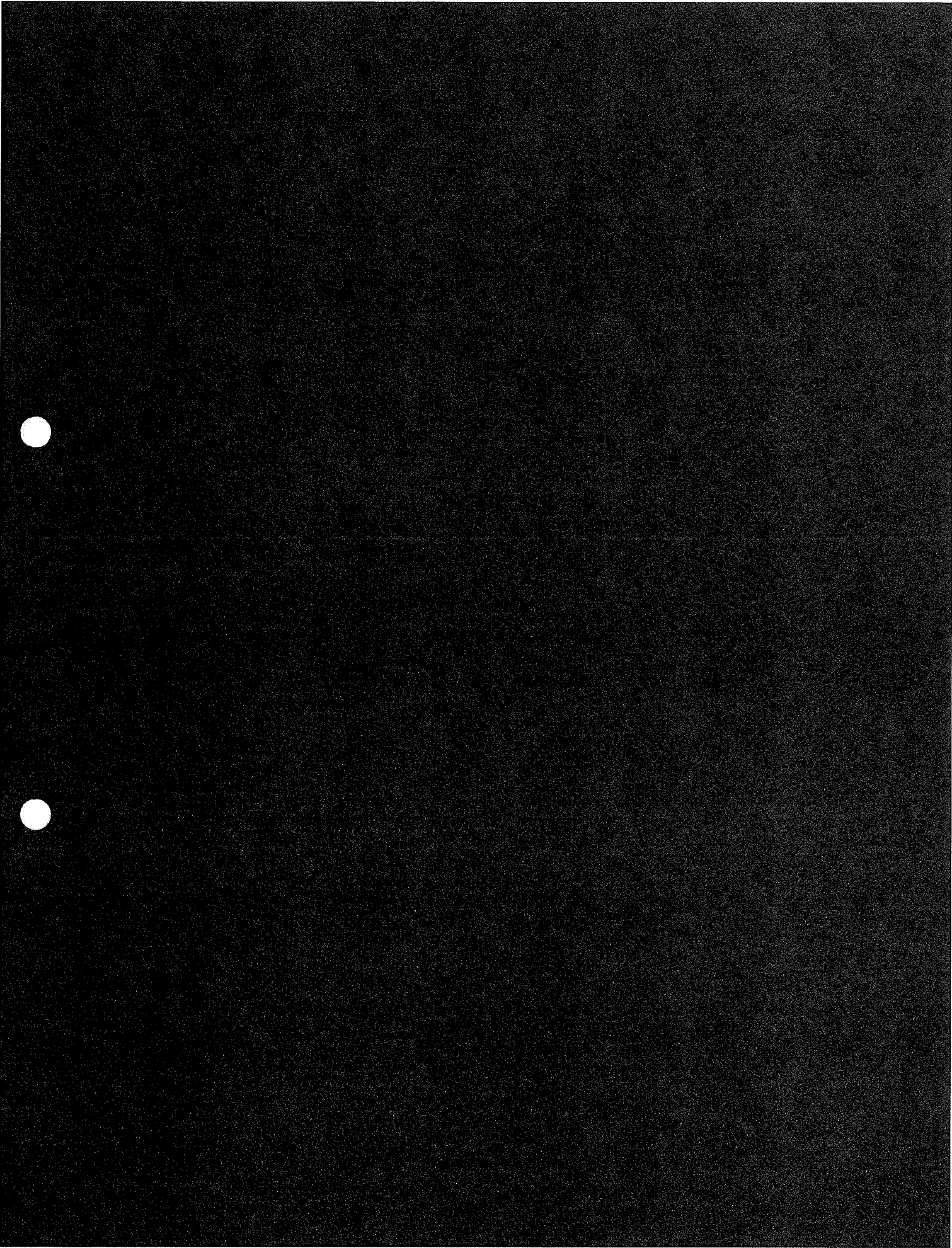
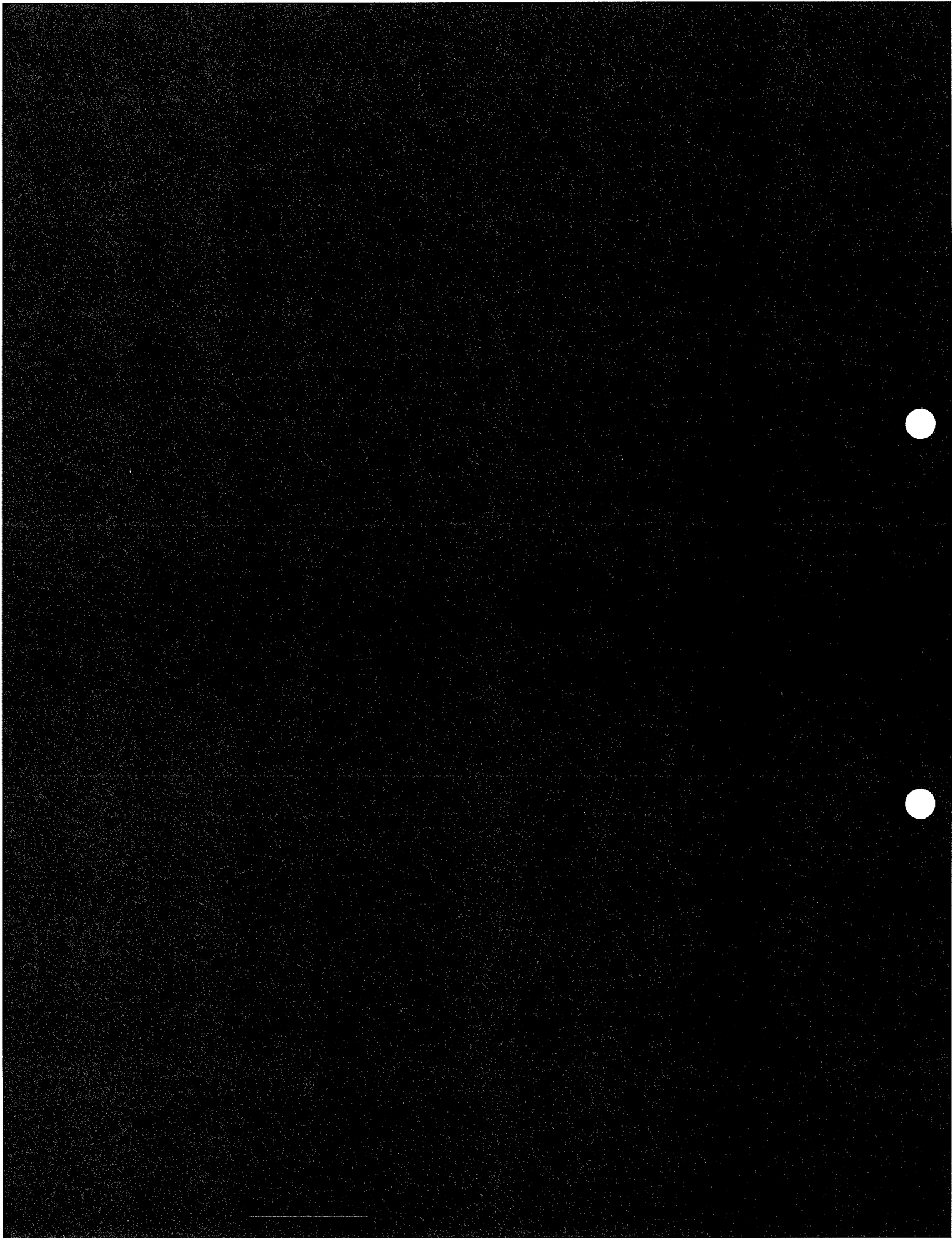
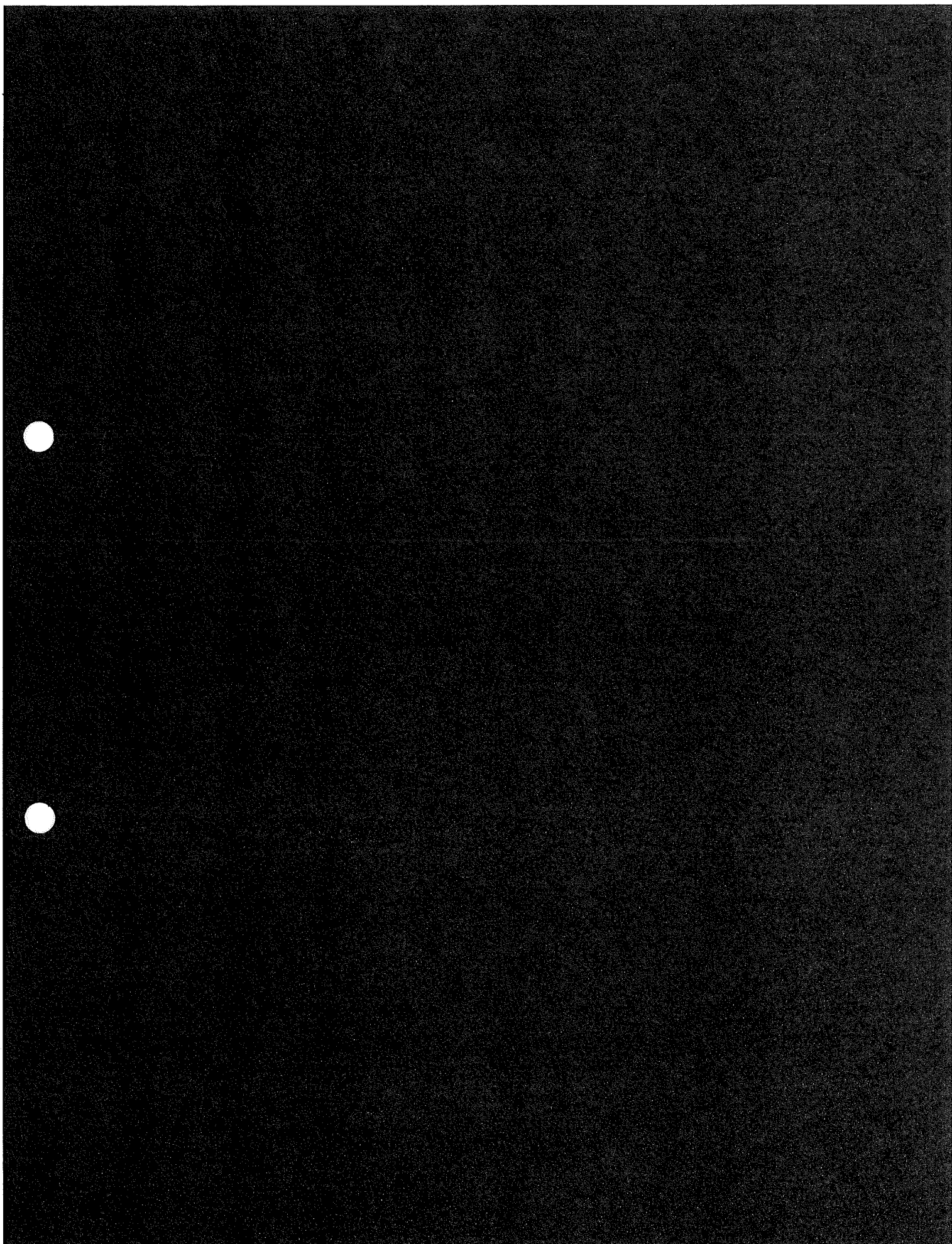
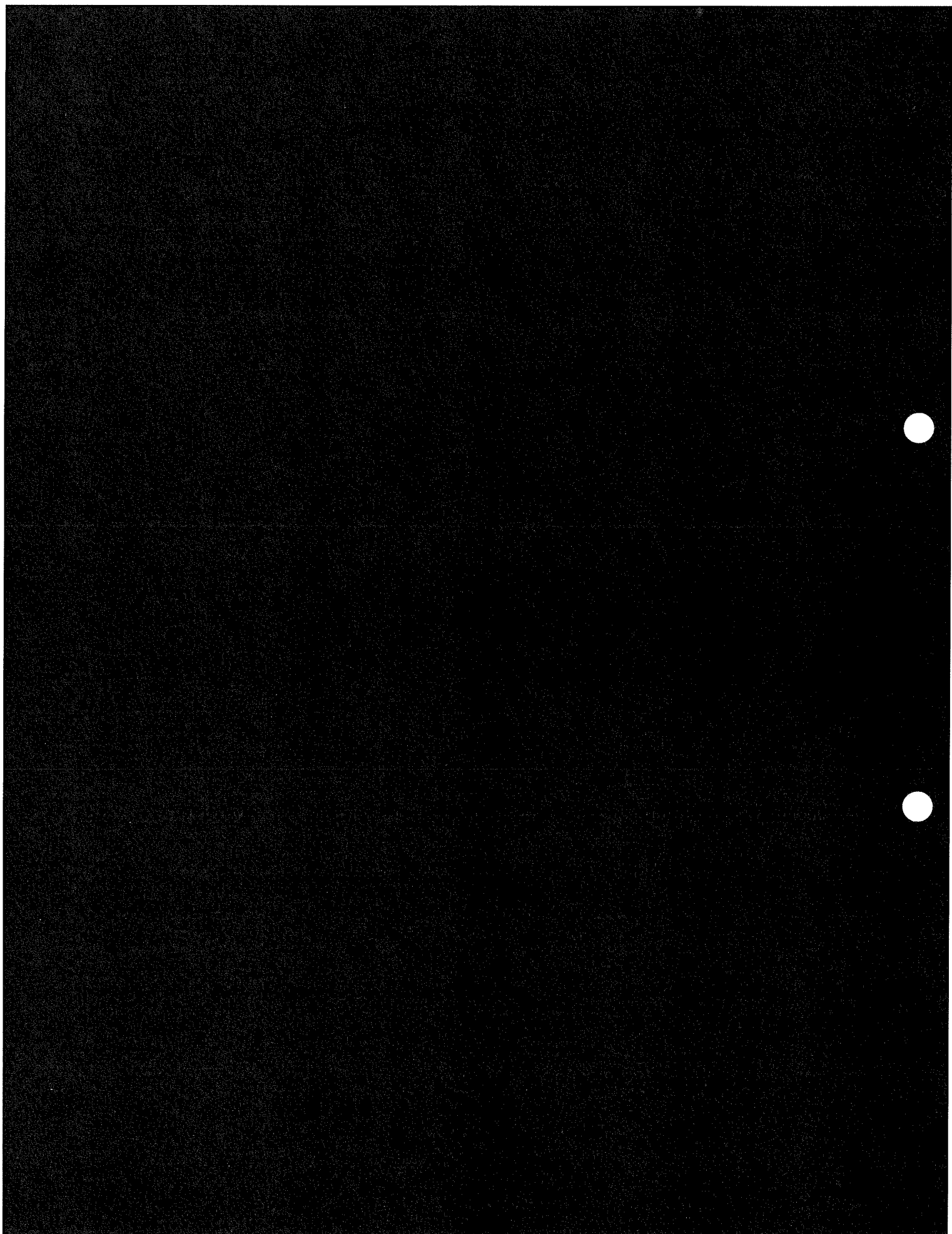
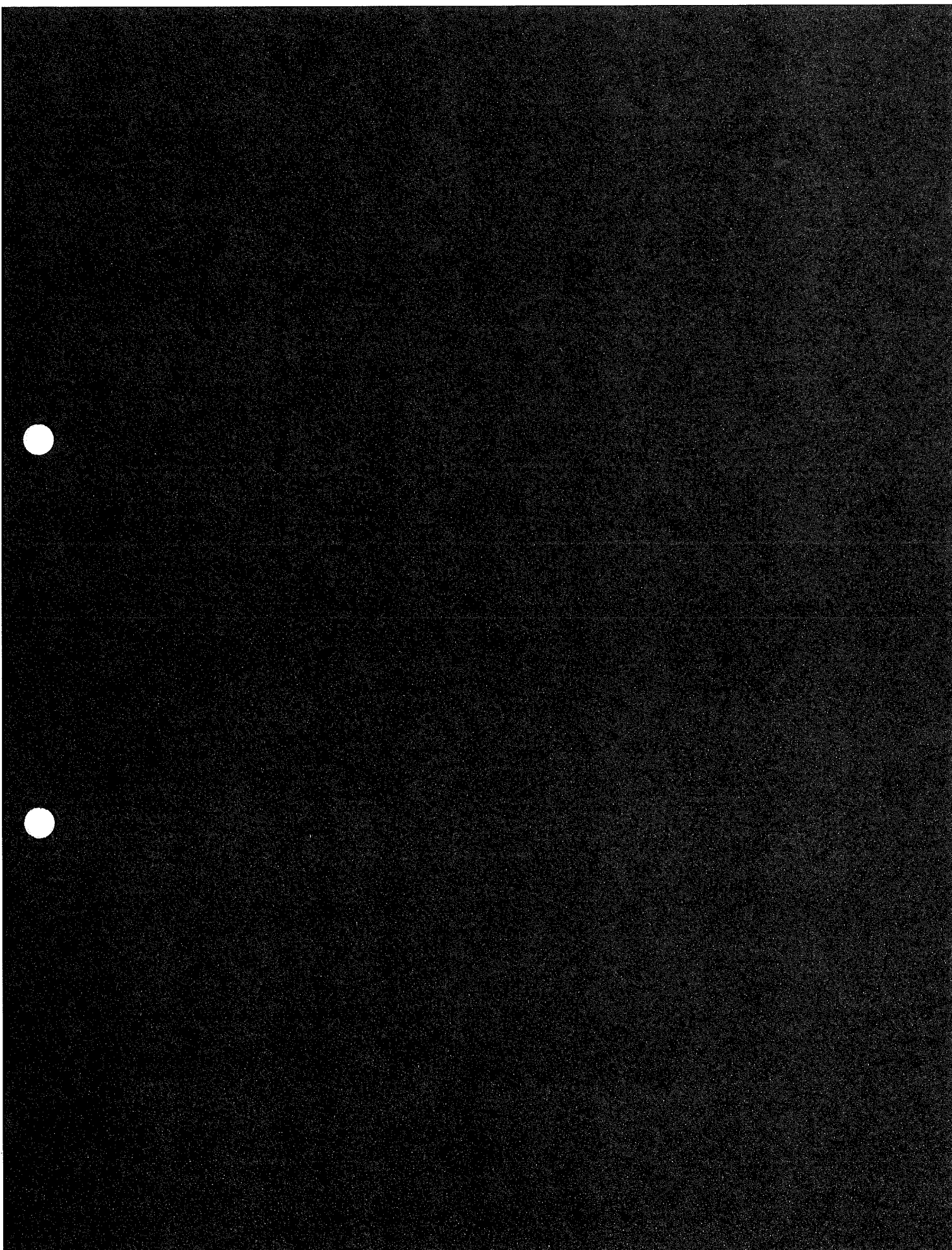


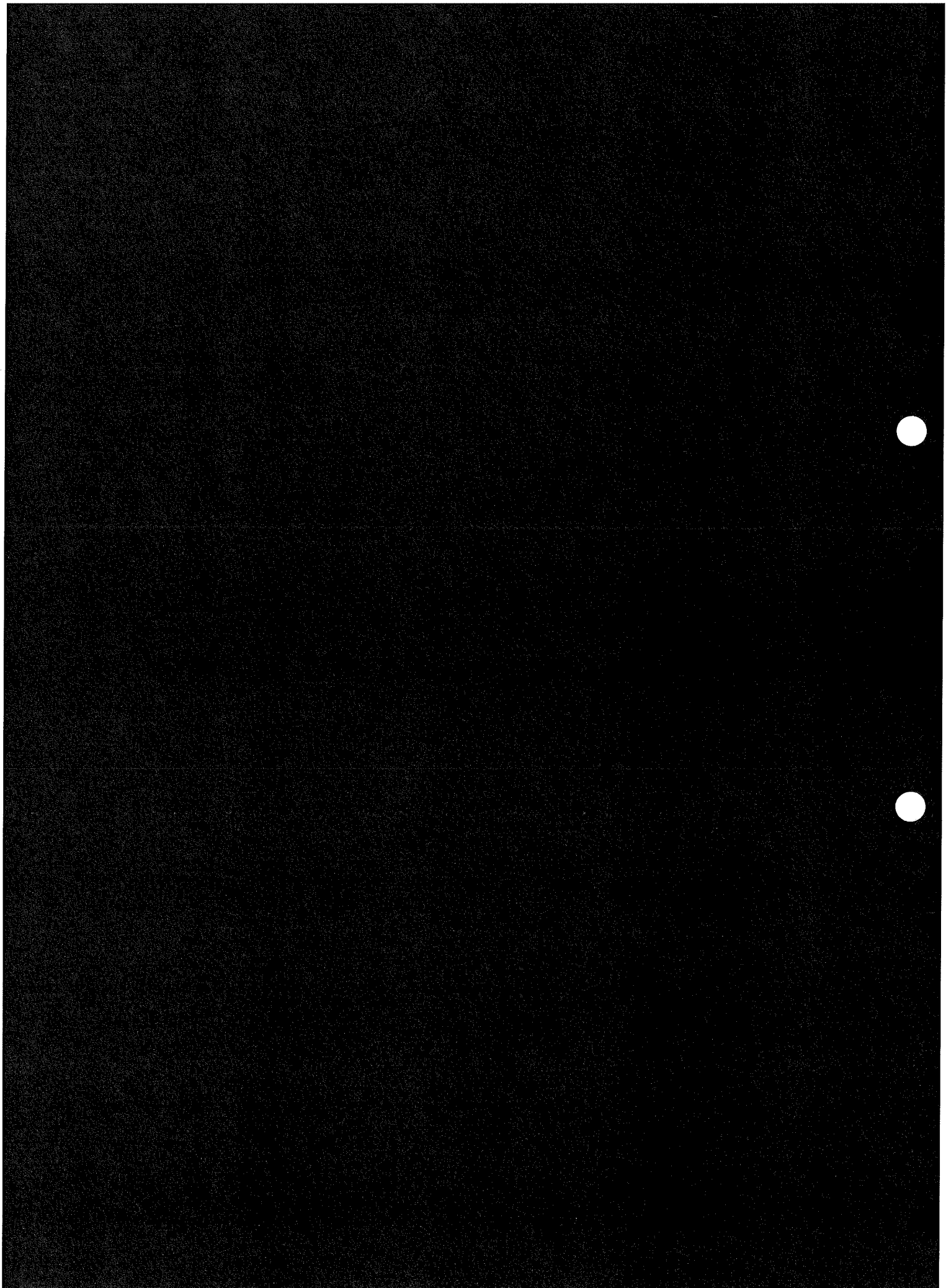


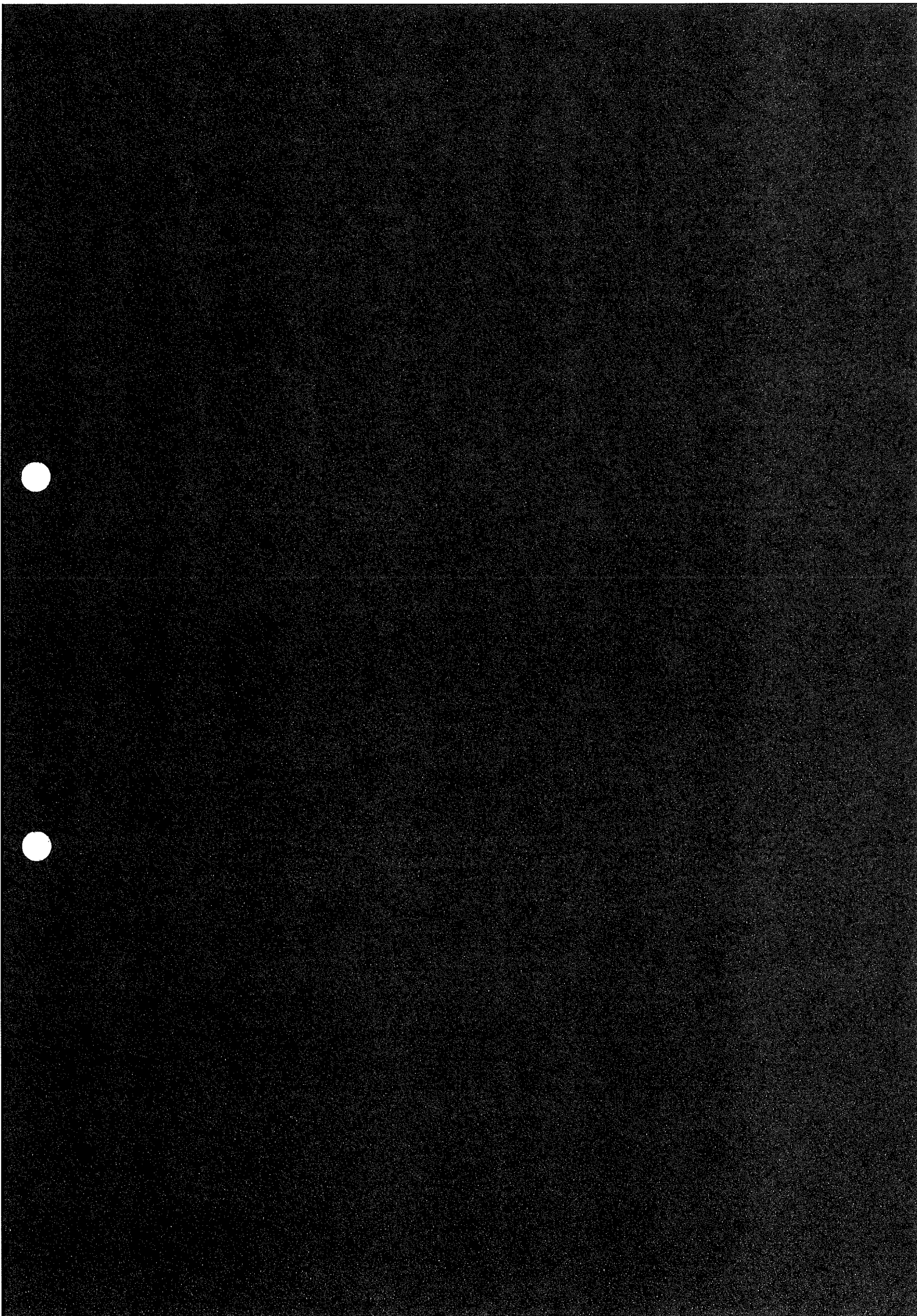


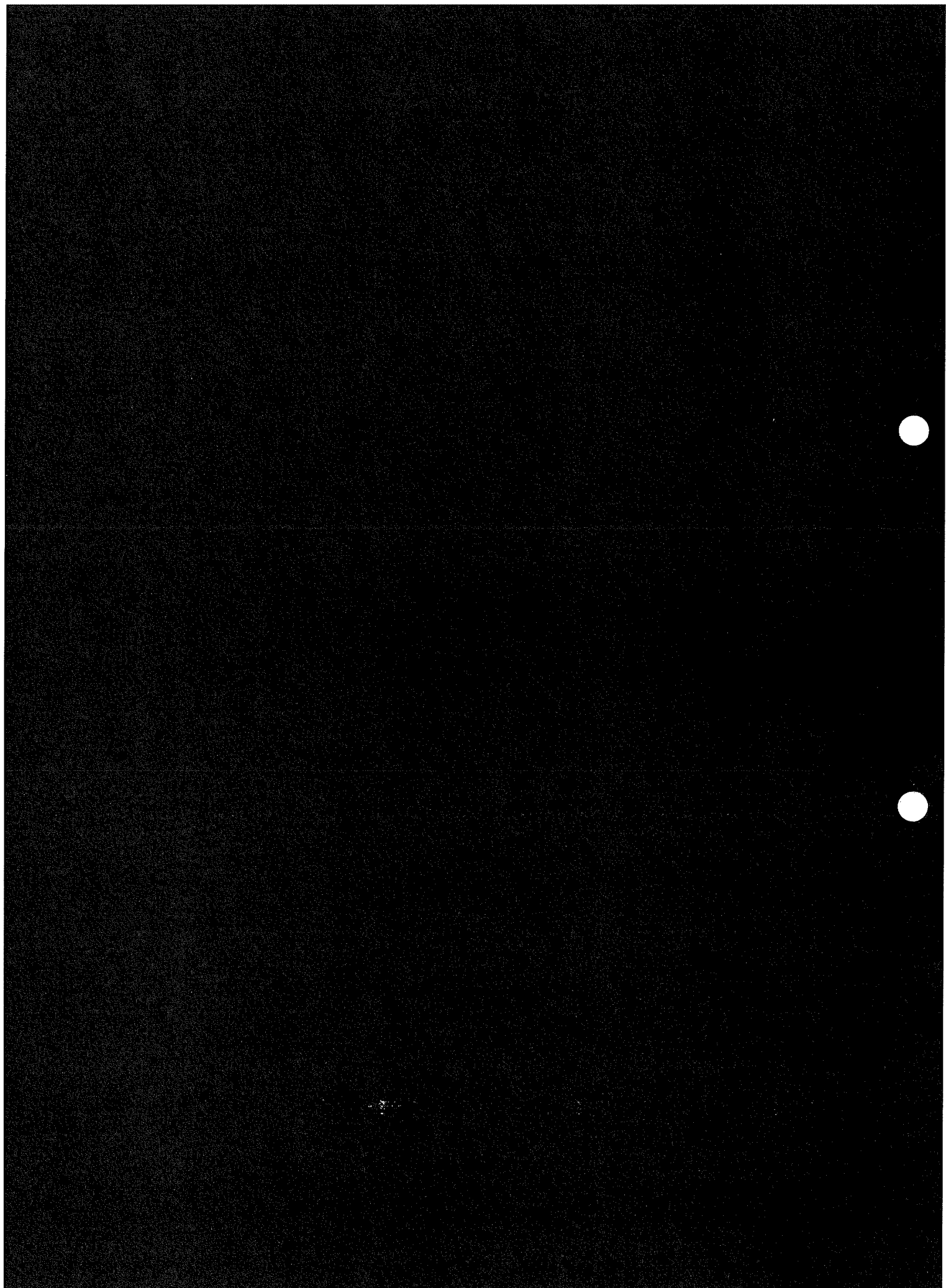






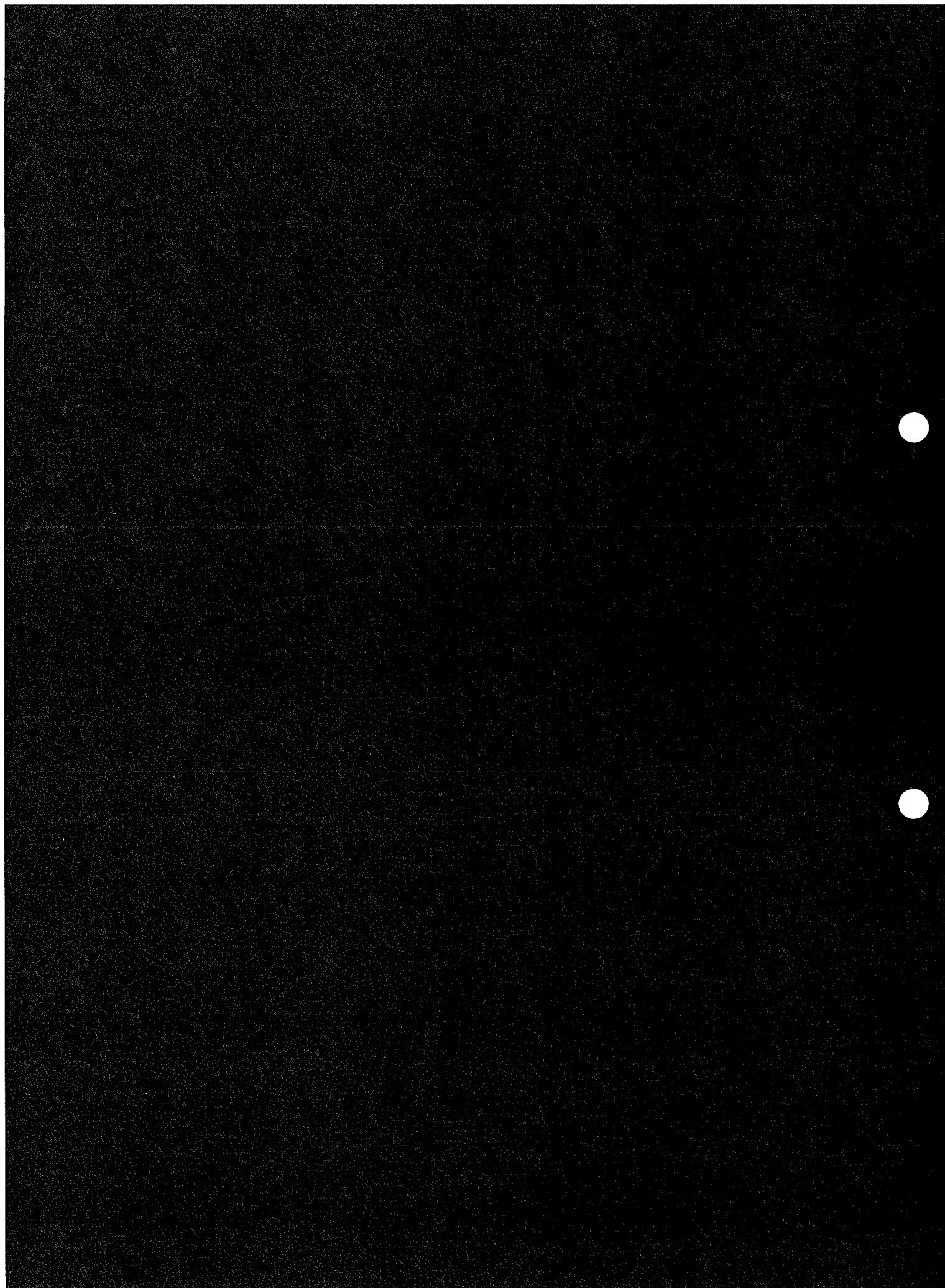


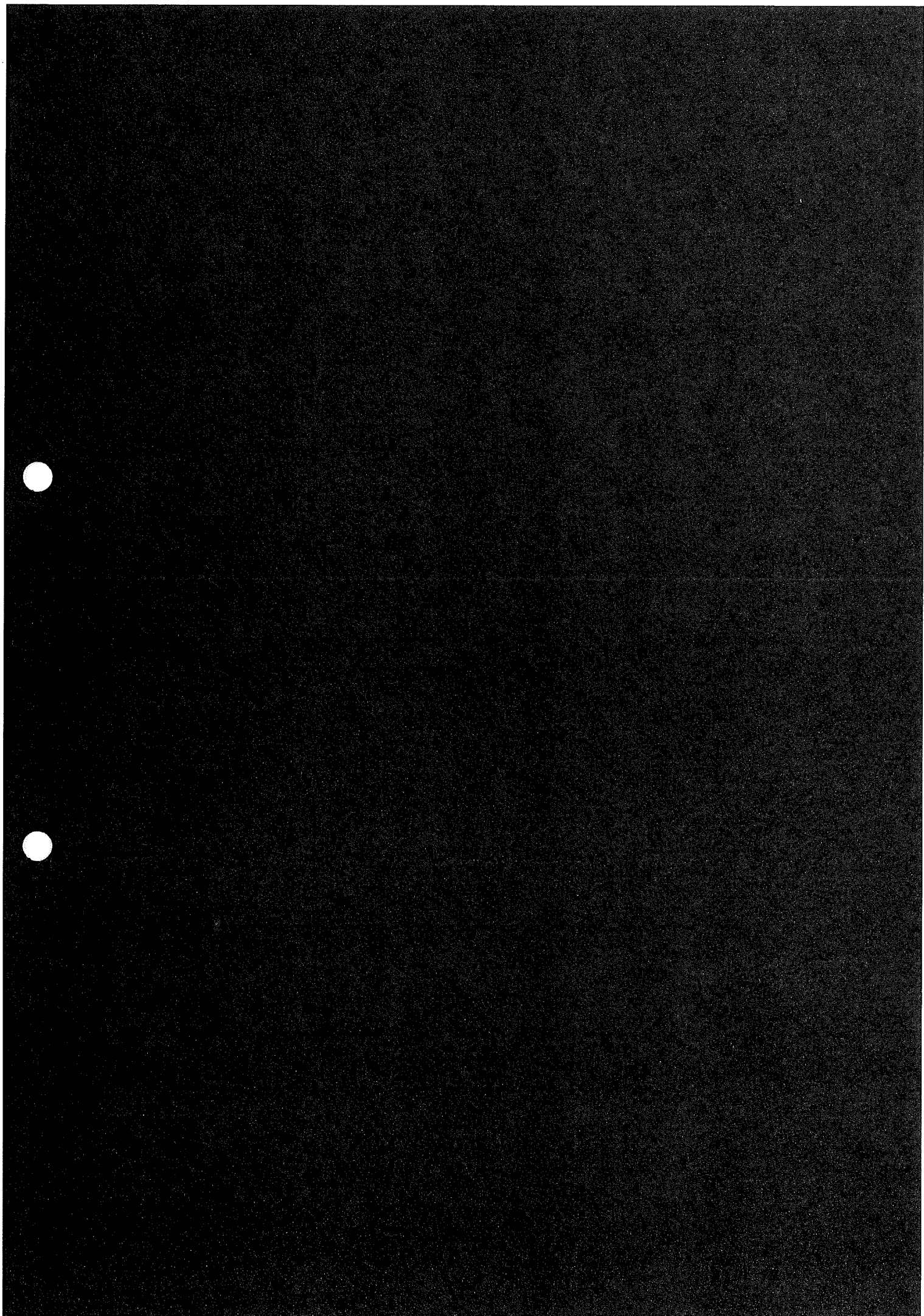


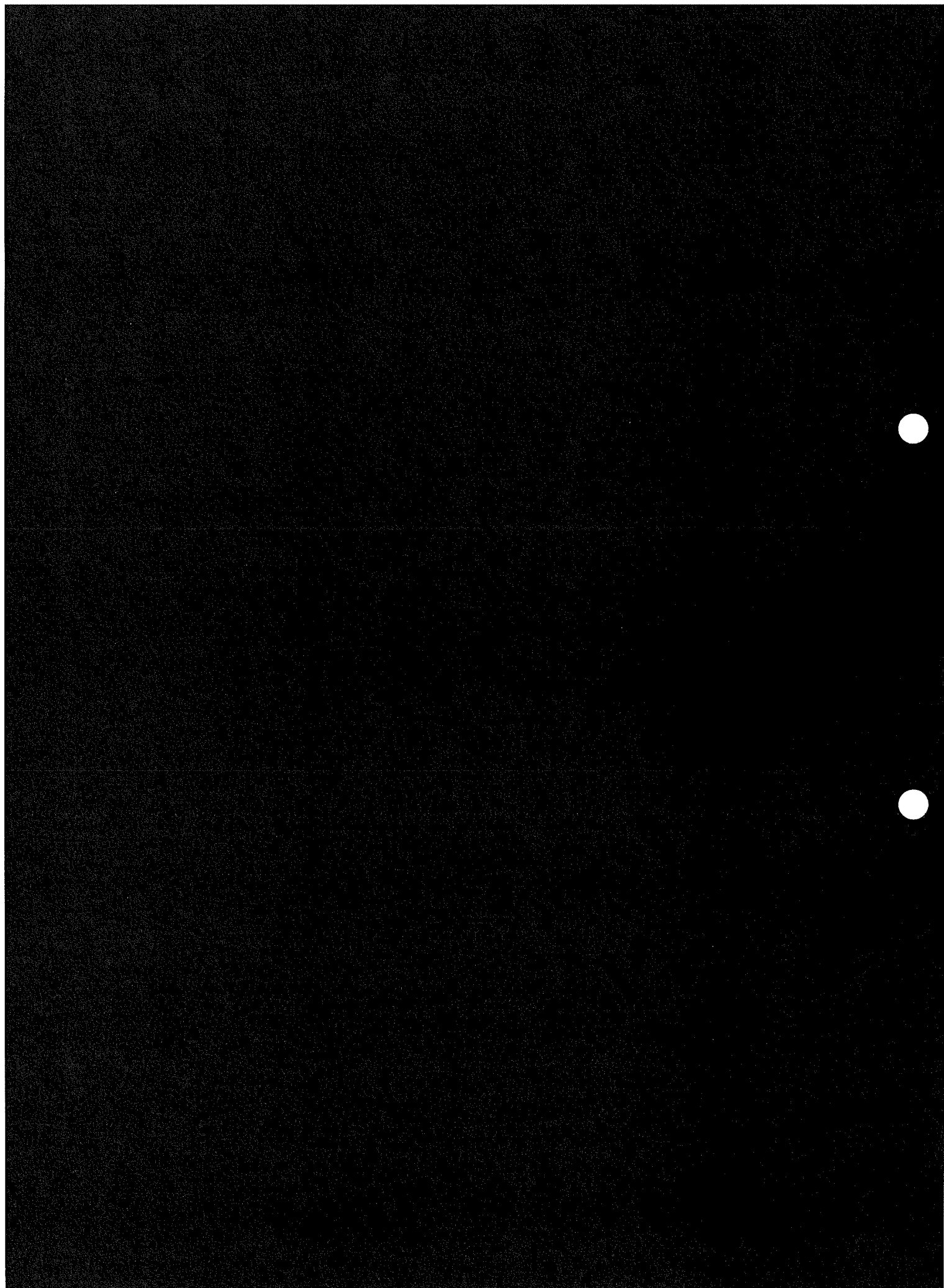


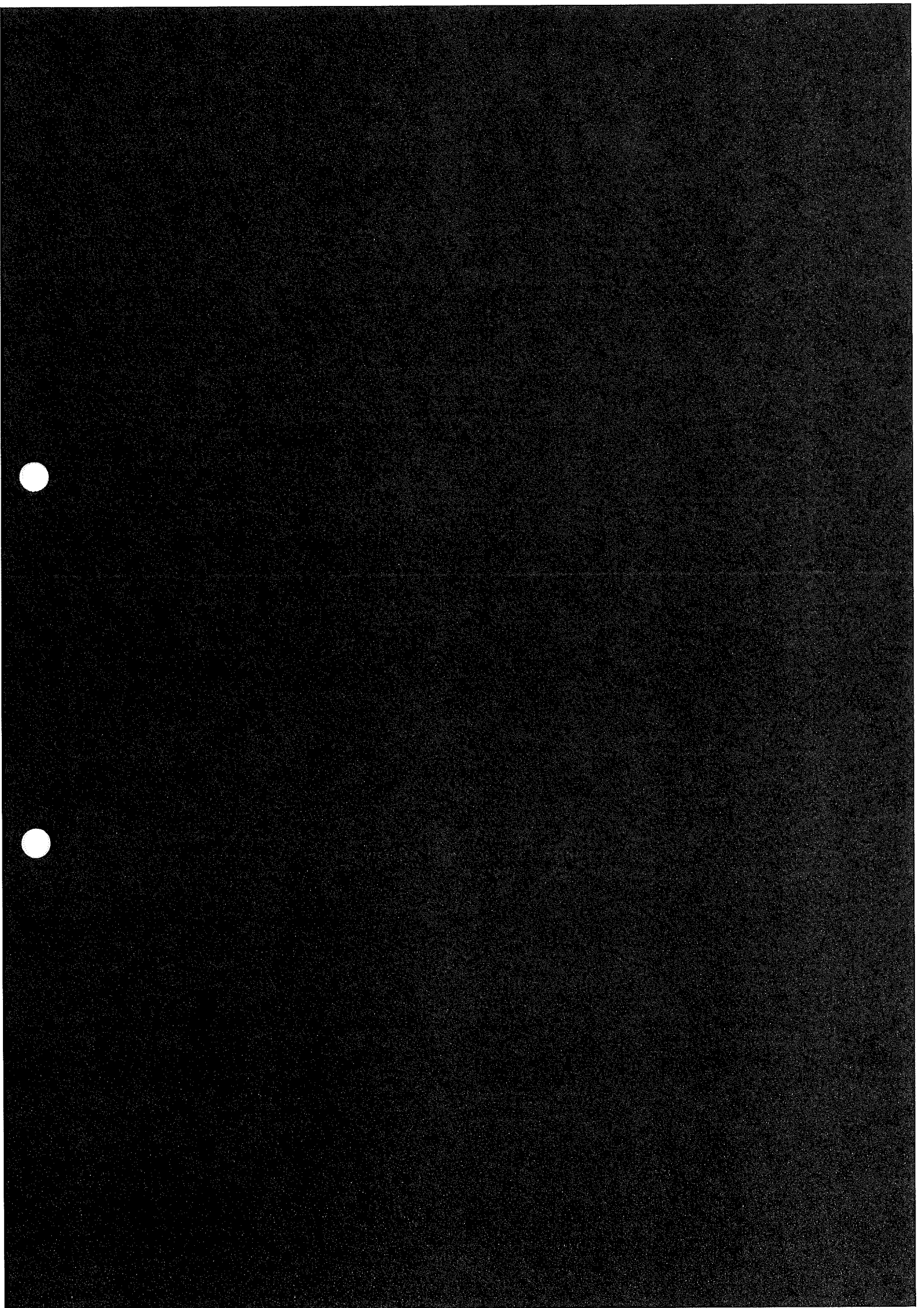
Appendix Q1: Treasury Cost Template (Option 1)

Sheet Name	Instructions
Treasury Oncost Model	Enter number of FTE required per classification in each financial year. Allowances, penalties and overtime/other costs need to be entered in columns L, M and N.
Operating Costs	Enter details of non-staffing costs here.
Business Case Tables	This is the summary of the costing in the business case format. Note: Expense and FTE in rows 12, 22 & 27 are linked to the data in the Treasury Oncost Model sheet. Other fields will need to be entered manually. It is up to you to decide how many lines of Operating Expenses to include. When the costing is complete copy and paste these tables into the word document of the business case. Select the tables from columns B to G and copy and paste into the word document in the relevant section.
Breakdown of Staffing Levels	This is a table required as part of a business case where FTE is included. To show only the relevant rows for copying into the business case document first filter the rows in column K so that only the rows showing as SELECT are included. Then select the table from column D to I and copy and paste it into that section.

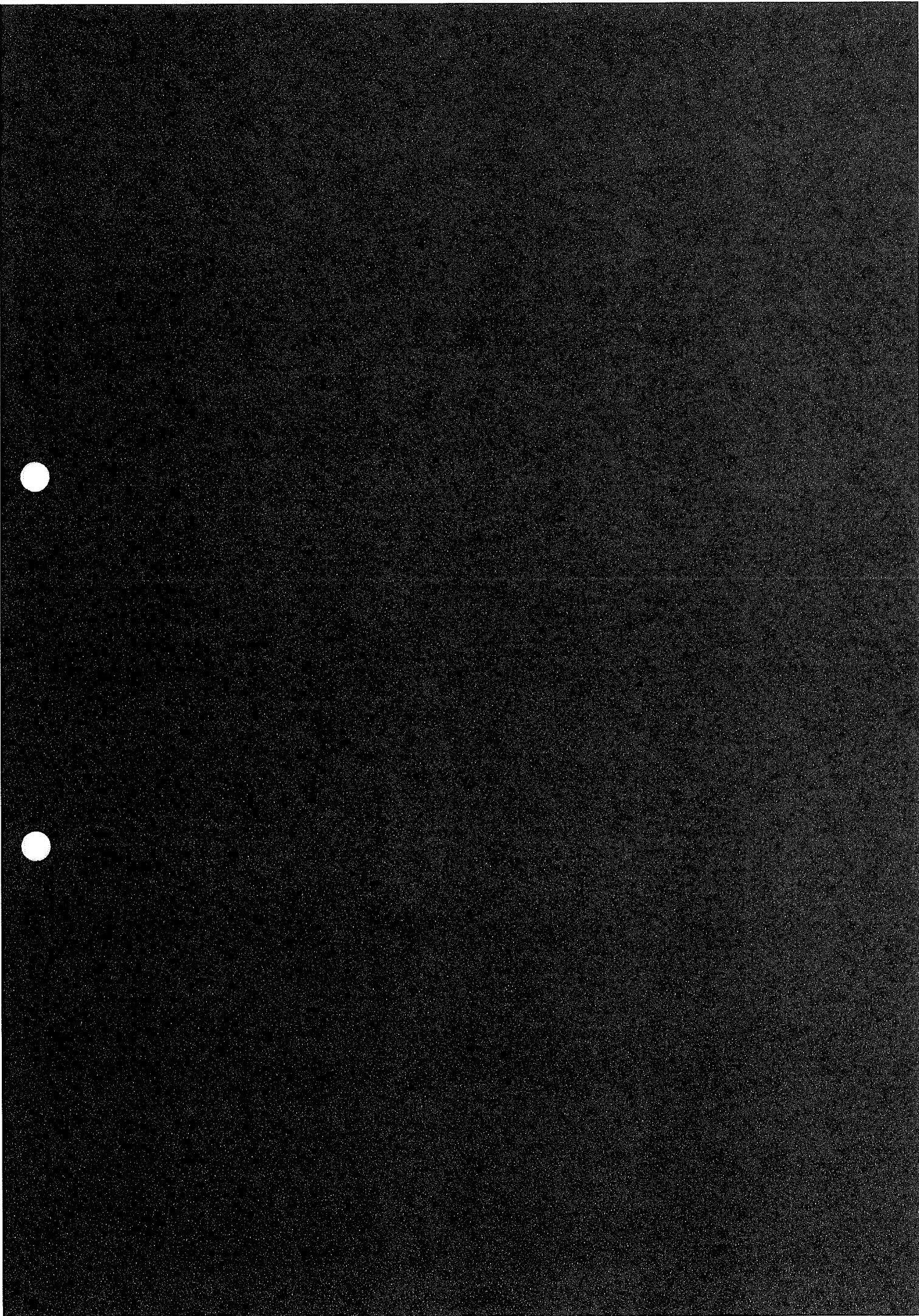




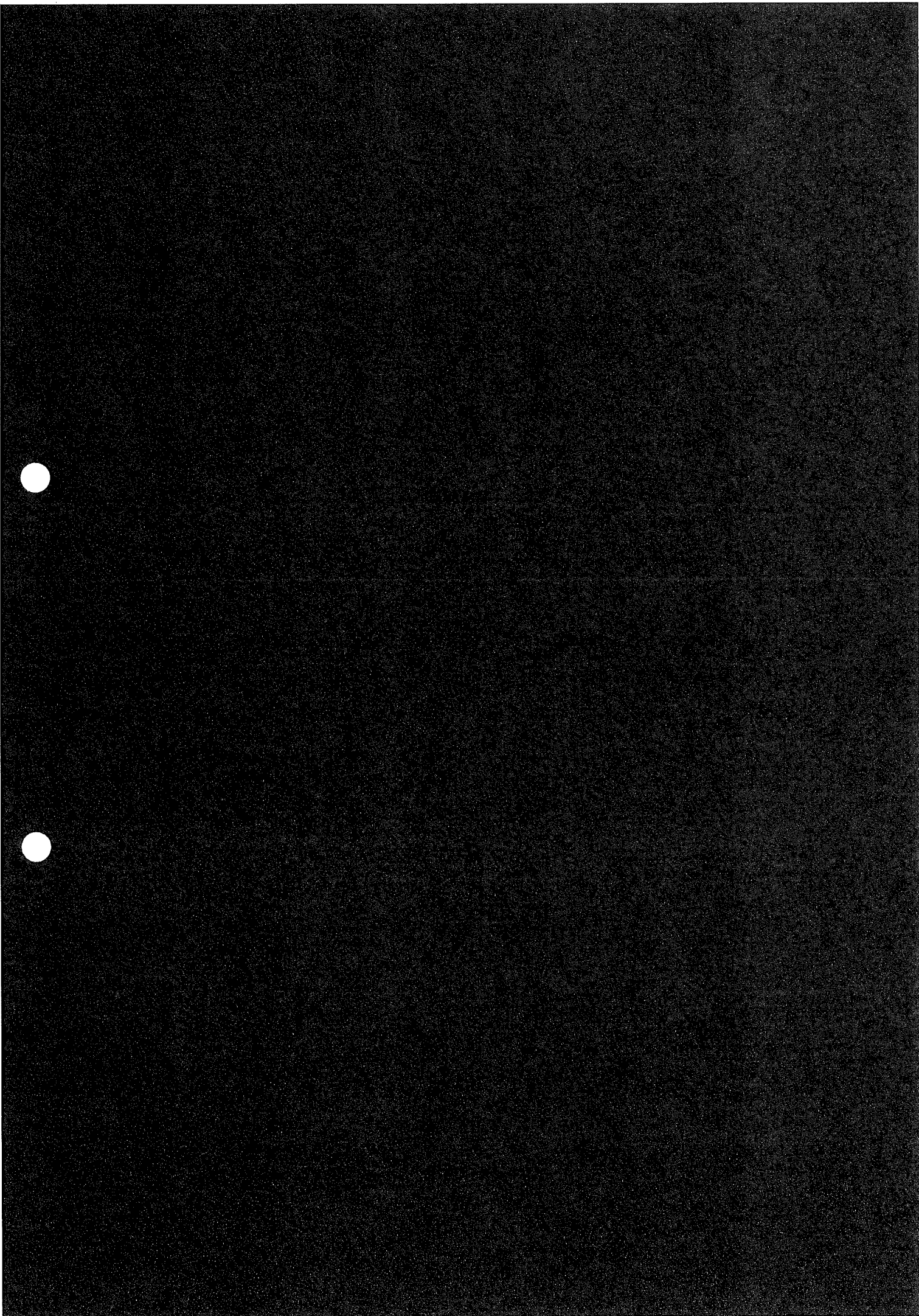








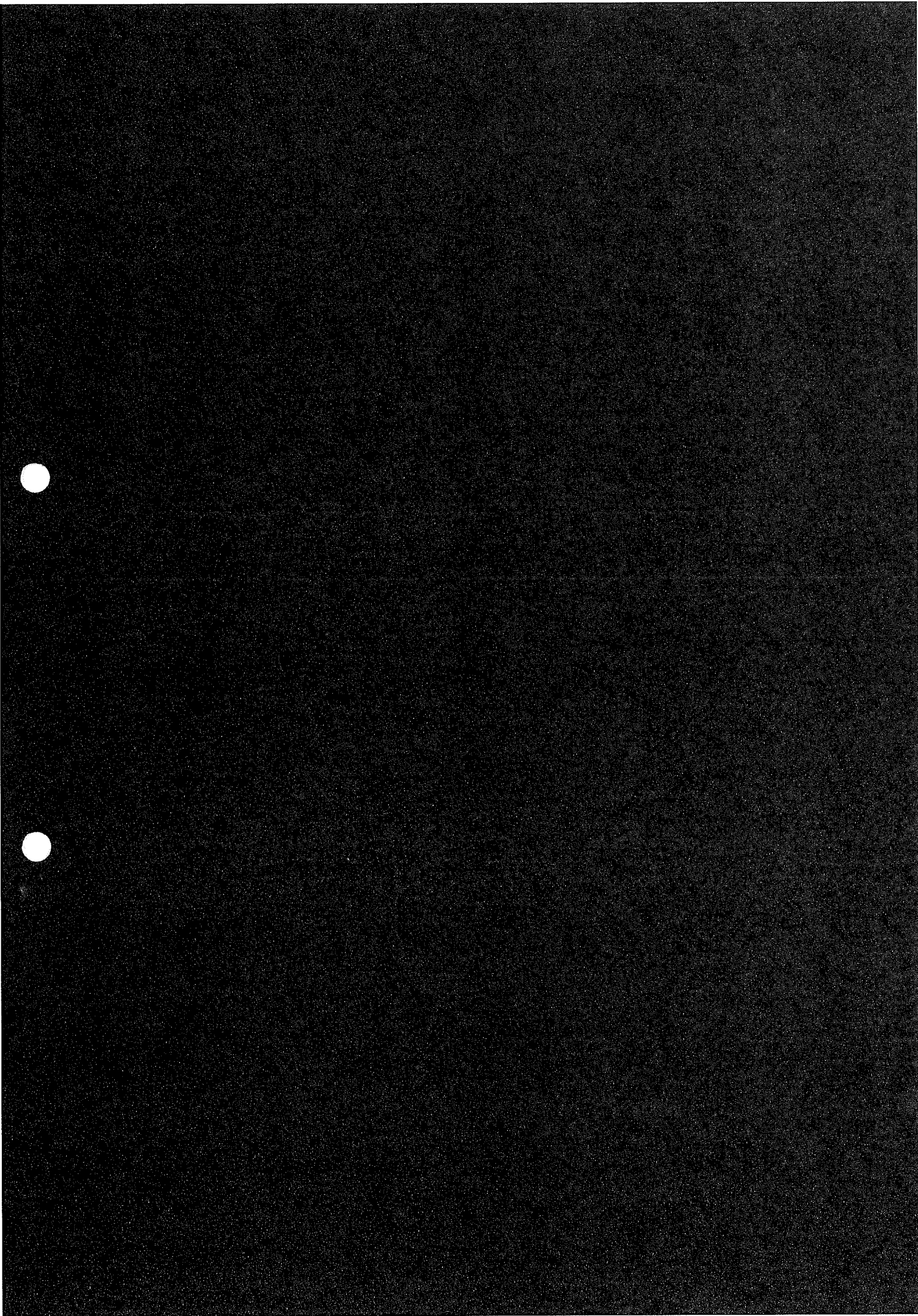




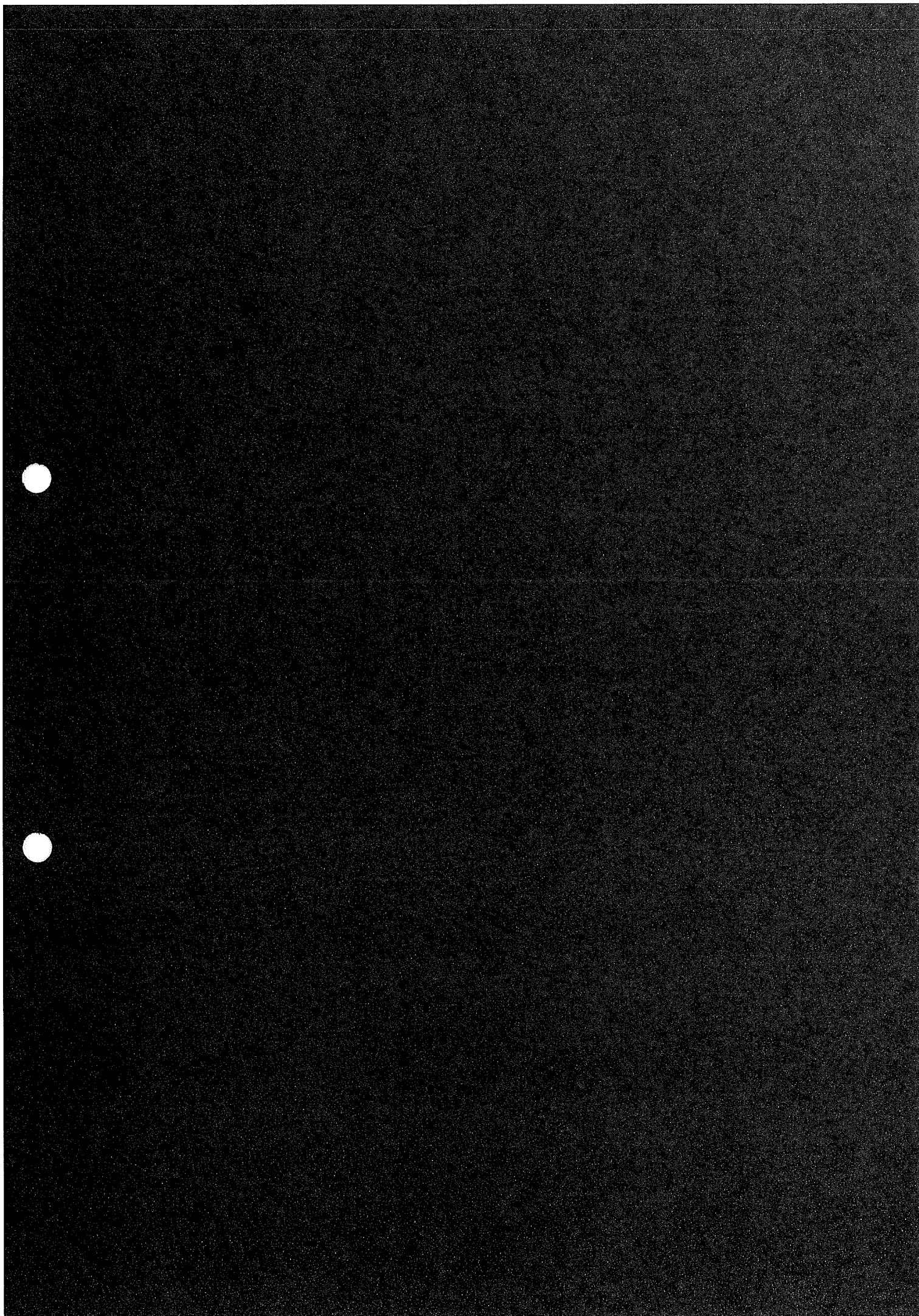
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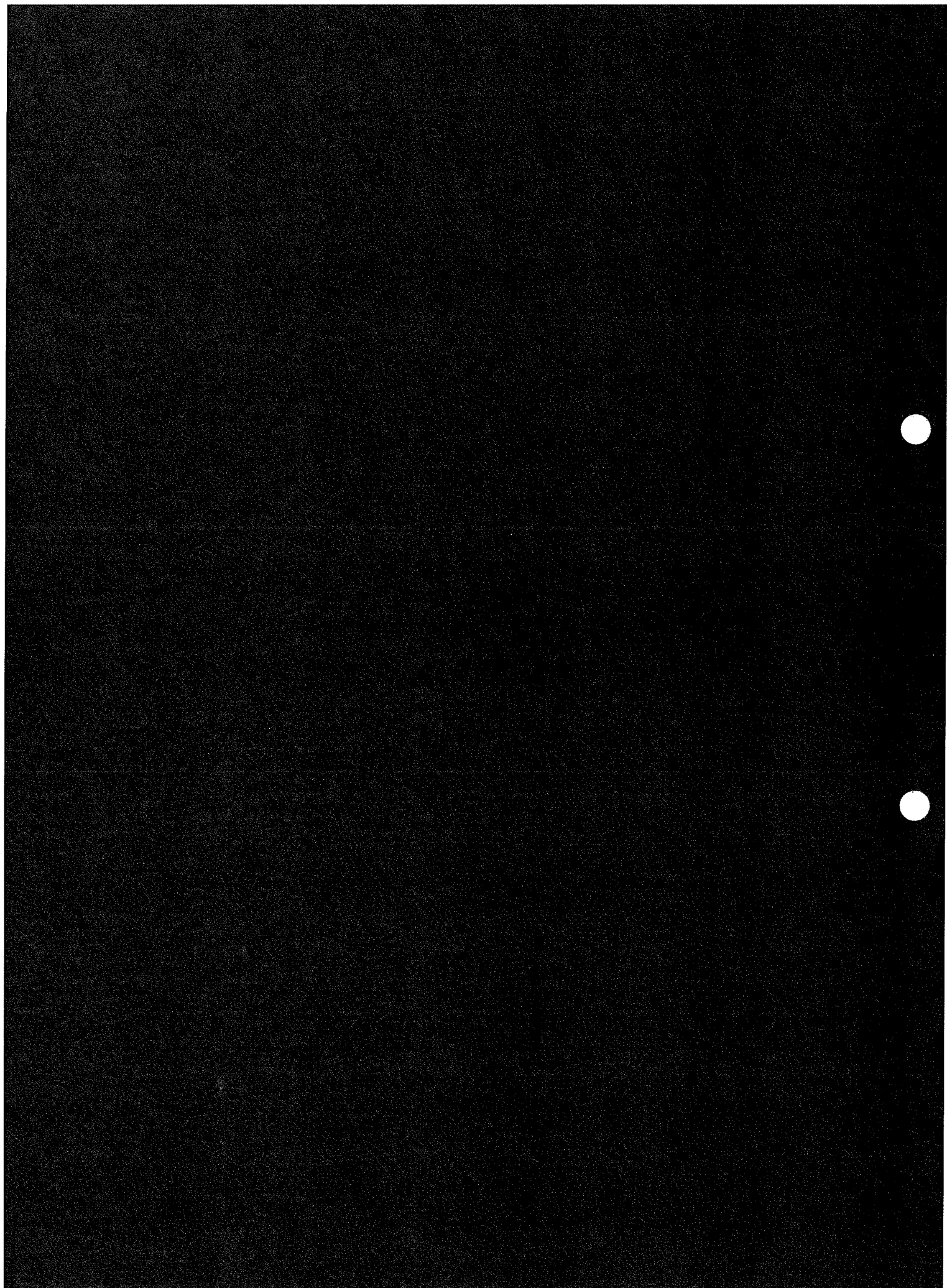
Sheet Name	Instructions
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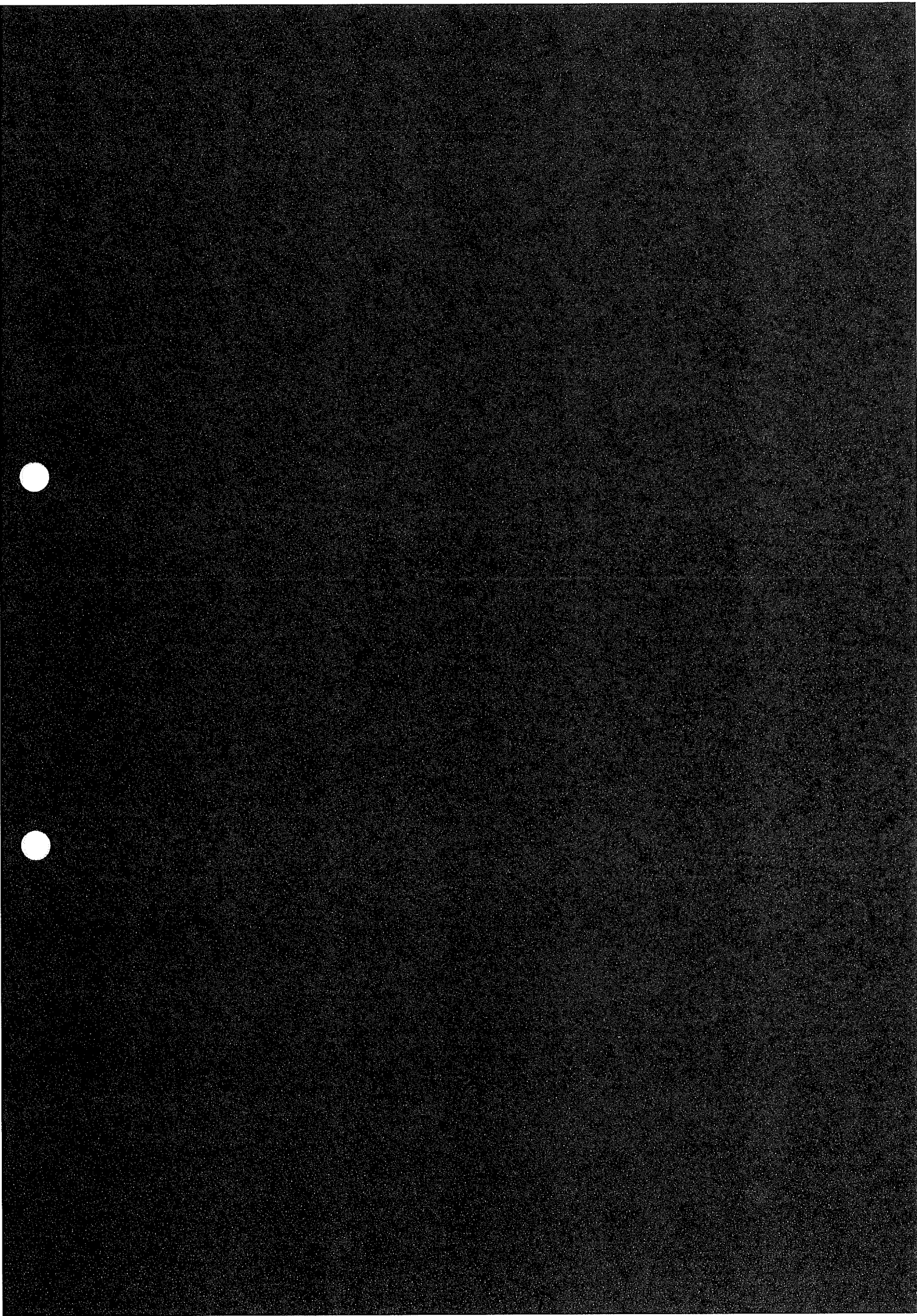




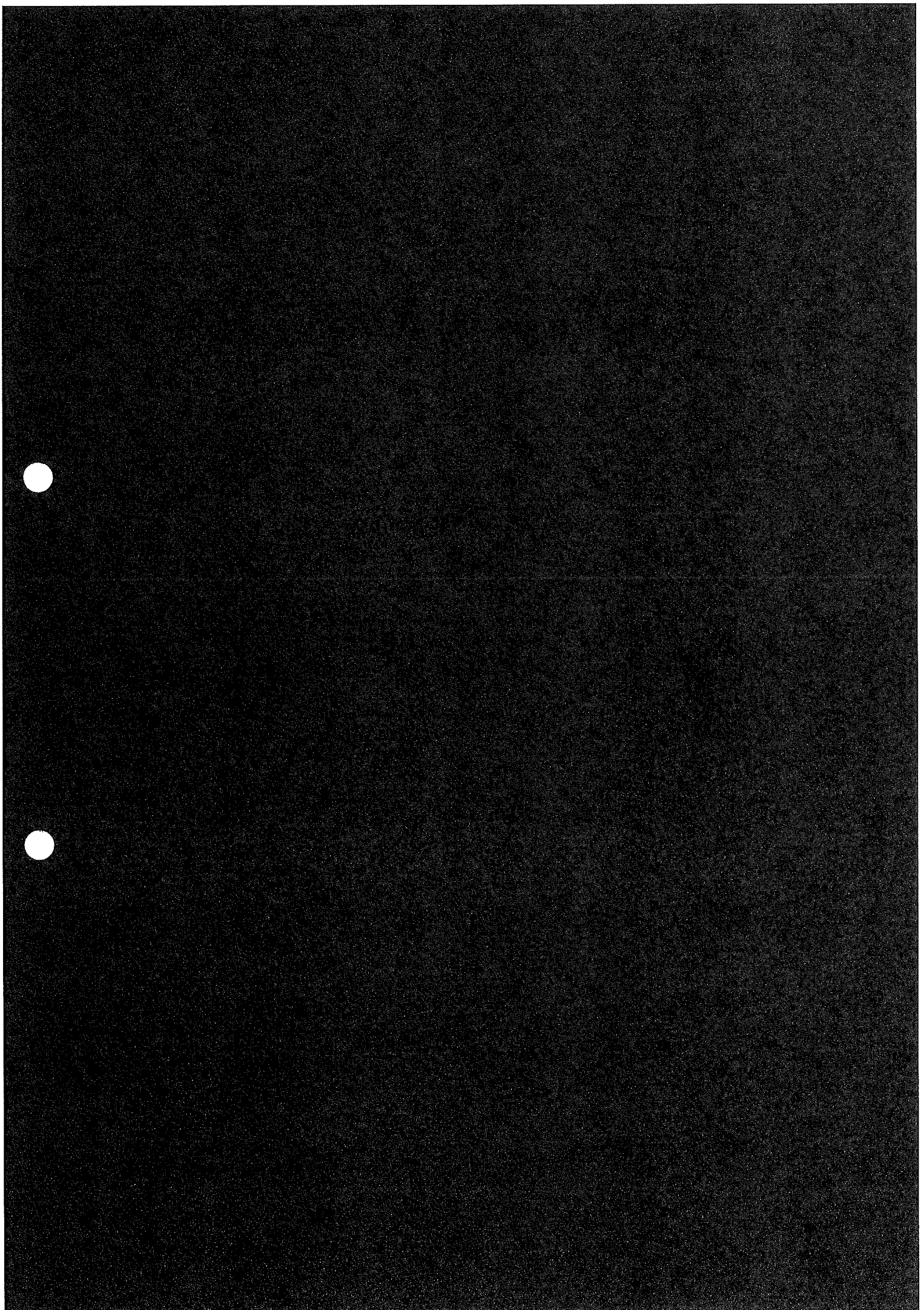










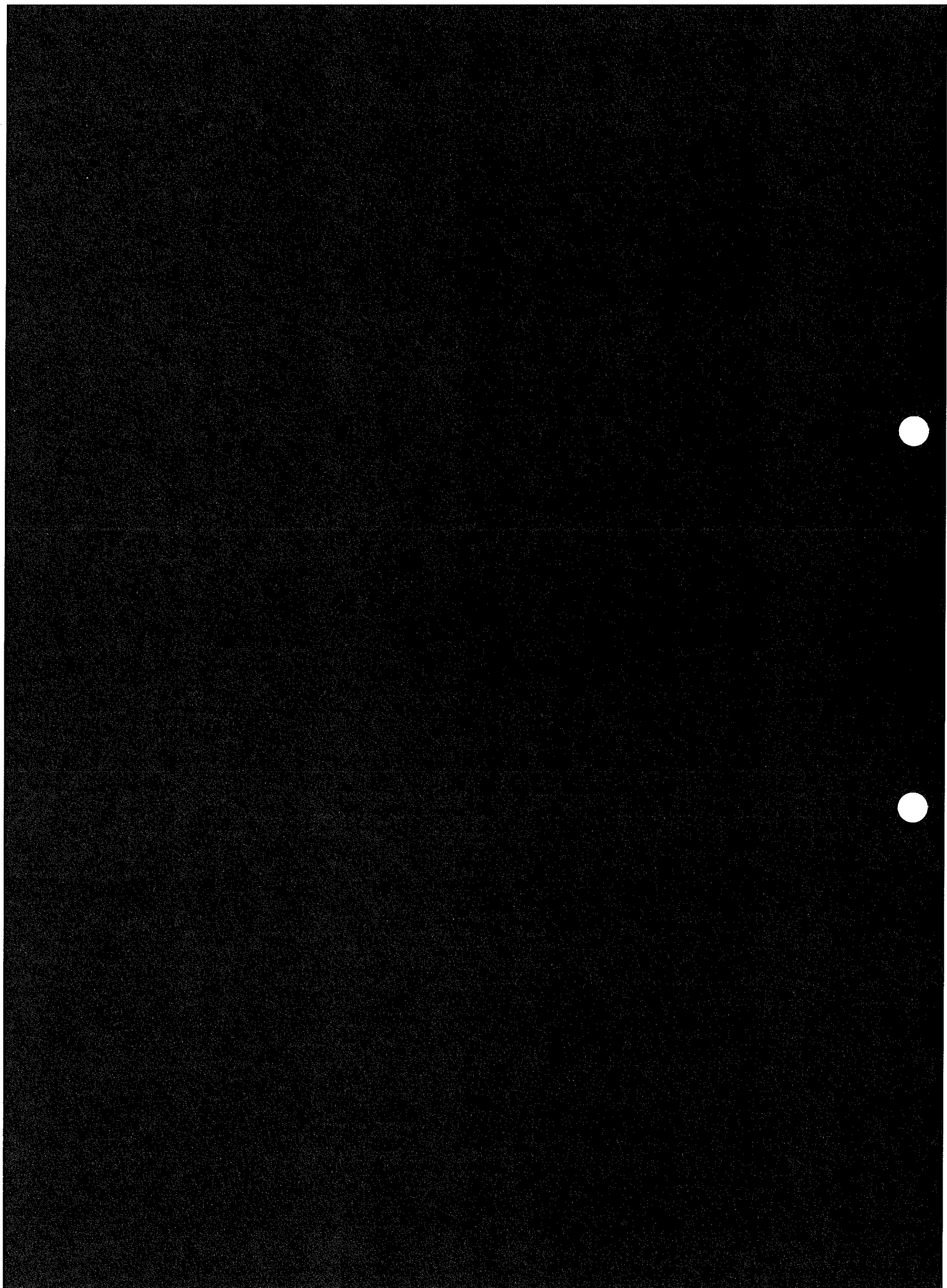


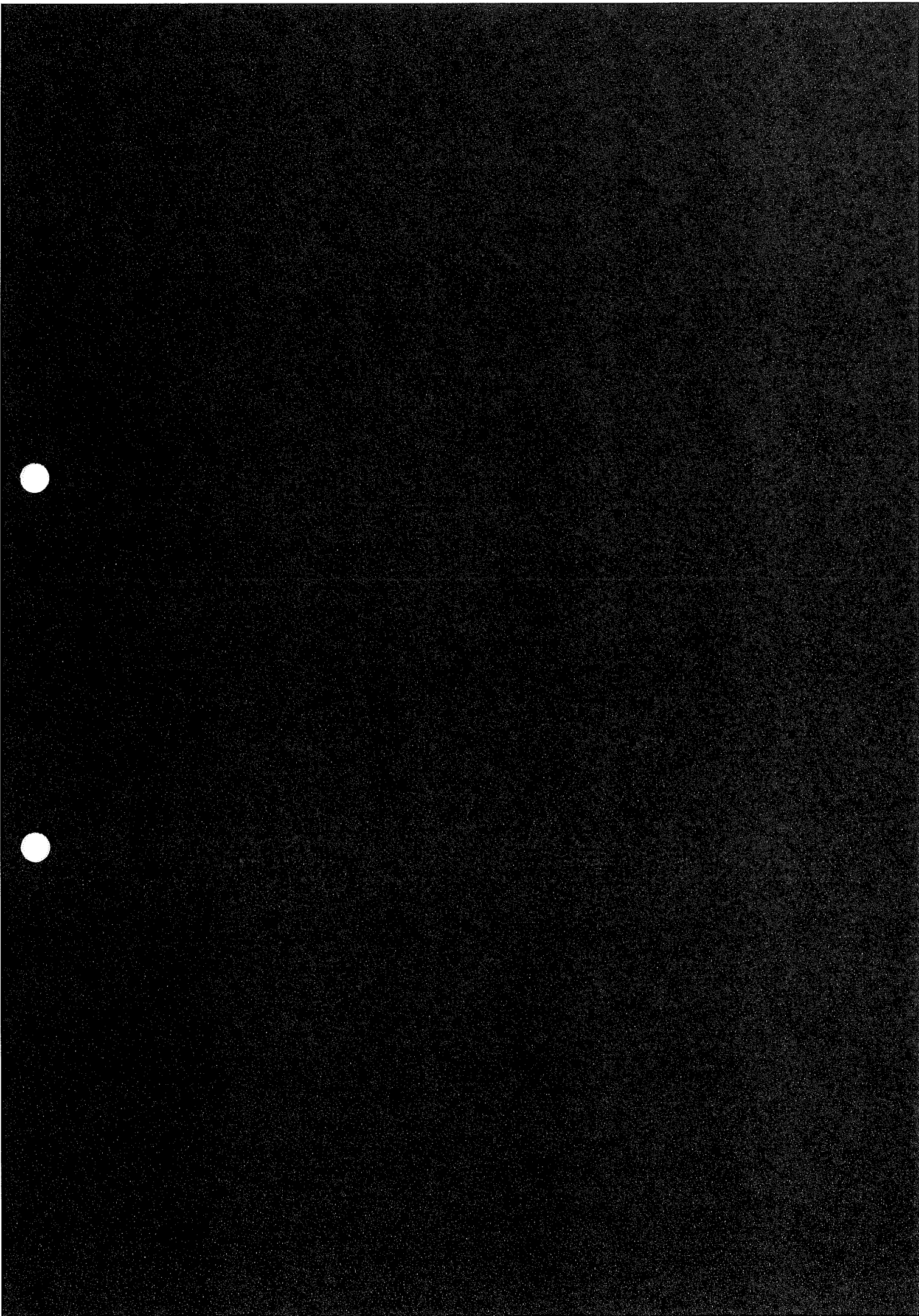
Breakdown of staffing levels

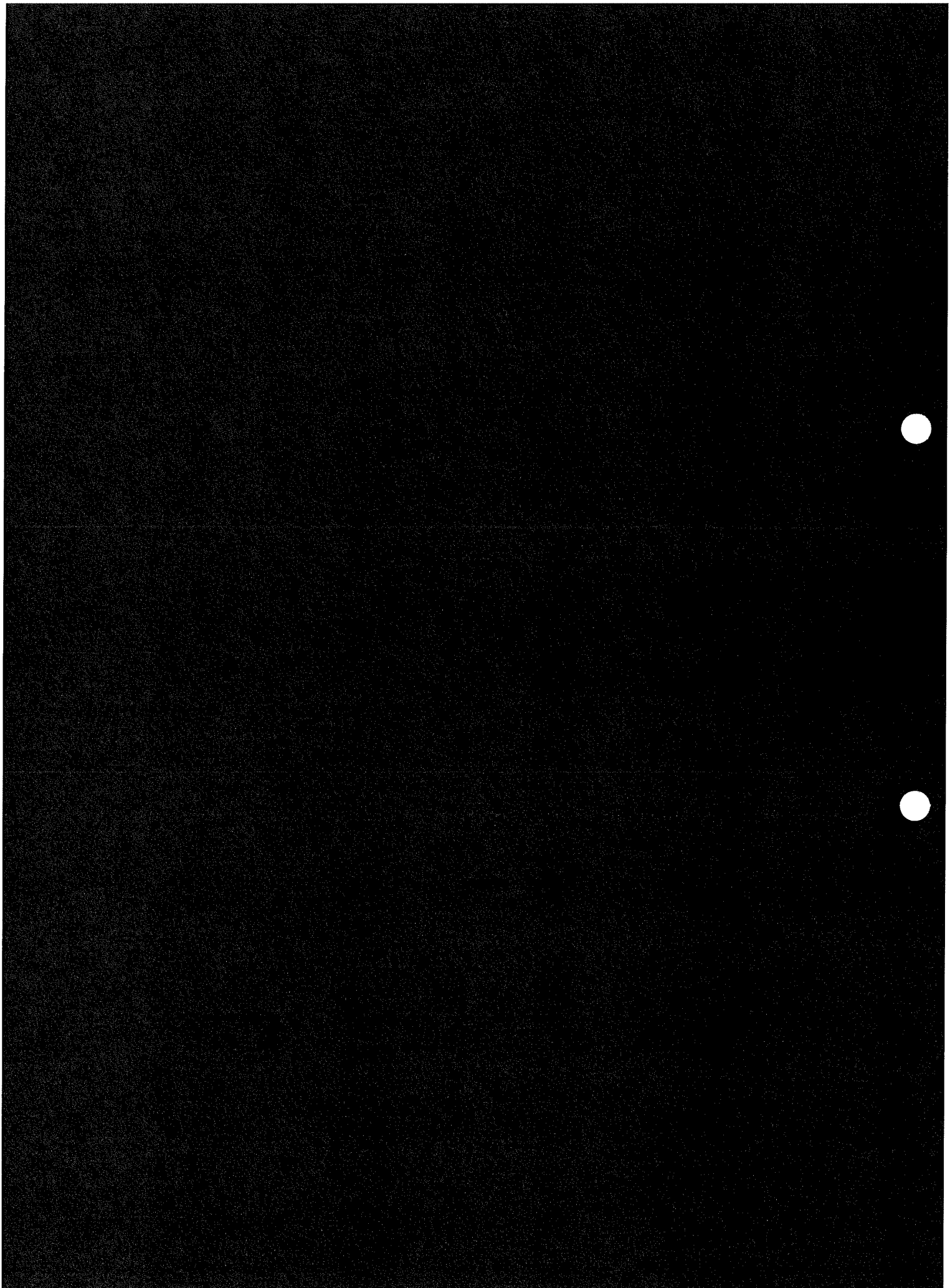
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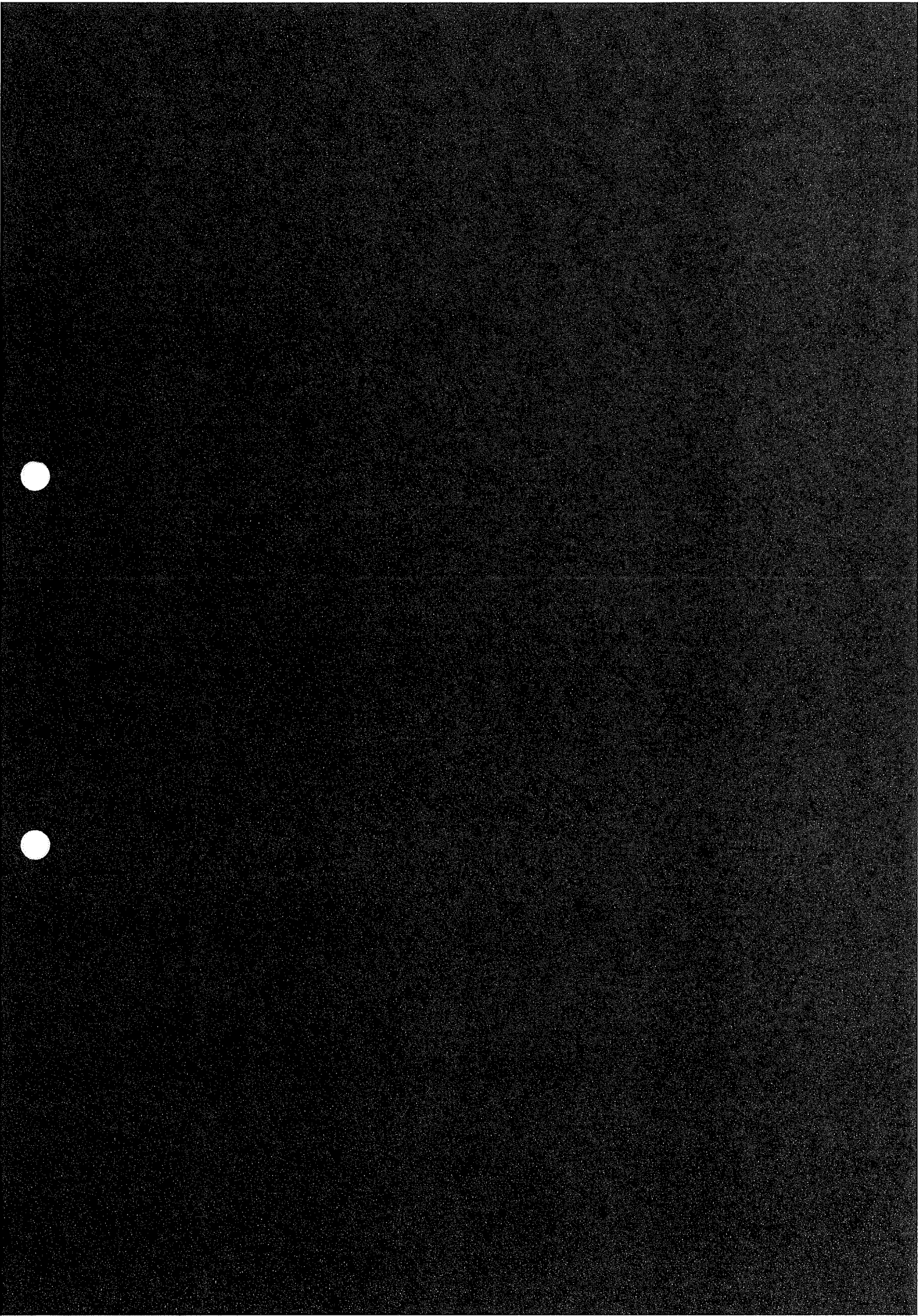
Appendix Q3: Treasury Cost Template (Option 3)

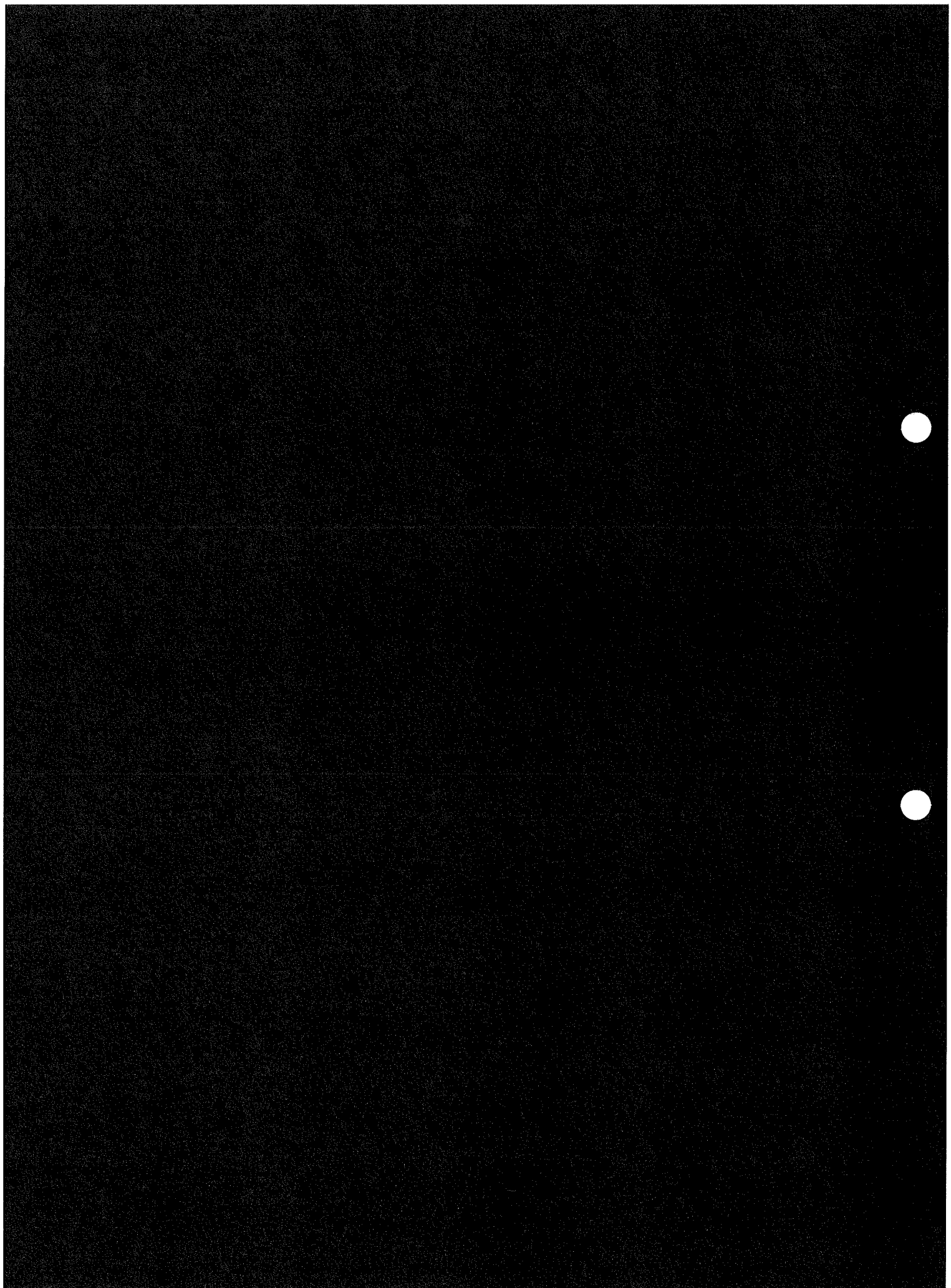
Sheet Name	Instructions
Treasury Oncost Model	Enter number of FTE required per classification in each financial year. Allowances, penalties and overtime/other costs need to be entered in columns L, M and N.
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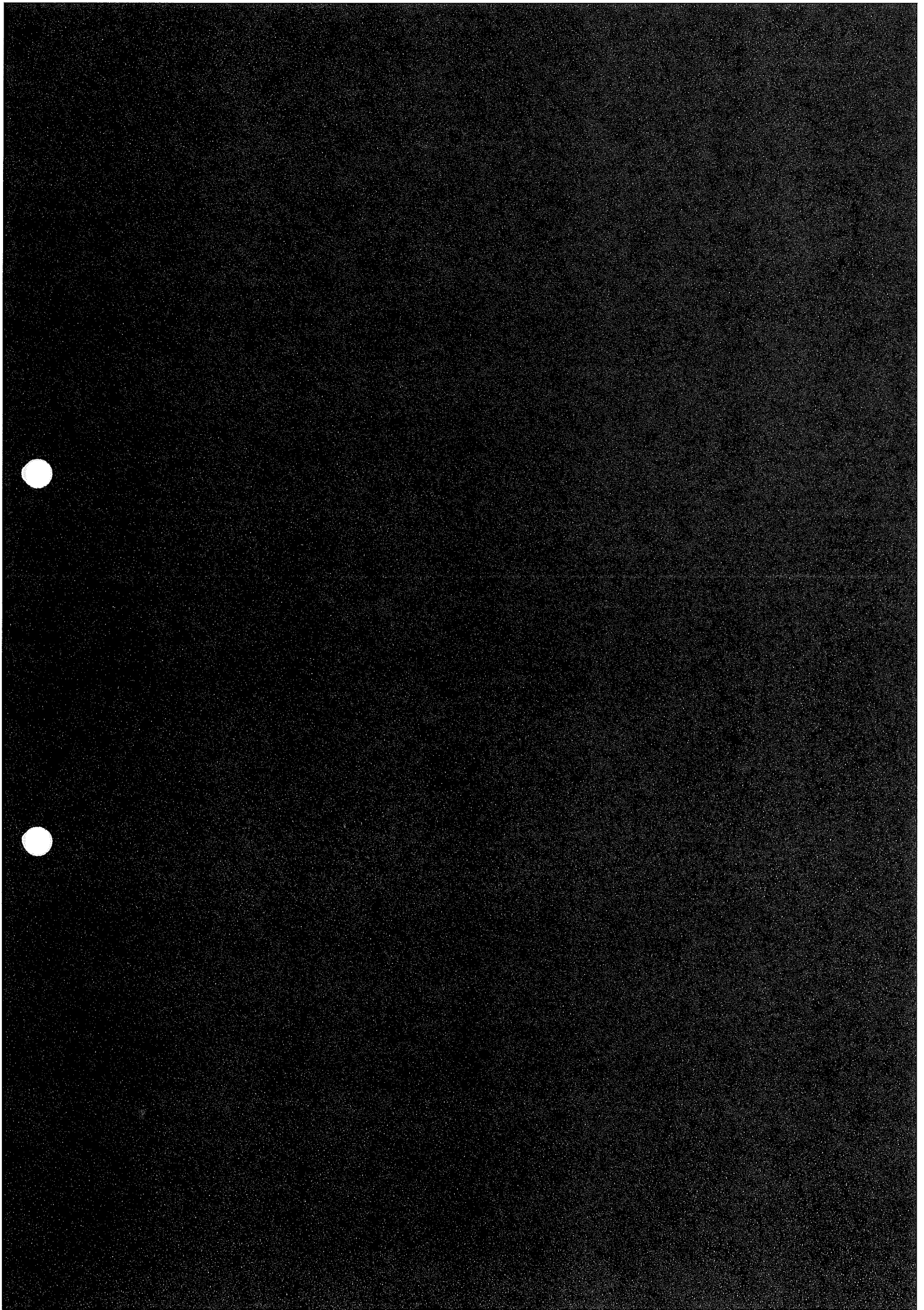


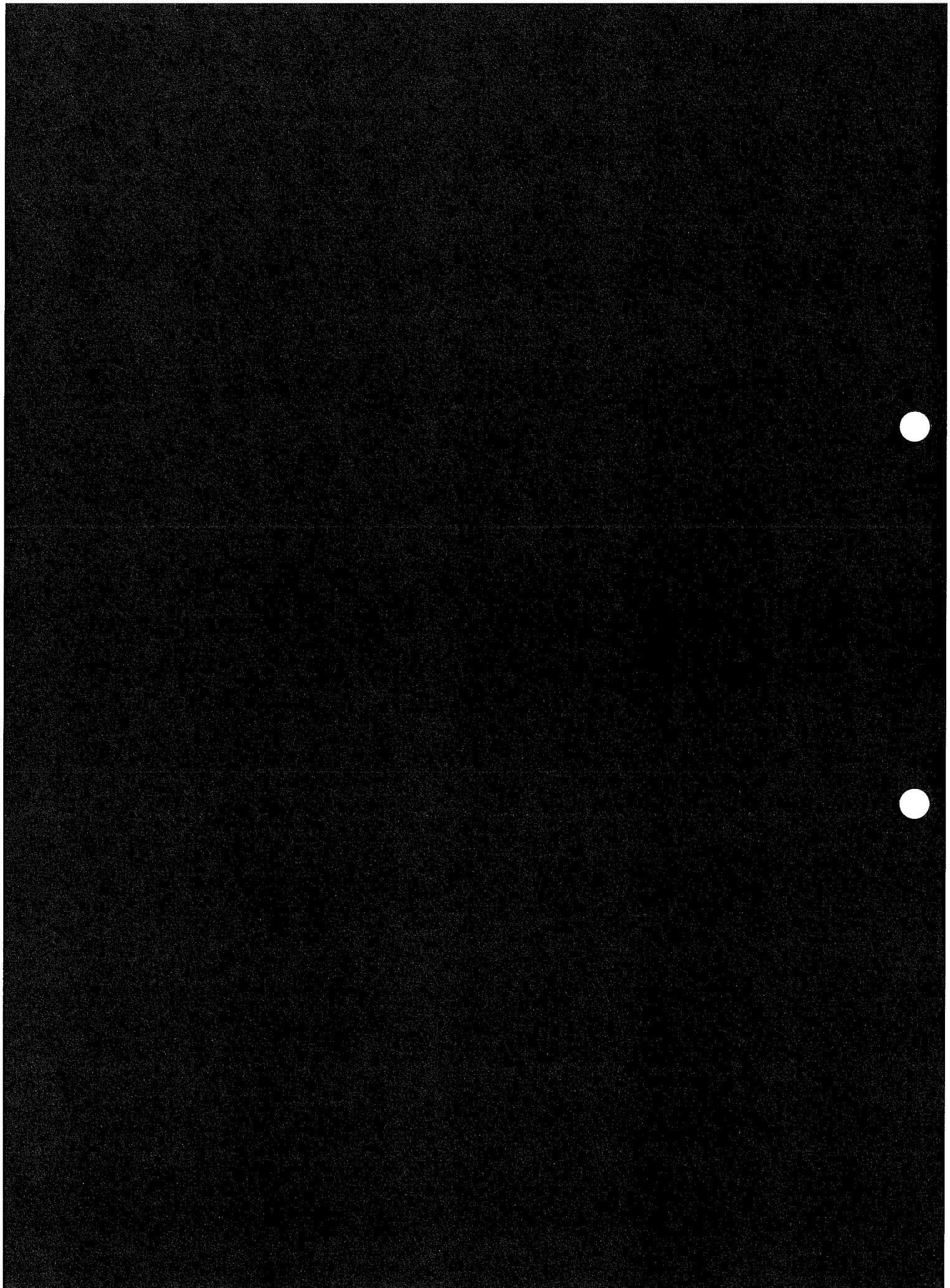


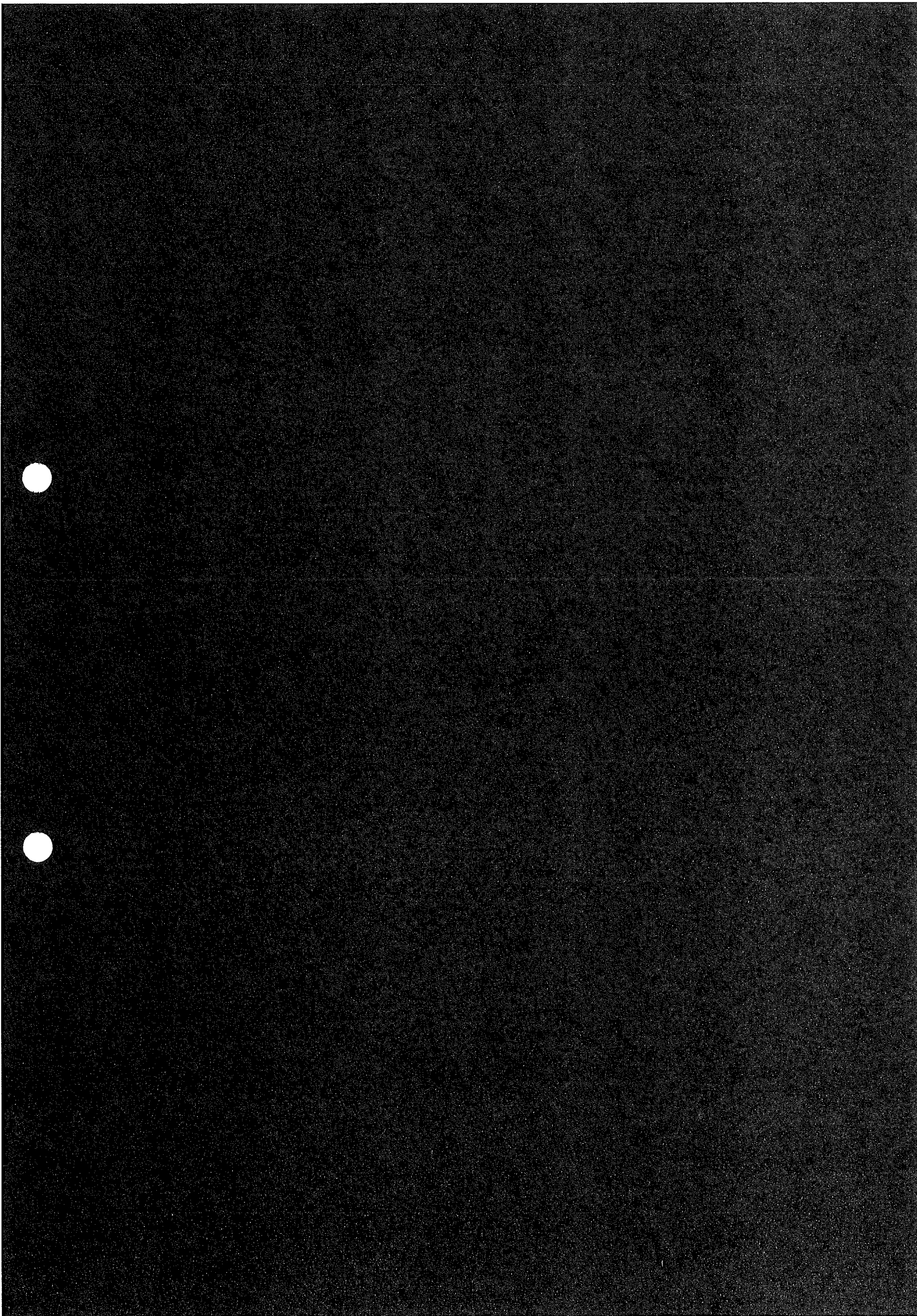


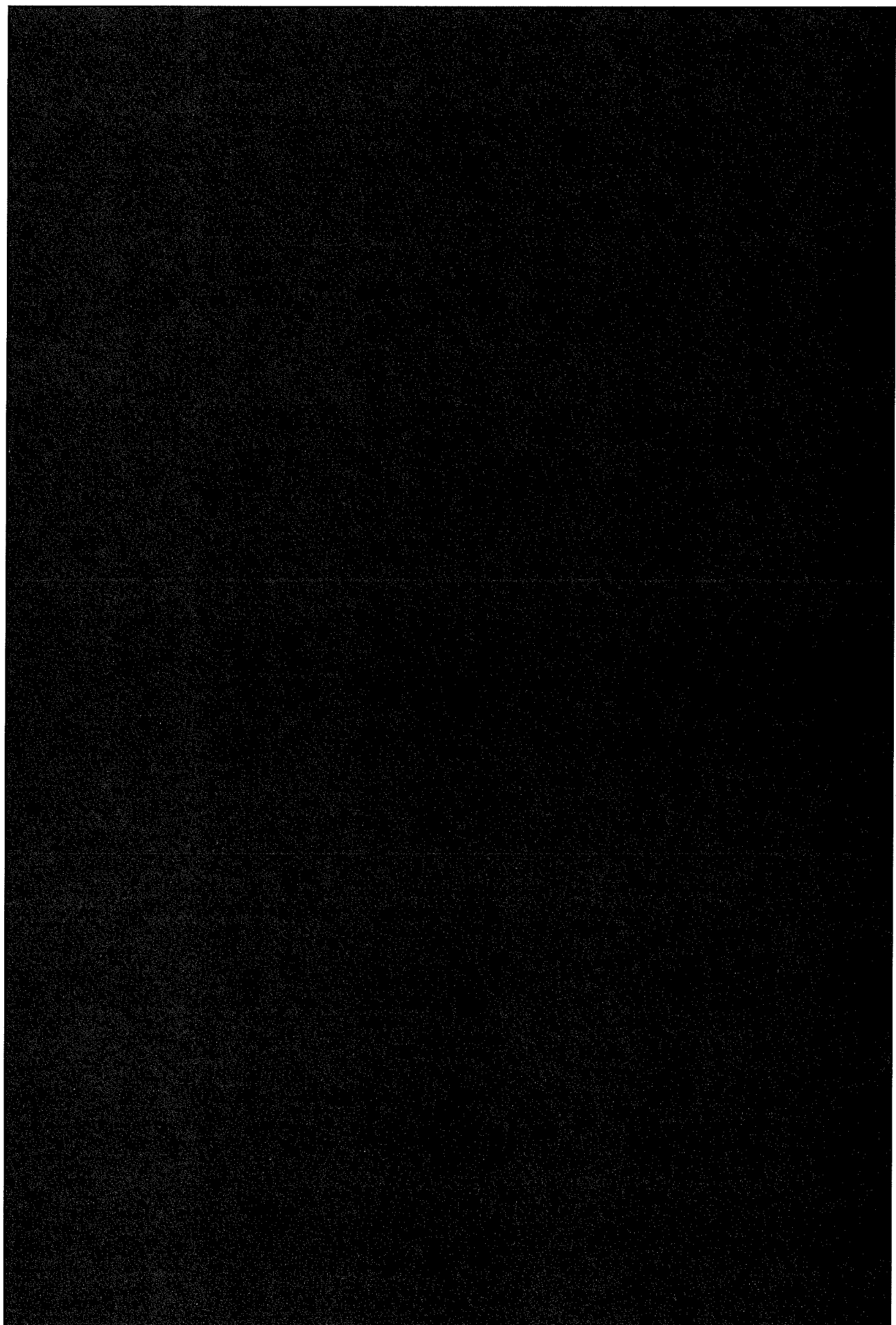












ACT Health Infrastructure Communication and Engagement Strategy

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1. Introduction

The ACT Health Infrastructure Communication and Engagement Strategy (the Strategy) presents a vision and direction to guide our communication and engagement approach to connect communities, stakeholders and First Nations peoples to future health infrastructure projects and investments across the Territory.

It outlines the communication and engagement framework for the delivery of the health infrastructure pipeline over the next decade.

The ACT has experienced the fastest growing population of any State or Territory over the last 10 years, growing from 370,000 to 455,000 people. By 2027, we are expected to reach half a million residents and on average, welcome around 9,000 new Canberrans each year. Every new member of our community, both now and in the future, will need access to high quality health services close to home.

Over the last decade, we have invested \$1.7 billion in health infrastructure to safeguard our health system, so it can continue to meet the community's needs as our population grows, lives longer and changing medical needs increase demand on our health services.

The 2023 ACT Health Infrastructure Plan details the ACT Government's critical investment in health infrastructure across the Territory for the coming decade. This includes the transformation of hospital campuses to deliver state-of-the-art facilities for health services and a network of community-based health facilities including new health centres, imaging facilities and walk-in centres located close to where people live.

The investment in this health infrastructure is underpinned by the key objective of ensuring everyone has access to modern and purpose fit infrastructure that prioritises care closer to home, improves patient outcomes and enables greater alignment of health service delivery across the ACT.

To ensure we deliver on the commitment to our future public health system, which puts individuals and their families first and provides the right care, in the right place, at the right time, we need everyone to be part of the conversation.

As we forge a new path for health care in the ACT together, we are pleased to present this Strategy. It guides the engagement roadmap for conversations with our communities, stakeholders, enabling the ACT Government to deliver this once in a lifetime boost to Canberra's health infrastructure and services.

We aim to foster a sense of ownership and cultural sensitivity throughout the program by actively involving our First Nations peoples and groups with barriers to participation in every phase of the process. This approach not only aligns with a commitment to equity and diversity, but also enhances the effectiveness of our health services by ensuring they are tailored to meet the varied needs of all stakeholders and community members.

In our ongoing dialogue about the future of our health services and facilities, we value the insightful conversations we've had with our communities to date. As we move to the next phase, a unique opportunity now exists to expand this conversation and encourage broader and deeper participation.

To ensure community-centred outcomes, we must hear from those we serve, including First Nations peoples, the LGBTIQ+ communities, Culturally and Linguistically Diverse (CALD) communities, people with disabilities, people with chronic health conditions and older people living in our community. These perspectives will be integral to shaping the

design and delivery of our health facilities and services. We look forward to amplifying the collective voice as we work together to deliver nation leading health care facilities. Consulting with these groups will be key in facilitating new and improved health infrastructure and services across the Territory.

Understanding local health needs and building stakeholder trust and support will leave lasting positive impacts for current and future generations of Canberrans.

1.1 Purpose of the Strategy

This Strategy is a high-level strategy that documents and guides the overarching approach to communication and engagement for the ACT Government's delivery of key health infrastructure projects over the next decade.

Our strategic framework is robust, flexible and multi-faceted, which is key to ensuring engagement is timely, authentic, respectful and inclusive. It can be adopted throughout the entire life of the health infrastructure pipeline and across all individual health infrastructure projects.

This Strategy will guide who we engage with, and how we engage, as well as the way we manage the unique complexities across the health infrastructure program.

Project specific communications and engagement plans will be developed and delivered under the Strategy to ensure that our engagement will be targeted and appropriate to our stakeholders, communities and First Nations people. They will be bespoke plans that provide opportunities for input and feedback throughout key program and project milestones across the project lifecycle.

1.2 Engagement approach with IAP2 foundation

The ACT Government's approach to communication and engagement is based on the International Association for Public Participation (IAP2) practices and spectrum.

IAP2 is used to guide engagement with an emphasis on 'inform', 'consult' and 'involve' levels of participation. The IAP2 spectrum is based on the premise that the ability to influence the decision-making process differs across various stakeholders, communities and projects.

To meet IAP2 engagement standards, an individual approach will be taken when engaging with each stakeholder, considering the level of consultation required and depending on the stakeholder group and activity.

The IAP2 Spectrum of Participation can be viewed online here:
<https://iap2.org.au/resources/spectrum>

2. The strategic framework

2.1 Vision for the ACT Government Health Infrastructure Plan

The ACT Government is investing in community health and hospital infrastructure. These facilities will make sure all Canberrans **can access high quality health services when and where they need them.**

The ACT Government will deliver quality health infrastructure that meets the needs of the community now and into the future. It will deliver places and spaces that are flexible and adaptable to meet the changing health needs of people in the Canberra region. .

Genuine communication and engagement will foster innovation and collaboration to inform the successful delivery of the health infrastructure program of activity.

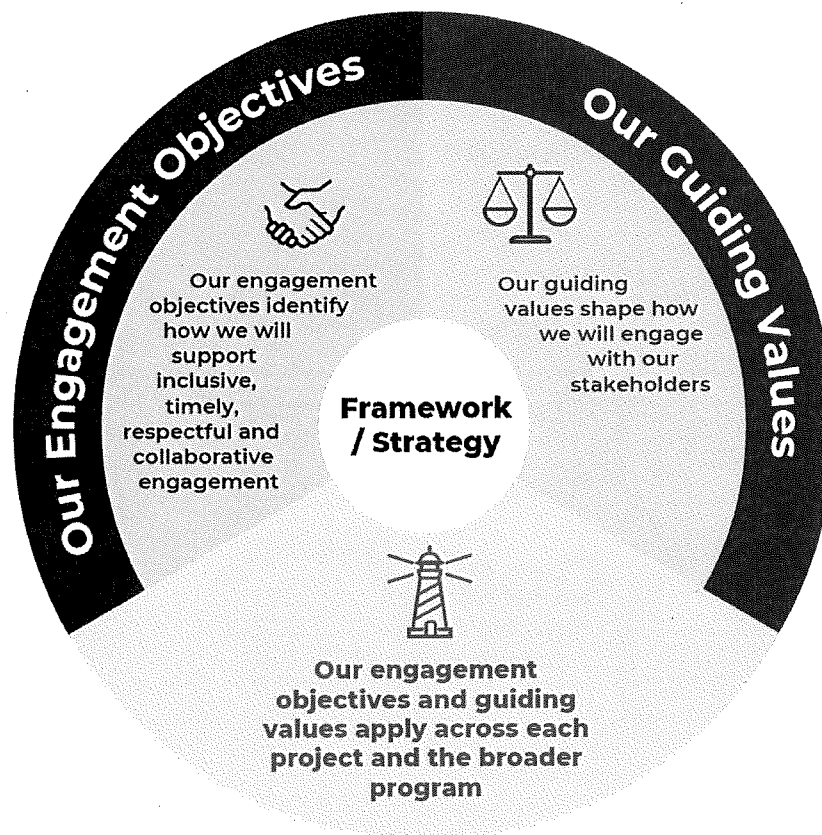
2.2 Guiding values

These guiding values serve as foundational values to shape how the ACT Government will interact and connect with stakeholders throughout the life of the health infrastructure program.

- **Person-centred and culturally aware:** Keep each individual as well as their cultural background and personal experiences front of mind when engaging. Treating every stakeholder with respect and understanding their unique perspectives.
- **Genuine, respectful, and culturally sensitive:** Ensure transparent engagement that is not only tailored to the specific needs of all stakeholders but also deeply values the cultural contributions and histories of First Nations peoples alongside those of other communities.
- **Safe and culturally secure:** Conduct engagement in environments that are physically safe and culturally secure for all stakeholders.
- **Locally focused and community-driven:** Aim to maximise stakeholder benefits in the impacted areas, leveraging local businesses and capabilities.
- **Collaborative and inclusive:** Commit to sharing information and connecting with all stakeholders ensuring a diverse range of voices are heard and considered.
- **Innovative and culturally informed:** ACT Government is open to change, new ideas, and continuous improvement.
- **No surprises and culturally consultative:** Ensure key stakeholders, are briefed according to agreed engagement, communication, and project protocols, with a focus on cultural consultation and sensitivity.
- **Accountable, transparent, and culturally responsive:** Make the decision-making process clear to all stakeholders, communicating what is negotiable and why, before engagement starts, and ensuring decisions are responsive to cultural considerations.
- **Authentic and culturally engaged:** ACT Government will listen to concerns from all stakeholders, throughout the engagement process, developing a comprehensive understanding of issues from all stakeholder and multiple cultural perspectives.
- **Targeted and culturally relevant:** Share the right information with the right groups of stakeholders, ensuring that information is culturally relevant and accessible.
- **Inclusive and holistically engaged:** We will engage with a broad range of stakeholder groups, to develop a holistic view of feedback and potential concerns, respecting the diversity within and between communities.

- **Committed and trust-building:** the program will be clear on the purpose and value of engagement, managing risks and maintaining commitment for the long term, with a focus on building trust as a partner for all stakeholders.

Figure 1: Framework Strategy



2.3 The strategic framework explained



¹ Accessible, Accountable, Sustainable: A Framework for the Public Health System 2020-2030

2.4 Communication and engagement strategic approach

Our approach is centered on engagement that is timely, authentic, respectful and inclusive. Our engagement program will facilitate input from communities, stakeholders, First Nations peoples, clinicians and consumers while ensuring they share in the project success.

We will continuously evaluate input and measure success of the engagement program to ensure it is effective and appropriate. A diagram of our approach is provided in the figure below.

Figure 2: Communication and engagement approach

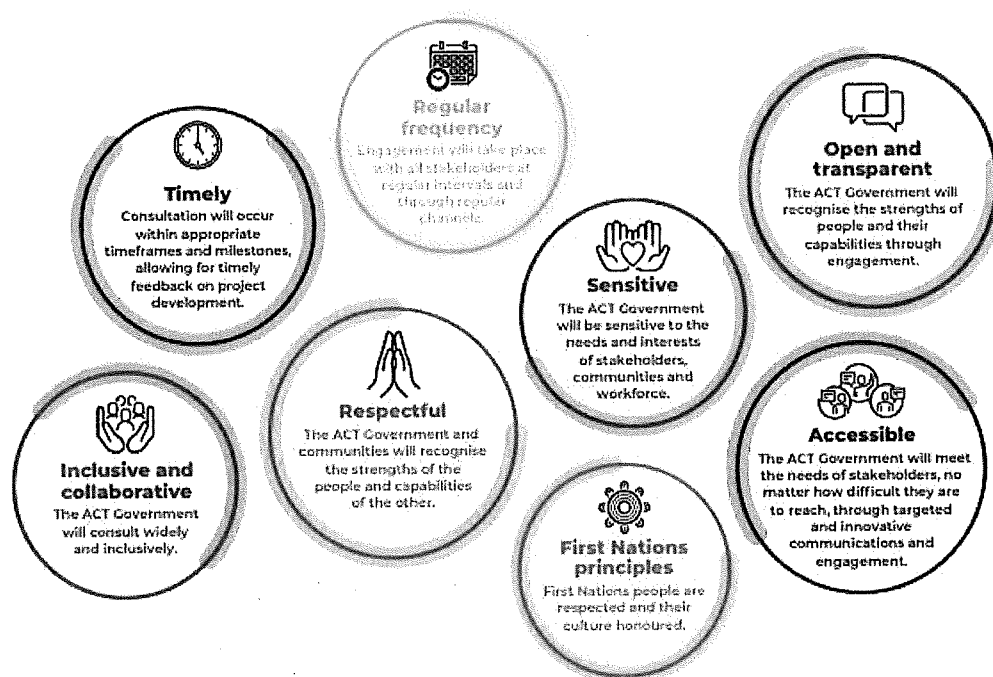


2.4.1 Engagement principles

Our people-focused approach means we will actively involve our First Nations peoples, groups with barriers to participation, stakeholders and local communities to understand their needs. This will be key in building advocacy and ownership for the overall health infrastructure program.

Our engagement principles are designed to be adopted across individual projects. Each project team will align with the following guiding principles:

Figure 3: Engagement principles

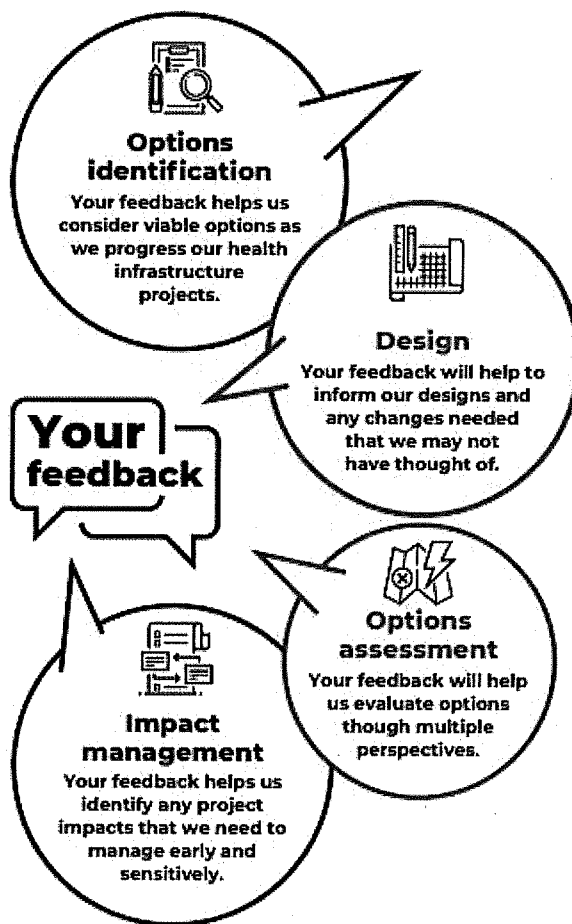


2.5 Incorporating feedback

A key part of our approach is encouraging input and feedback from our First Nations peoples, groups with barriers to participation, stakeholders and local communities, which will be essential during project development and decision making. The engagement program will plan for and promote opportunities for input and feedback at key project milestones.

Figure 3 shows how this feedback will be considered and used during the development of the overall program and sub-projects. This feedback will contribute to developing facilities and services for the people and by the people of Canberra and the surrounding region.

Figure 4: Feedback consideration



At the completion of each engagement phase, we will close the feedback loop with participants to explain how their input and feedback has been captured, considered and incorporated. We will provide justification as to why or why not feedback has been adopted. Detailed communication and engagement action plans will be developed for each individual infrastructure project. These plans will outline how each project will close the loop with participants as this process may vary between individual infrastructure projects.

3 About the ACT Health Infrastructure Program

3.1 Program overview

People in the Canberra region should have access to public health care, where and when they need it.

The ACT Government is committed to providing a high-performing public health care system that delivers safe and effective person-centred care and puts individuals and their families first.

In July 2023, the ACT Government consolidated its public hospitals to create a single network to improve coordination of health services. The single network will also enable better distribution of resources, increased workforce capacity, and efficient infrastructure planning on a Territory-wide basis. This will continue to strengthen Canberra's position as one of the most liveable cities in Australia and improve health outcomes for all.

It is vital that our health system provides the right care, in the right place, at the right time, which is why we are upgrading our public hospitals and increasing our community-based services.

As the ACT community continues to grow and age, demand for hospital and health services will increase. This, combined with the advancements in personalised care, technological and digital innovation, a focus on wellbeing 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.

With construction of the new northside hospital set to begin in the coming years it is an exciting and critical time for health infrastructure in the ACT. Planning for the hospital is well underway and over the coming years will be supported and informed by ongoing engagement with the community, clinicians and key stakeholders.

Over the next five years, we will start to see the Canberra Hospital Master Plan vision take shape starting with the completion of the new Critical Services Building in 2024. Work will commence on preparing the hospital campus for the next phase of the Master Plan with planning underway to deliver a new pathology and clinical support building. This early planning will also support new inpatient buildings and other critical campus infrastructure changes.

We will also continue to increase the number of health facilities in our community to provide patients with more options for accessing care closer to home. This includes specialist health facilities like mental health units and drug and alcohol rehabilitation centres, as well as walk-in centres, health centres, and child and family health clinics.

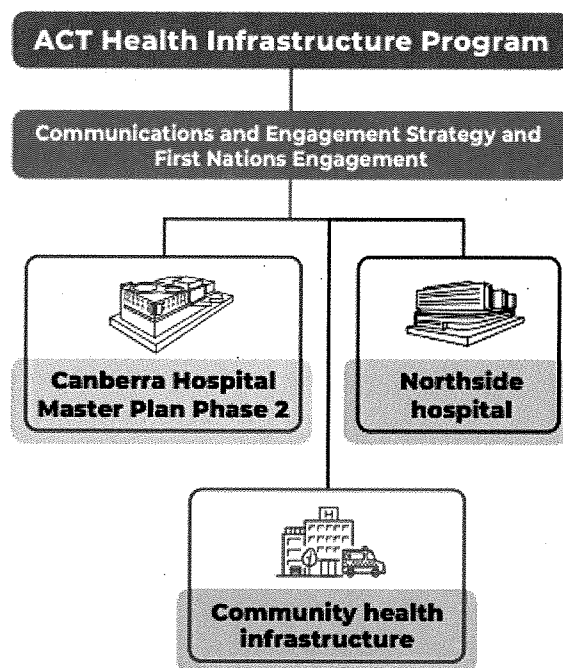
The ACT Health Infrastructure Program will deliver a coordinated and integrated approach to improving health services and facilities across the Territory to meet the needs of people in the Canberra region now and into the future.

3.2 The ACT Health Infrastructure Program

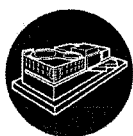
Over the last decade, the ACT Government has invested \$1.7 billion in health infrastructure with a focus on hospital infrastructure and community health. In addition to this the Government has committed more than \$1 billion to build a new northside hospital, with additional funding to continue to implement the Canberra Hospital Master Plan and provide four new health centres. This reflects the government's ongoing commitment to

improving acute services infrastructure and delivering more health services in the community.

Figure 5: The ACT Health Infrastructure Program



Under this program of work, three key projects have been committed to as outlined below and are the focus of the Strategy. Engagement will complement the respective project deliverables and support their successful delivery.



Implementing the Canberra Hospital Master Plan

The ACT Government will continue to invest in critical infrastructure on the Canberra Hospital campus through the implementation of the Canberra Hospital Master Plan. The Master Plan provides a long-term planning framework that will guide redevelopment of the Canberra hospital campus over the next 20 years. Implementation of the Master Plan is occurring in stages to ensure operational continuity with minimal disruption to clinical functions.

- Canberra Hospital Expansion – investment of over \$660 million – construction commenced in 2021 to deliver early works including new dedicated spaces for clinician professional development, research, the new Canberra Sexual Health Centre and a new Critical Services Building, with completion expected in mid 2024.
- Planning is underway to deliver a new Pathology and Clinical Support Building on the hospital campus.
- Early planning is underway to support new inpatient and other critical campus infrastructure.



A new northside hospital

The new northside hospital will be the largest health infrastructure project to be delivered in the history of the Territory, with more than \$1 billion provisioned to deliver the new northside hospital. The hospital will replace the ageing infrastructure at the existing public hospital site in Bruce and improve the overall efficiency and effectiveness of the Territory-wide health system.



Community health infrastructure

Community health infrastructure plays a vital role in providing health care close to home. The ACT Government operates and funds a wide range of health centres, including respite facilities and walk-in centres. Over the coming years, these facilities will be progressively upgraded, expanded and replaced to cater for our growing population and to ensure they can keep delivering high-quality health care.

Key projects include:

- Four new health centres delivering community-based services in South Tuggeranong, Inner South, North Gungahlin and West Belconnen.
- Watson Health Precinct
- Southside Hydrotherapy Pool
- Residential treatment centre for eating disorders

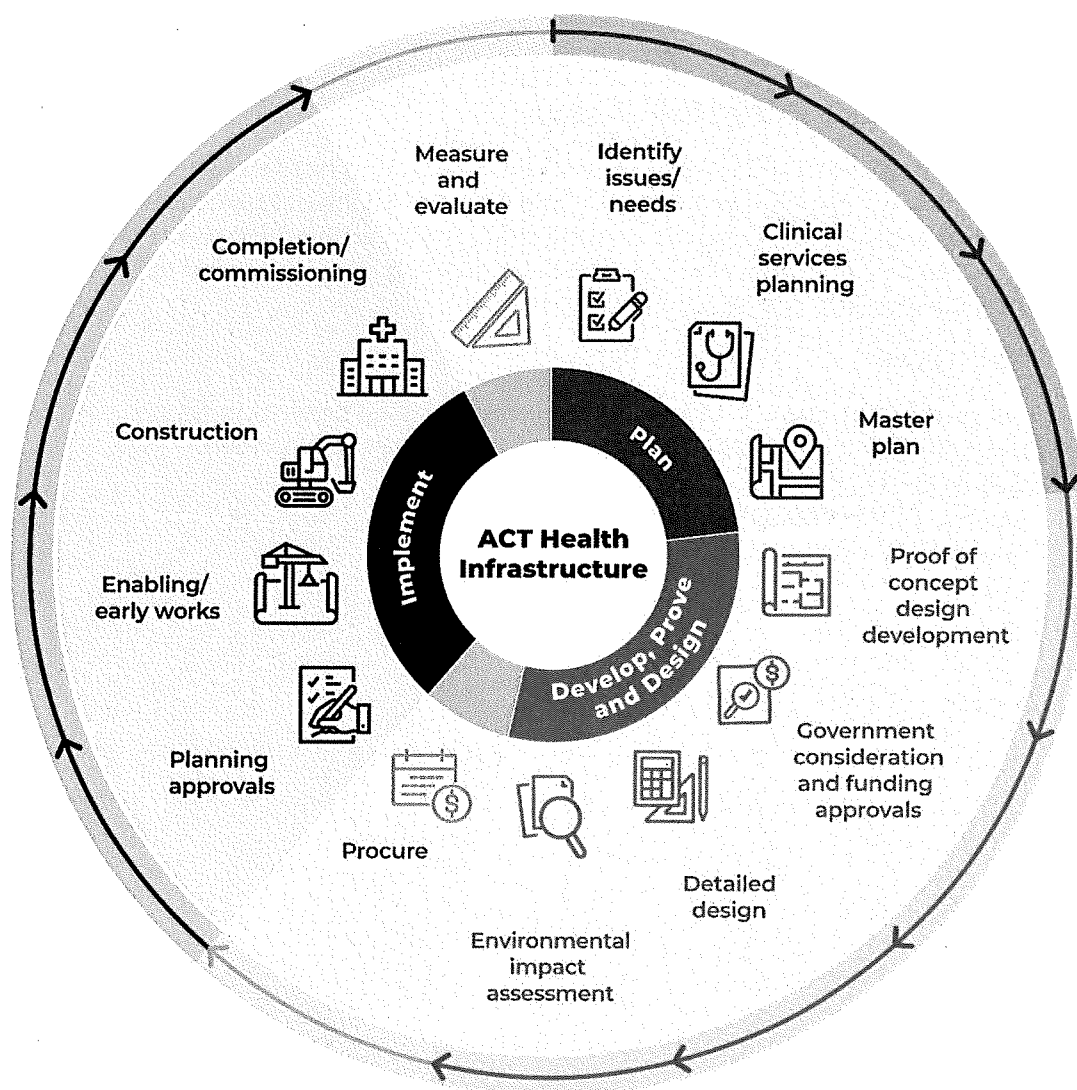
3.3 Project lifecycle

There are five project phases that are common for new health infrastructure: plan, design, procure, implement, and measure. Underpinning all of these phases is our communication and engagement with community, stakeholders, clinicians, consumers, and First Nations peoples.

The steps taken in each phase, along with which points of the project seek community engagement, may vary depending on individual project needs, including size and scale.

This project lifecycle aligns with the ACT Capital Framework. This is the policy framework used by the ACT Government to support the successful delivery of capital projects in the ACT.

Figure 6: Project lifecycle



4 Let's talk ACT Health Infrastructure Program

4.1 Key messages

Key messages will be reviewed as the infrastructure program progresses to ensure consistency across all communication and engagement activities.

Messages and narrative are to be woven through all communication material and leveraged to align with activities and outcomes.

Project specific key messages will be developed and integrated within the project-specific communications and engagement plans.

Why have we invested in such a significant health infrastructure program?

- Canberrans should have access to public health care, where and when they need it.
- It is vital that our health system provides the right care, in the right place, at the right time, which is why we are delivering state-of-the-art public hospitals and building more health facilities in the community to provide care closer to home.
- Over the coming decades, the ACT Government is investing in more health infrastructure across Canberra. Significant planning is underway so every part of our health system can support the growing community.
-
- At the heart of the ACT Government's investment in health infrastructure is the commitment to invest in our public hospitals and our health centres.
- The ACT Government's vision is for a public health system in the ACT that is accessible, accountable and sustainable. This vision is supported by a commitment to health care that puts patients and their families first, and to providing the right facilities to meet the future health needs of the growing ACT and the surrounding region.
- The ACT Government is committed to providing a high-performing public health care system that delivers safe and effective person-centred care and puts individuals and their families first.
- The ACT Government is committed to working closely with the community, stakeholders, consumers and our workforce to ensure health facilities are designed to meet the needs of people in the Canberra region now and into the future.

What does the future of health look like for the ACT?

- With construction of the new \$1 billion northside hospital set to begin in the coming years it is an exciting and critical time for health infrastructure in the ACT. Planning for the hospital is well underway and over the coming years will be supported and informed by ongoing engagement with the community, clinicians and key stakeholders. We are starting to see the Canberra Hospital Master Plan vision take shape with the completion of the new Critical Services Building in 2024. Work will commence on preparing the site for the next phase with planning underway to deliver a new pathology and clinical support building on the campus.
- In planning, designing and building the new Critical Services Building at Canberra Hospital we have received valuable feedback from community, stakeholders, clinicians and consumers. We are using what we have learnt from this project to guide us as we enter into the planning for the new northside hospital and future health infrastructure.
- We will also continue to increase the number of health care centres in our community, which provide more options to patients in how they receive care, while reducing the burden on acute care and prevent avoidable hospitalisations.

- People in the Canberra region want to be treated closer to home where possible. Community-based care is coordinated, integrated care close to home, that is delivered in a way that is person and population-centred.
- There is a wide range of health care centres in our community, including specialist health facilities like mental health units and drug and alcohol rehabilitation centres, as well as walk-in centres, community health centres, and child & family health clinics.

4.2 Who will we be talking to?

We believe the best way to address the challenges and seize the opportunities that lie ahead in our projects is to collaborate with the people who our health system serves - you. It is our commitment to involve you as the program moves forward, and keep you informed about what is happening, why it is happening and how you can get involved.

Community and stakeholder involvement in the health infrastructure program will enable improved healthcare infrastructure outcomes, including optimal performance for healthcare workers, alignment with First Nations cultural values, better patient treatment and recovery, and more supportive spaces for families.

The list below identifies at a high-level community and stakeholder engagement touchpoints for the overarching health infrastructure program.

Table 2: Key stakeholder list

Stakeholder group	Who
Government and non-government Territory agencies	• ACT Ministers • ACT Government Directorates and Agencies – in particular CHS, EPSDD, TCCS, Education and CSD • Community councils • Joint Organisations • NGOs • Emergency Services • Ministerial advisory councils
Workforce	• Executive staff and executive steering groups • Clinical staff • Non-clinical staff • Project staff • Contractors and suppliers • Industrial and professional organisations
Health consumers	• Patients • Families • Carers • Visitors • Territory Health Infrastructure Consumer Reference Group • Volunteer Groups
First Nations	• Aboriginal Community Controlled Organisations • Aboriginal Medical Services • Traditional Owners • Aboriginal Elders • Aboriginal Community Leaders

	• Aboriginal Cultural Authorities • Aboriginal Youth • Broader Aboriginal Community • Ngunnawal Language and Culture Centre • UNEC • ATSEIB • Winnunga Nimmityjah • Gugan Gulwan
Interest groups	• Professional bodies and associations • Medical associations • Other healthcare providers • Environmental groups • Canberra Business Chamber
Local and broader community, including border towns who access ACT health services	• General community and businesses surrounding each project site • Resident associations • Border communities
People with specific needs and groups who have barriers to participation	• Older persons • LGBTQIA+ • People with disabilities or complex needs • People with chronic conditions • People on lower incomes • People experiencing family or domestic abuse • Carers • Youth (people between 10 years and 21 years)
Community and linguistically diverse (CALD) community	• CALD communities • Multicultural services
Media	• Metro and regional media outlets
Early education facilities	• Childcare facilities
Primary and secondary education facilities	• Schools and other educational institutions in the program wide area that will contribute to engagement and project specific activities.
Tertiary education facilities	• Universities • TAFE • Colleges

4.3 First Nations engagement approach

Our engagement with First Nations peoples will be aligned with principles of respect, transparency, and mutual learning. Recognising the sovereignty and unique cultural perspectives of First Nations peoples, our approach is to enter into these engagements not just as project initiators but as active listeners and learners.

ACT Health has engaged First Nations engagement specialists YarnnUp to work in step with us to deliver First Nations engagement that is appropriate and sensitive to the ACT and surrounding region First Nations peoples.

The First Nations engagement approach is one that places First Nations engagement at its heart. By tailoring our strategies, fostering continuous dialogue, integrating cultural education, and building long-term relationships, we aim to support ACT Health to create infrastructure that is exemplary in its service delivery and deeply respectful and celebratory of First Nations cultures and communities.

Our Strategy is designed to ensure the infrastructure program embodies the principles of cultural sensitivity, inclusivity, and collaboration.

A detailed First Nations engagement strategy will be developed in partnership with the local community. Key opportunities that will be considered in our engagement approach include:

- **Tailored engagement:** Customising First Nations engagement strategies to suit the specific needs and cultural dynamics of the Ngunnawal people will ensure that engagement is relevant, respectful, and effective.
- **Continuous dialogue and partnership:** Establishing ongoing communication channels with First Nations peoples to ensure that First Nations voices are heard and integrated throughout the project lifecycle. This may include regular engagement and consultations, feedback sessions and collaborative forums.
- **Cultural education and integration:** Fostering cultural capability among leaders involved in the ACT Health Infrastructure program through training in First Nations cultures, histories, and contemporary issues, as well as the integration of traditional knowledge and practices into healthcare services.
- **Community-centric design:** Approaching projects with a focus on creating spaces that are functional health facilities and resonate with the cultural identity of First Nations peoples.
- **Healthcare innovation through traditional knowledge:** Exploring ways to blend the rich traditional knowledge of First Nations peoples with contemporary healthcare practices, to provide innovative, holistic health solutions.
- **Feedback and adaptation:** Regularly gathering and acting on feedback from First Nations peoples to ensure our projects remain aligned with community needs and aspirations.
- **Building long-term relationships:** Establishing lasting relationships with First Nations peoples beyond individual projects to foster a sense of trust and partnership.
- **Cultural celebrations and acknowledgements:** Including elements that celebrate and acknowledge the cultural significance of First Nations peoples, ensuring that these spaces are not just about healing but also about honouring and respecting First Nations heritage.

4.4 What are the potential issues, risks and what can we do about them?

The key potential issues and risks identified and considered when developing the strategic approach to stakeholder and community consultation are detailed in Table 5 below.

Table 3: Key community and stakeholder issues and risks

Potential issue	Risk	Risk level	What can we do?
Adequate funding for project delivery.	Reputational risk around a potential change to project scope. Risk of cost blow out resulting from rising construction costs or delivery delays.	High	Proactive and clear messaging to ministerial offices to advise of risk and impacts to project/s. Project scope to be included in communication material.

Potential issue	Risk	Risk level	What can we do?
Program/project delay.	Delays may lead to negative sentiment and media coverage, damaging the project's reputation and causing unnecessary distractions.	High	Update timelines and key messages, providing reasons for any delays.
Low staff morale.	Disruption to staff prior to and during construction may result in worsening morale and impacts to services.	High	Proactive and upfront communication with staff with regular opportunities for engagement. Robust change management plan to support staff during and post construction.
Expectations of Minister vs Directorate.	Territory election is scheduled for 19 October 2024.	Medium	Have an agreed forward plan for announcements and opportunities that consider the caretaker period and a potential change of government. Regular communication and briefs provided.
Limited engagement opportunities and/or barriers to engagement.	Lack of comprehensive engagement approach that is inclusive of hard-to-reach communities.	Medium	Provide transparent, inclusive and regular opportunities for engagement. Prepare strategies and tactics to target seldom heard communities as identified in the stakeholder plan above.
Barriers to First Nations engagement based on differing views in community.	Reputational risk, community or media backlash.	Medium	Engage specialist Aboriginal consultancy to facilitate meaningful and genuine community engagement, build trust through relationships. Ensure engagement is inclusive of all community views and aspirations.
Poor understanding of the ACT planning process.	Stakeholder frustration with major projects' planning processes, including confusion over when and how to provide feedback.	Medium	Educate stakeholders about the process and provide regular opportunities for feedback. Visual aids to demonstrate process.

Potential issue	Risk	Risk level	What can we do?
Lack of health resources / workforce.	Challenges in attracting health staff to work in Canberra may be made worse with construction activity.	Medium	Collaborate with CHS to understand staff needs and opportunities to minimise disruption during construction.
Disruption to services.	Services may need to relocate or be rescoped during project delivery.	Medium	Clear communication with consumers and impacted stakeholders to advise of changes.
Environmental impacts.	Perceived or real environmental impacts may negatively impact the project and cause delays.	Medium	Key messages to relate back to the environmental management plans. Environmental mitigation measures outlined in collateral.
Lack of understanding of local First Nations peoples.	Non-compliance with local community protocols and processes.	Medium	Build genuine relationships with Aboriginal Community through engagement that is culturally sensitive and considers specific local cultural backgrounds and experiences.
Insufficient time to build trust and respect with the First Nations peoples.	Non-compliance with the Self-determination right of First Nations peoples.	Medium	Ensure adequate time is mapped for community consultation and engagement, this will ensure adequate time to build mutual respect and trust for the entirety of the project.
Disruption and changes to parking and access / wayfinding during construction.	Frustration or confusion due to changes to parking or access arrangements for staff and consumers.	Medium	Ensure accessible information about changes. Implement a wayfinding strategy and specifically consider safety, signage and lighting.
Issues around reaching seldom heard communities	Poor environments for communication. Lack of interpreters, accessible transport, or information in appropriate formats.	Medium	Build genuine relationships with different communities through engagement that is culturally sensitive and considers specific local cultural backgrounds and experiences. Proactive and upfront communication with different communities with

Potential issue	Risk	Risk level	What can we do?
			regular opportunities for engagement.
Engagement / consultation fatigue.	Multiple projects taking place concurrently will require consultation and engagement with the same stakeholder groups. This could potentially lead to frustration and apathy with the process.	Low	Coordinated, strategic engagement plans that consider previous engagement outcomes and milestones. Combined calendar of engagement activities.
Feedback and data are not collected, analysed and reported in a culturally appropriate way.	Data is presented in a way that is damaging to communities.	Low	The program will uphold data sovereignty and ensure Aboriginal Community voices are at the centre. Ensure Aboriginal Community rights over the reporting and publication of data and results.
Lack of coordination with other ACT government directorates	Poor stakeholder communication and potential for reputational risk.	Low	Cross-directorate working groups have been established (at both executive and officer levels). These will continue throughout the life of the projects. Brief Ministers and other government directorates in advance of communication and engagement activities.

5 How we will engage with you

5.1 Communication and engagement tools and techniques

We will use a variety of communication and engagement tools and techniques to listen to, capture and consider your feedback. An example of the tools we will use are outlined below. We will choose the most suitable tool depending on who we are talking to and what we are talking about.

Figure 7: Communication and engagement tools and tactics

Feedback channels		Public communication material	
	Project email address		Fact sheets / Community update / Newsletters / Notifications
	Your say		Frequently Asked Questions (FAQs)
	Letter		Our Canberra – print and electronic resident newsletters
In person		Digital channels	
	Drop-in information events / pop-up stands		Websites www.health.act.gov.au www.healthdirect.gov.au www.builtforcbr.act.gov.au
	Media announcements and events		Videos
	Stakeholder meetings/briefings		Social media
	Site tours / walk on Country		Audio versions of collateral
	Town Hall Sessions		Visualisations and animations
	Workshops/Forums		Virtual Consultation Rooms / Engagement spaces
			Podcasts
			Digital storytelling
Display/signage		Other	
	'Project wall' within the hospital		Unpaid media
	Infographics and presentations		Stakeholders and third-party owned / managed members and channels
	Posters with QR codes		Strategic partnerships

5.2 Leaving a lasting legacy

Creating a lasting legacy can be about much more than the infrastructure standing at the end of a project. It's about making a lasting impact or contribution that will be remembered and valued by future generations. Across the entire lifecycle of a project there are many opportunities to leave a legacy – from how projects are designed, to how they are delivered, the conversations you have along the way, and the impact that remains for the community once they are operational. Below we have identified some of the ways through our engagement we will strive to leave a legacy behind.

5.2.1 Public art strategy

Applying public art in a health setting involves implementing artistic programs within healthcare environments to improve patient wellbeing and healthcare experiences overall.

Public art is inclusive of heritage, literature, visual, performing and dramatic arts, and can transform spaces to create holistic healthcare interventions for consumers.

The public art strategy for the ACT Health program of work will be based on key themes from a First Nations and a non-First nations perspective interwoven through each project. Engagement with consumers will help define these themes and how best to integrate them in the design of each building and space.

A qualified art consultant will be engaged to deliver the public art strategy with each project having budget set aside for curatorial purposes.

5.2.2 First Nations initiatives

First Nations engagement initiatives aim to address the unique health needs of First Nations peoples as well as extend cultural education among staff, integrate traditional knowledge and practices into design, and establish an ongoing partnership framework. We will be guided by the First Nations community to deliver an approach that enhances their wellbeing. We are dedicated to ensuring that our facilities are centres for healing and environments that embody cultural respect, understanding, and celebration.

This approach is a testament to our dedication to building health facilities and a healthcare system that is inclusive, culturally aware, and deeply connected to the communities it serves.

- **Ongoing truth-telling exhibits and spaces:** Create dedicated spaces within the health facilities for truth-telling exhibits.
- **Digital storytelling platforms:** Utilise digital platforms to share First Nations stories, local language more broadly.
- **Support for First Nations artists and creators:** Commission First Nations artists and creators to produce works that express and explore themes of local history, healing, and truth-telling.
- **Employment and training opportunities:** Create targeted employment and training opportunities for First Nations individuals in various roles across the program.
- **First Nations dialogue:** Use existing groups and channels to establish ongoing opportunities for dialogue and feedback.
- **Sustainable practices and Caring for Country:** Integrate sustainable practices in the health infrastructure that align with the principles of Caring for Country.
- **Place name / dual naming:** look for opportunities to use Aboriginal place names and language across the projects.

6 Next steps

In the coming months and years, the significant investment in health infrastructure across the Territory will come to fruition with the delivery of key health projects.

The communication and engagement principles within this strategic framework are designed to be adopted and implemented across these projects to ensure we listen and respond to the needs of our project stakeholders.

Detailed communication and engagement action plans will be developed for each individual infrastructure project.

A summary of the indicative activation plan for the next 2-4 years has been provided at Figure 7.

[illegible]

[illegible]

Communications and Engagement Overview – Canberra Hospital Masterplan Implementation – Phase 2

Tier Timeframes	Tier 1	Directorate/Business Unit Key spokesperson/Minister	ACT Health Rachel Stephen-Smith
	2024 – commence construction		

What are we communicating?

Strategic intent

- Provide genuine opportunities to engage with local communities, stakeholders, health consumers and clinicians to ensure the next phase of the Canberra Hospital Masterplan (CHMP) is designed to meet the needs of Canberrans now and into the future.

Strategic approach

- Identify and actively involve a diverse range of stakeholder groups through authentic, timely, innovative and culturally sensitive communication and engagement.
- Continuously evaluate input and measure success of the engagement program to ensure it is effective and appropriate.
- Reassure staff, patients, families, visitors, carers, and the general community about the continuity of services throughout construction and the importance of patient safety will be a key aspect of all communications.

Strategic rationale

- In 2021, the ACT Government released the CHMP that provides a long-term planning framework that will guide the redevelopment of the Canberra Hospital campus over the next 20 years.
- Ongoing community and stakeholder engagement will be pivotal in the planning, design and construction of the new facilities.

Overarching proposition

- The ACT Government's vision is for a person-centred health system that is innovative, effective, and sustainable. To ensure we deliver on the commitment to our future public health system, which puts individuals and their families first and provides the right care, in the right place, at the right time, we need everyone to be part of the conversation. Input and feedback will be critical to ensuring we deliver places and spaces that are flexible and adaptable to meet the growing and changing health needs of all Canberrans.

What we know

Research, insights, and data

- The ACT has experienced the fastest growing population of any area over the last 10 years, growing from 370,000 to 455,000 people. By 2027 we are expected to reach half a million residents.
- Canberra Hospital is ACT's largest and busiest hospital, providing a range of services for more than 500,000 people. Many of its existing assets are aging having been operational since it opened in 1973. It is the Territory's tertiary teaching hospital and provides trauma services and most major medical and subspecialty services.
- Following extensive stakeholder and community engagement, the CHMP was released in 2021 and will significantly increase the capacity of Canberra Hospital over the coming years and address current and future demand pressures.
- While extensive communication and engagement with stakeholders and community members was completed in late 2021, market research shows there is a lack of awareness and understanding about the CHMP and its objectives.
- This market research showed that few participants in the market research were aware of work underway at the campus, and none had heard of the master plan.
- However, once they were questioned further, they viewed expansion of Canberra Hospital as "necessary", "encouraging", and would ensure equitable access to healthcare for those in the south of Canberra.

Key risks and mitigation strategies

- Consultation fatigue - mitigated by coordinated, strategic engagement plans that take into consideration previous engagement outcomes and other projects occurring during the planning and scoping phase.
- Slow pace of infrastructure and ongoing construction onsite - mitigated by clear key messages to the community around project milestones and timelines.
- Disruption to services, changes to parking and access and/or patient or consumer experience - mitigated by actively engaging health providers, peak bodies and consumer advocacy groups and providing proactive and upfront communication about changes.

What success looks like

Objectives and KPIs for communications strategy

1. Increase public awareness and support for the implementation of the CHMP and the value and benefits it will bring the community now and into the future.
2. Communicate and engage with local communities, stakeholders, First Nations peoples and health consumers through the delivery of a dedicated engagement program.
3. Deliver best practice communication and engagement that is well researched, well planned and tested with core reference groups.

Measuring success

- Clear project messaging in line with the overarching strategy.
- Monitor and evaluate strategic engagement objectives through applying a key engagement performance scorecard.
- Evaluate project specific feedback from the community, stakeholders and the workforce at each consultation phase and categorise by sentiment to measure shifts in awareness and support.
- Measuring engagement performance through online analytics.
- Work with the project team to identify and mitigate project specific communication and engagement risks.

Who (target audiences and stakeholders)

The list below identifies at a high-level community and stakeholder engagement touchpoints for the overall CHMP implementation engagement.

Primary audiences:

- ACT Government directorates
- Our health workforce
- Health consumers
- Health Infrastructure Consumer Reference Group
- People with specific needs and seldom heard groups such as older persons
- LGBTQIA+ communities, families with complex needs and CALD Communities
- First Nations communities
- United Ngunnawal Elders Council
- ACT Aboriginal and Torres Strait Islander Elected Body
- NCOs funded by ACTHD to deliver health services
- Project specific NGOs
- Health peak bodies and interest groups
- Community Councils
- Joint Advisory Councils
- Unions
- Reference groups

Secondary audiences:

- ACT broader community, including border towns who access ACT health services.
- Regional NSW health providers and services

How are we informing and engaging our target audiences

Key messages

- In 2021, the ACT Government released the Canberra Hospital Masterplan 2021-2041 following extensive stakeholder and community engagement. The masterplan provides a long-term planning framework that will guide the redevelopment of the Canberra Hospital campus over the next 20 years.
- Implementation of the masterplan is occurring in stages to ensure operational continuity with minimal disruption to clinical functions. This includes the progressive decommissioning and demolition of ageing facilities and the deployment of new assets across the campus.
- The Canberra Hospital Expansion Project is currently underway, delivering a new Critical Services Building which is set to open in 2024. Planning is now turning towards delivering the next phase of masterplan – a new pathology and clinical services building, as well as a new inpatient/outpatient building.
- The ACT Government is committed to working closely with the community, stakeholders, consumers and our workforce to ensure health facilities puts patients and their families first, and provides the right facilities to meet the region's future health needs.

Call to action - Find out more information and get involved in the conversation by visiting <https://www.builtforbr.act.gov.au/projects/health>

How will we communicate/engage

- Monitoring media and feedback from stakeholders
- Regular communications and briefings to internal staff and key stakeholders around progress and milestones
- Social Media (Facebook, LinkedIn, Instagram) – Min, ACTHD, ACT Govt
- Digital engagement – websites (ACT Health and Built for CBR, intranet, eDM etc)
- WHOC publications – region specific OurCBR eDM and print
- YourSay conversations page
- HCCA Communication channels including the Territory-wide Health Infrastructure Consumer Reference Group
- Media announcement and opportunities for earned, paid and owned channels
- Stakeholders and third-party owned/managed members and channels
- Strategic partnerships
- Program of in-person activation and engagement activities including roadshows, pop-up kiosks, event pop-ups and community outreach activities.

Activation Plan

Comms/engagement stage	When	What and why	Responsibility
Discovery phase			
Research and Engagement	2020-2023	- Masterplan development – extensive community input and engagement - Market Research – explored community perceptions, attitudes and expectations amongst Canberrans in relation to the Canberra Hospital Master Plan	ACT Health CMTEDD
Business case development – New pathology and clinical support building	2024	- Gathering, testing and validation of sections of the Business Case with design and technical advisors, along with government agencies (Treasury, CHS and MPC). - Targeted market sounding of Tier 1 providers for different options. - Working sessions with Health Infrastructure Consumer Reference Group and the Health Care Consumers Association to raise awareness of the project and an opportunity to provide input into design parameters.	ACT Health
Community education/awareness	2024	- In early 2024, deliver a health infrastructure roadshow to community councils – focus on plan and projects for each region. These materials will be repurposed for further communication with the broader community in each area through a variety of traditional and emerging channels. - Ongoing educational campaign through owned social media channels and publications - promoting health infrastructure, celebrating project milestones while highlighting the community benefits and outcomes.	ACT Health
Implementation phase			
Detailed design	2024-2025	Extensive engagement will be undertaken throughout the detailed design for Phase 2 of the Canberra Hospital Master Plan with clinicians, stakeholders, consumers, and the broader community. This will be delivered through a range of methodologies including, but not limited to: Interactive websites, virtual and in person engagement sessions, surveys, place activations, and pop-ups.	ACT Health
First Nations Engagement	2024-ongoing	First Nations engagement encompasses initiatives for cultural education among our staff, integrating traditional knowledge and practices into our design, and establishing an ongoing partnership framework with First Nations peoples. Engagement activities will lead to opportunities with our First Nations peoples to incorporate First Nations specific facilities and create the foundation to design culturally safe and appropriate spaces.	ACT Health
Reference Groups Planning Approvals	Ongoing 2024-2025	Ongoing involvement of the Health Infrastructure Consumer Reference Group across all stages of phase 2. Engagement activities to support the following statutory processes – demolition, construction development applications.	ACT Health ACT Health
Decant to enable construction	2024-2025	- Workforce engagement around accommodation requirements, schedule of accommodation and relocation of services - Workforce change management engagement - Public information/education campaign to inform broader community of changes on site and reassure continuity of services.	ACT Health
Early works – enabling and demolition	2024-2025	Ongoing communications and engagement around impacts and changes as a result of enabling and demolition works.	ACT Health
Evaluate and improve phase			
Review and evaluate	Ongoing	- Reporting to the community – listening reports throughout engagement phases and final conclusion reports. - Review meetings/workshops with key stakeholder groups around processes – capturing key learnings. - Market research around sentiment, awareness, perceptions. - Establish benchmark marks for minimum engagement methods to ensure continuous improvement targets for engagement.	ACT Health

Canberra Hospital Masterplan Phase 2 Redevelopment

Community and Stakeholder
Communications and Engagement
Framework

2023

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1. Introduction

1.1 Background

The Canberra Hospital Master Plan outlines the transformation of the Canberra Hospital campus that achieves the ambitions expressed by our community and stakeholders throughout Stakeholder Consultation in 2021. We are now seeking your feedback on Implementation Phase 2 of the Canberra Hospital Master Plan following the Canberra Hospital Expansion project.

Canberra Hospital is the largest public hospital and tertiary referral centre in the region and provides a range of services for more than 500,000 people living in its primary catchment. The current Canberra Hospital Campus is comprised of 28 buildings with a Gross Floor Area (GFA) of approx. 207,000m². However, many of its existing assets are nearing the end of their useful life, having been operational since the hospital opened in 1973.

Significant investments in new and upgraded infrastructure have been made over the last decade to address the most critical and at-risk assets across the campus. The Canberra Hospital Master Plan is the next step in transforming the Canberra Hospital campus. The plan aims to maintain the hospital's ability to deliver world class healthcare and to achieve the ambitions expressed by community and stakeholders. The Master Plan was released in December 2021 to guide the redevelopment of the campus over the next 20 years.

The Canberra Hospital Expansion Project is currently underway, delivering a new Critical Services Building (CSB) which is set to open in 2024. This project is the first component of the Canberra Hospital Master Plan to be delivered in Phase 2. Phase 1 of the Master Plan, the new multi-storey carpark on the Yama South Carpark, is currently in feasibility and early design.

This project includes the planning for a new pathology and clinical services building, as well as a new inpatient / outpatient building.

1.2 Overview and purpose of this document

ACT Health Directorate together with Canberra Hospital Services and Major Projects Canberra are committed to providing community and stakeholders with meaningful opportunities to provide input into **Implementation Phase 2** of the Canberra Hospital Master Plan. The purpose of this report is to:

- ▶ Provide an overview of stakeholders involved in this project; and
- ▶ Outline a proposed consultation framework and engagement plan.

ACT Health has developed an Infrastructure Communication and Engagement Strategy which presents a visions and direction to guide the approach to connect communities, stakeholders and First Nations peoples to future health infrastructure projects and investments across the Territory. This document outlines a proposed approach to stakeholder consultation in line with this strategy and the Capital Framework Infrastructure Investment Lifecycle.

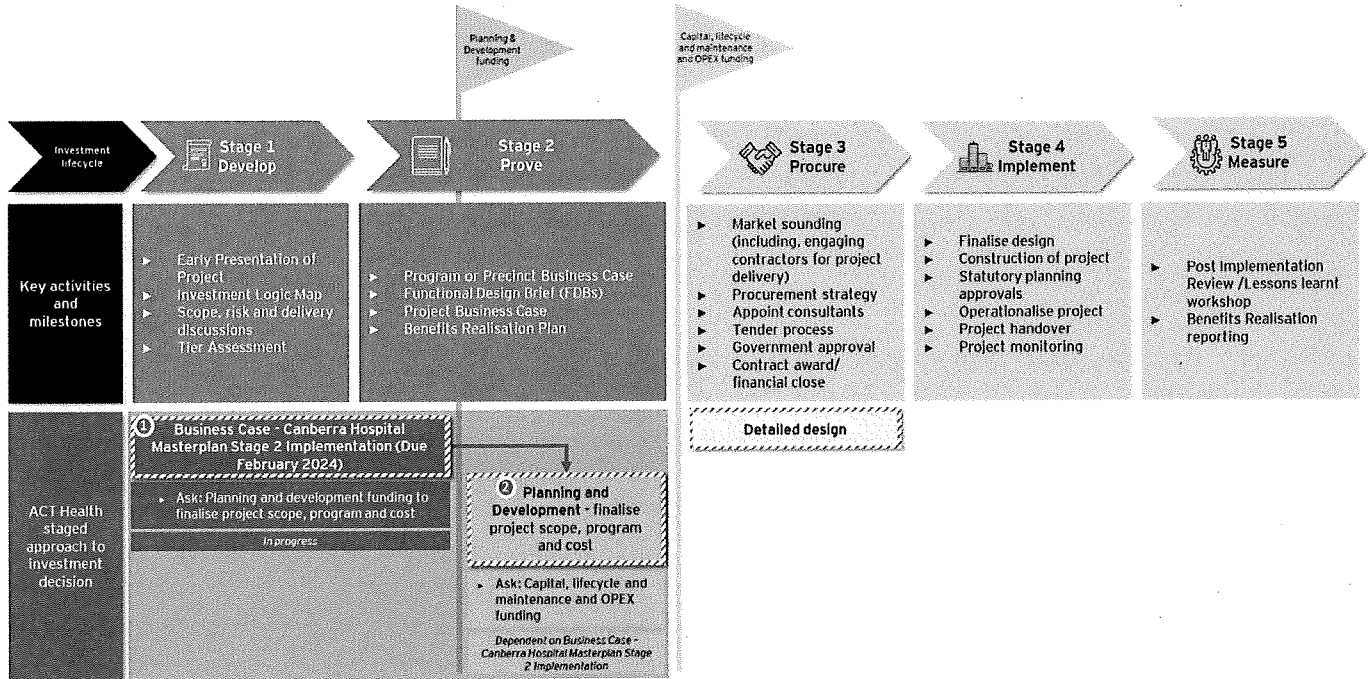
This document outlines a proposed approach to stakeholder consultation at each stage of the Capital Framework Infrastructure Investment Lifecycle. The Capital Framework Infrastructure Investment Lifecycle outlines 5 key stages to infrastructure investment– Develop, Prove, Procure, Implement and Measure. Figure 1 depicts the interaction of this lifecycle with the ACT Health Directorate approach to investment decision.

In accordance with this figure, consultations are grouped into 2 key stages:

1. **Pre-investment decision (Stages 1 and 2 of the lifecycle)** which consists of 2 key components.
 - ▶ **Component 1) Business Case** – Implementation Phase 2 of the Canberra Hospital Master Plan whereby stakeholders are engaged during the development of the Business Case to inform, test and validate the project parameters and scope.
 - ▶ **Component 2) Planning and Development** - whereby stakeholders are engaged to finalise project scope, program and costs.

2. **Post-investment decision (Stages 3, 4 and 5 of the lifecycle)** whereby stakeholders are engaged primarily throughout procurement and implementation of the project.

Figure 1. Infrastructure Investment Lifecycle



By gathering and understanding the views, needs and aspirations of Canberra Hospital's key stakeholders, the Implementation of Phase 2 of the Canberra Hospital Master Plan will best reflect the realities of the community it serves.

2. Stakeholder Matrix

Stakeholders have been identified and grouped into internal and external categories. Stakeholders have been assessed based on (1) their need to be engaged prior to an investment decision being made, and (2) the proposed engagement approach based on the following categories:

- **Inform** – community and stakeholders will be informed of the scope and benefits and be kept up to date on the project's progress.
- **Consult** – community and stakeholder feedback will be sought to inform key elements of the program, while being kept updated about how their feedback has been considered.
- **Involve** – testing ideas and options with stakeholder and working together on a solution.
- **Collaborate** – working with key stakeholders to identify solutions for some key aspects of the program.
- **Empower** – Internal government decision makers.

Table 1: Stakeholder Matrix

Stakeholder Category	Stakeholders	Engagement Approach
Government and Central Agencies	ACT Health Directorate	Collaborate
	Canberra Health Services	Collaborate
	Major Projects Canberra	Collaborate
	ACT Treasury	Collaborate
	Environment, Planning and Sustainable Development Directorate	Involve
	Digital Solutions Division	Involve
	Environment Protection Authority	Consult
	ACT Emergency Services Agency	Consult
	Transport Canberra and City Services ACT	Consult
	Justice and Community Safety Directorate	Involve
	WorkSafe ACT	Consult
External to Government	Health Care Consumers Association	Involve
Canberra Hospital Expansion (CHE), Campus and Community	Aboriginal & Torres Strait Islander Liaison	Involve
	Disability Reference Group	Involve
	ACT Community Councils	Consult
	ACT Ministerial Advisory Councils	Consult
	Telco & Energy companies servicing site	Consult
	CHE Local Community Reference Group and Community Reference Group	Consult
	Canberra Hospital staff and volunteers (including ANU medical students and staff)	Consult
	Campus tenants	Consult
	Near neighbours - (neighbouring residents and businesses within 500m)	Consult
	Broader ACT Community	Inform / Consult
Design and Technical Advisors	Patients and visitors	Inform / Consult
	Technical advisors	Collaborate

Appendix A – Engagement Matrix for further detail on stakeholders.

3. Stakeholder Engagement Approach

As outlined in section 1.2, stakeholders will be engaged at 2 key stages – prior to the Government investment decision to proceed with Phase 2 of the Canberra Hospital Masterplan and post-investment decision. Consultations conducted prior to investment decision are grouped into 2 components. These components include 1) Business Case development and 2) Planning and Development.

Part A: Pre-Investment Decision

3.1 Component 1) Business Case

3.1.1 Government and Central Agency Stakeholder Engagement

3.1.1.1 Purpose

Government and central agency stakeholders will be engaged throughout the development of the Business Case. Stakeholders include:

- ▶ ACT Health Directorate
- ▶ Canberra Health Services
- ▶ Major Projects Canberra
- ▶ ACT Treasury

3.1.1.2 Terms of Reference

Government will:

- ▶ Routinely provide feedback on major changes to the Project.
- ▶ Actively participate in regular Project meetings.

Further detail as to the engagement with these groups is set out in Appendix B – Canberra Hospital Stakeholder Consultation Plan August 2023.

3.1.2 Design and Technical Consultant Engagement

3.1.2.1 Purpose

Technical consultants will be procured to assist with the development of the Business Case and its accompanying products, as listed below.

- ▶ Service Models, Functional Design Briefs and Schedules of Accommodation
- ▶ Proof of Concept Design
- ▶ Demolition and construction feasibility strategy
- ▶ Decanting and accommodation planning for affected buildings
- ▶ Whole of site engineering planning to facilitate the full extent of the Master Plan
- ▶ Cost planning
- ▶ Delivery program

Further detail can be found in the Stakeholder Consultation Plan August 2023.

3.1.3 External to Government and Central Agency Stakeholder Engagement

3.1.3.1 Purpose

The Health Care Consumers Association (HCCA) will be engaged to review the development of key project inputs, including:

- ▶ Service Models

- ▶ Functional Design Briefs (FDBs)
- ▶ Schedules of Accommodation (SOAs)
- ▶ Concept Design

Throughout the development of the Business case, Service Models, FDBs, SOAs and Concept Design will be presented to HCCA.

3.1.3.2 Terms of Reference

Engagement between government and HCCA will:

- ▶ Raise awareness of the Project, including scope.
- ▶ Enable HCCA and technical consultants to provide input and feedback on the proposed services to be delivered by the Project.
- ▶ Understand the impacts of the Project and HCCA's areas of concern.

3.1.3.3 Proposed HCCA Engagement

Two working sessions with HCCA are proposed during the development of the Business Case:

- ▶ Session 1: would occur once Service Models, FDBs and SOAs are endorsed by Canberra Health Services and would involve the presentation of these products for HCCA's comment.
- ▶ Session 2: would occur following endorsement of the 30% Concept Design by Canberra Health Services and would involve the presentation of the 30% Concept Design for HCCA comment.

Table 2: HCCA Engagement

Phase	Description	Objective	Proposed date
Stage 1 Develop (Clinical Planning)	Service Models, Functional Design Briefs and Schedule of Accommodation	Raise awareness of the project, including scope Enable HCCA to provide input on the proposed services to be delivered by the Project.	October 2023
Stage 1 Develop (Concept Design)	Concept Design	Raise awareness of the project, including scope Better understand the impacts Project and HCCA's areas of concern.	November 2023

3.2 Component 2) Planning and development

3.2.1 Governance

3.2.1.1 Governance structure

The Planning and development component of implementation Phase 2 of the Canberra Hospital Masterplan will operate within a governance framework that includes cross-directorate executive leadership representation from ACT Health, CHS, MPC and ACT Treasury in line with ACT Health processes for infrastructure projects of this scale and complexity. MPC will lead the delivery of all phases of work.

The Governance Framework below specifies the high-level accountabilities and responsibilities that will apply to the program both throughout planning and development as well as during the procurement and delivery phase. It is expected that detailed level accountabilities and responsibilities at project level will be developed in a manner consistent with this framework as the establishment of the project progresses.

Formal reports will be provided to the Executive Steering Committee by the Project Directors and Project Control Groups (and its sub-groups).

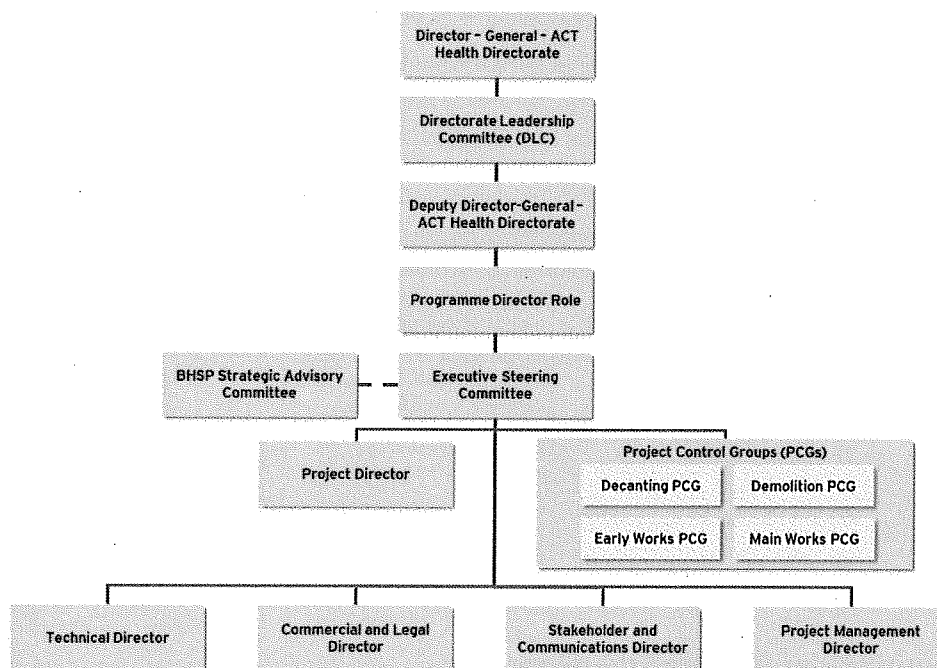
The Chair of the Steering Committee will provide reports to the Programme Director which would be distributed up through the various governance groups and to the Director-General ACT Health Directorate (as appropriate). Decision-making authority with regard to commitment of funds will be managed in accordance

with the delegations and provisions consistent with the Financial Management Act and/or in accordance with any project-specific legislation as may be applied to this program.

The governance model for the Implementation Phase 2 of the Canberra Hospital Masterplan is made up of the following key groups as outlined in Figure 2:

- ▶ The Director-General of the ACT Health Directorate, to which the Executive Steering Committee and Project Control Groups (PCGs) report, through the Deputy Director-General, Programme Director, and Directorate Leadership Committee (DLC)
- ▶ A Programme Director Role, to which the Executive Steering Committee report, that will oversee the delivery of a range of ACT Health Infrastructure Projects (see Appendix C – Programme Director role and terms of reference)
- ▶ An Executive Steering Committee, which is an accountable decision-making body for Canberra Hospital (see Appendix D – Executive Steering Committee for further information on the roles and responsibilities of the Executive Steering Committee)

Figure 2: Proposed Governance Structure



3.2.1.2 Governance objectives

The key objectives for the proposed governance groups include:

- ▶ Providing strategic direction and oversight of the delivery of the Project
- ▶ Acting as an accountable decision-making body for the Project, including:
 - ▶ Managing project risks through a dedicated risk register
 - ▶ Facilitating agreement on key commercial and policy issues, including but not limited to clinical management, governance, health service planning and asset management
- ▶ Guide and monitor project delivery and performance
- ▶ Manage and oversee the project's procurement process

3.2.2 Government and Central Agency Stakeholder Engagement

3.2.2.1 Purpose

Other government departments and central agency stakeholders will be collaborated with during the determination of project scope, program and cost to ensure their interests are taken into account.

3.2.2.2 Terms of Reference

Engagement between other government departments and central agencies will:

- ▶ Ensure that the interests of the respective stakeholders are taken into account and how the project will impact their goals.
- ▶ Ensure Services Models, FDBs and SOAs, revised reference design aligns with stakeholder requirements and statutory regulations.

3.2.2.3 Proposed Engagement

The proposed engagements identified in Table 6 will provide routine opportunities to test and validate a range of technical inputs and to identify major risks and issues, critical to the projects detailed design and planning phase.

Table 3: Internal to Government Stakeholder Engagement

Phase of work	Key activities	Stakeholder engaged	Proposed engagement
Stage 2 – Prove	Finalise scope	Digital Solutions Division	Workshop(s) to confirm Services Models, Functional Design Briefs and Schedules of Accommodation and impact of digital health capabilities (telehealth, digital health record etc)
		City Services ACT	Workshop(s) to confirm services plan for Canberra Hospital redevelopment.
	Revised reference design	Environment, Planning and Sustainable Development Directorate	Workshop(s) to refine and confirm revised reference design in consideration of planning requirements (zoning, overlays, overshadowing etc).
		Environment Protection Authority	Workshop(s) to confirm revised reference design in consideration of environmental impact.
		ACT Emergency Services Agency	Workshop(s) with ACT Ambulance Service to confirm revised reference design regarding Ambulance access requirements to Canberra Hospital Emergency.
		City Services ACT	Workshop(s) to confirm revised reference design and alignment to services plan.

3.2.3 Design and Technical Consultant Engagement

3.2.3.1 Purpose

A group of external technical consultants will be procured by ACT Health, CHS, MPC and ACT Treasury to support the planning and development component of the Canberra Hospital Redevelopment.

3.2.3.2 Terms of reference

Government will:

- ▶ Coordinate and interface with Canberra Health Services, contractors, and other stakeholders to ensure alignment across the various design and technical aspects for the redevelopment.

Engagement between government and the project technical advisors will:

- ▶ Identify, monitor, manage risks associated with design and technical aspects of the project, and escalate where applicable to other key project governance groups.

- Ensure that the interests of the respective stakeholders are taken into account, in particular, CHS and ACT Health.

3.2.3.3 List of technical consultants

The project would require a range of technical disciplines to support the planning and development phase of the project. An indicative list of externally procured consultants is provided below:

- Commercial and financial advisors
- Clinical and functional planners
- Architects and urban planners
- Engineers (including, but not limited to, structural, civil, mechanical, services and logistics, traffic, geotechnical, environmental, sound and vibration, and aviation)
- Quantity surveyors
- Land surveyors and town planners
- Community and public relation advisors

3.2.3.4 Proposed Engagement

Proposed engagement is outlined in Table 4 and includes the following:

Table 4: Design and Technical Consultants Stakeholder Engagement

Phase of work	Key activities	Stakeholder engaged	Proposed engagement
Stage 2 – Prove	Finalise Scope	Architects and urban planners	Work together to refine scope through working group sessions.
		Engineers	
	Revised reference design	Clinical and functional planners	Work together to confirm scope aligns with service requirements.
		Architects and urban planners	Work together to confirm revised reference design is structurally feasible.
		Quantity surveyors	Work together to confirm revised reference design aligns with cost estimates.
		Land surveyors and town planners	Work together to confirm revised reference design aligns with land requirements.
		Community and public relation advisors	Work together to ensure external feedback is incorporated in revised design.

3.2.4 CHE, Campus and Community Stakeholder Engagement

3.2.4.1 Purpose

Consultation with CHE, Campus and Community stakeholders will ensure the perspectives from a cross-section of community, including vulnerable and hard-to-reach community groups, are incorporated into the Project. Consultation also aims to gather a better understanding of the impacts and areas of concern for the community.

3.2.4.2 Terms of Reference

Government will:

- Lead the design of technical deliverables including but not limited project specifications, FDBs, area schedules and service requirements.

Engagement between government and CHE, Campus and Community Stakeholders will:

- Ensure that the needs and interests of all members of the community are considered, particularly vulnerable and hard-to-reach groups.
- Identify and monitor risks/areas of concerns from the community and develop an approach to address and/or mitigate these concerns.

3.2.4.3 Proposed Engagement

Proposed engagement is outlined in Table 4 and includes the following:

Table 5: External to Government Stakeholder Engagement

Phase of work	Key activities	Stakeholder engaged	Proposed engagement
All	All key activities	CHE Local Community Reference Group and Community Reference	CHE Local Community Reference Group and Community Reference Group are to be the voice for the Canberra Community in relation to the project and provide considered advice on a range of issues relating to the new hospital. CHE Local Community Reference Group and Community Reference Group are to meet monthly throughout the detailed planning phase of the project to generate and prioritise ideas. Meetings will include site visits to the Canberra Hospital campus.
Stage 2- Prove	Finalise scope	HCCA	Workshop(s) to finalise the scope of the Project in alignment with inputs developed (e.g., Services Models, Functional Design Briefs and Schedules of Accommodation)
		Aboriginal & Torres Strait Islander Liaison	
		Disability Reference Group	
	Revised reference design	Canberra Hospital staff and volunteers (including ANU medical students and staff)	Drop-in information session(s) to keep stakeholders informed of Project vision, objectives, milestones, and future engagement opportunities.
		Campus tenants	
		Near neighbours (neighbouring residents and businesses within 500m)	
		Aboriginal & Torres Strait Islander Liaison	Workshop(s) to provide input in revised reference design.
		Disability Reference Group	Workshop(s) to provide input in revised reference design.
		HCCA	Workshop(s) to provide input in revised reference design to ensure design represents the needs and priorities of consumers to the ACT Government and health services.
		ACT Ministerial Advisory Councils / ACT Community Councils	Workshop(s) to provide input in revised reference design and ensure alignment with ACT government policies and initiatives around various areas, such as ageing, LGBTQ+, multiculturalism etc.
		Telco & Energy companies servicing site	Workshop(s) to provide input in revised reference design.
		Broader ACT Community	Informed through print/digital updates on project information, vision, objectives milestones and opportunity for community engagement.
			Community survey with a focus on healthcare service priorities and other facilities important to the community to confirm revised reference design based on community sentiment.

Part B: Post-Investment Decision

Post the capital, lifecycle, maintenance and OPEX investment decision, and subject to agreement to proceed with Implementation Phase 2 of the Canberra Hospital Masterplan, internal/external stakeholder consultation would be required to inform procurement, implementation and measurement, design and service planning.

3.3.1. Governance

The governance structure outlined in 3.2.1.1 specifies the high-level accountabilities and responsibilities that will apply to the program throughout the procurement and delivery phase.

3.3.2. Government and Central Agency Stakeholder Engagement

3.3.2.1. Purpose

Other government departments and central agency stakeholders will routinely be briefed and collaborated with on an ongoing basis to ensure that all project objectives are delivered, and milestones are completed on time.

3.3.2.2. Terms of Reference

Engagement between other government departments and central agencies will:

- Ensure EOI/RFT documentation aligns with stakeholder requirements and statutory regulations.
- Confirm roles and responsibilities and lines of communication between the Project and its stakeholders.

3.3.2.3. Proposed Engagement

The proposed engagements identified in Table 6 will provide routine opportunities to test and validate a range of technical inputs and to identify major risks and issues, critical to the projects detailed design and planning phase.

Table 6: Internal to Government Stakeholder Engagement

Phase of work	Key activities	Stakeholder engaged	Proposed engagement
Stage 3 - Procure	Development of EOI/RFT documentation	Environment, Planning and Sustainable Development Directorate	Workshop(s) to refine EOI / RFT documentation in consideration of planning and environmental requirements.
		City Services ACT	Workshop(s) to refine EOI / RFT documentation in consideration of service requirements to site.
Stage 4 – Implement	Statutory planning approvals	Environment, Planning and Sustainable Development Directorate	Workshop(s) to support statutory planning applications.
	Project monitoring	WorkSafe ACT	Frequent meetings with WorkSafe ACT throughout construction of Canberra Hospital redevelopment.

3.3.3. Design and technical consultants

3.3.3.1. Purpose

As outlined in section 3.2.3.1, a group of external technical consultants will be procured. At the procurement and delivery stage, the consultants will manage and coordinate the design and technical aspects of the Canberra Hospital Redevelopment.

3.3.3.2.

3.3.3.3. Terms of reference

Government will:

- Develop and manage a program of capital planning work through the procurement and early delivery phase of the program.

- ▶ Lead the design and technical aspects of the EOI, RFP and contracts including but not limited project specifications, functional briefs, area schedules and service requirements.
- ▶ Manage the design and technical aspects of the project during interactive tendering and design development
- ▶ Manage the multidisciplinary technical teams, advisors and consultants.
- ▶ In relation to its work stream, prepare for, and participate in, any Gateway or other review process as advised by government.

Engagement between government and the project technical advisors will:

- ▶ Direct and monitor the services, responsibilities and duties of the relevant technical advisers.
- ▶ Review and endorse project development proposals and reports submitted by consultants.
- ▶ Coordinate and manage support for all design and technical workshops throughout the tender phase.
- ▶ Establish and manage all user and reference groups and user input into the project's technical and functional requirements through all project phases (as relevant) including any interactive tender processes.
- ▶ Interact with all other Project Working Groups to ensure consistency and alignment across all the different disciplines of the Project including all relevant documentation.

3.3.3.4. List of technical consultants

Post-investment decision, the project would require a range of technical disciplines to support the procurement and delivery stages. An indicative list of externally procured consultants is provided below:

- ▶ Commercial / financial adviser
- ▶ Legal professionals
- ▶ Quantity surveyors
- ▶ Land surveyors and town planners
- ▶ Commissioning agents
- ▶ Project managers
- ▶ Risk and change management advisors
- ▶ Community and public relation advisors

3.3.3.5. Proposed engagement

Proposed engagements identified in Table 7.

Table 7: Government Technicians Stakeholder Engagement

Phase of work	Key activities	Stakeholder engaged	Proposed engagement
Stage 3 – Procure	All activities	Commercial/financial adviser	Work together throughout the procurement stages alongside ACT Health, CHS, MPC and ACT Treasury to ensure all key activities are successfully achieved. Commercial adviser will be engaged as the focal consultant for these phases of work.
	Tender Process	Legal professionals	Regular consultations to assist with tender process.
	Contract award/financial close	Legal professionals	Regular consultations to assist with contract negotiations and finalisation.
		Quantity surveyors	Regular consultations to assist with contract negotiations and finalisation.

Stage 4 – Implement	All key activities	Project managers	Work together throughout the delivery stage alongside ACT Health, CHS, MPC and ACT Treasury to ensure all key activities are successfully achieved. Project management consultant will be engaged as the focal consultant for this phase of work.
	Project Implementation and monitoring	Architects and urban planners Engineers Commissioning agent Quantity surveyors Land surveyors and town planners Clinical and functional planners Risk and change management advisors Community and public relation advisors	Workshop(s) to confirm project implementation aligns with specified requirements.

3.3.4. CHE, Campus and Community Stakeholder Engagement

3.3.4.1. Purpose

Consultation with CHE, Campus and Community stakeholders will ensure that the perspectives from a cross-section of community are considered during the procurement and delivery stages of the Project.

3.3.4.2. Terms of Reference

Government will:

- ▶ Lead the design and technical aspects of the EOI, RFT and contracts
- ▶ Manage the design and technical aspects of the project during interactive tendering and design development

Engagement between government and CHE, Campus and Community Stakeholders will:

- ▶ Refine EOI / RFT documentation in consideration of service requirements to site.
- ▶ Raise awareness of the project scope and program with on-site stakeholders and community members surrounding the site to identify any temporary operational and accessibility impacts resulting from construction.

3.3.4.3. Proposed Engagement

Proposed engagement is outlined in Table 4 and includes the following:

Table 8: External to Government Stakeholder Engagement

Phase of work	Key activities	Stakeholder engaged	Proposed engagement
All	All key activities	CHE Local Community Reference Group and Community Reference	CHE Local Community Reference Group and Community Reference Group are to be the voice for the Canberra Community in relation to the project and provide considered advice on a range of issues relating to the new hospital. CHE Local Community Reference Group and Community Reference Group are to meet monthly throughout the detailed planning phase of the project to generate and prioritise ideas. Meetings will include site visits to the Canberra Hospital campus.
Stage 3 – Procure	Update Procurement Strategy and Plan	Aboriginal & Torres Strait Islander Liaison Disability Reference Group	Online consultation to ensure procurement strategy considers ministerial/ Aboriginal & Torres Strait Islander/disability/ requirements.

		ACT Ministerial Advisory Councils	
	Development of EOI/RFT documentation	HCCA	Involved in workshop(s) to refine EOI / RFT documentation in consideration of service requirements to site.
Stage 4 – Implement	Project implementation	Canberra Hospital staff and volunteers (including ANU medical students and staff)	Drop-in information sessions to inform staff on the implementation of changes in Model of Care and / or service delivery. Session also provides information on decanting strategies and temporary access requirements. Print/digital updates provided on transition arrangements from existing facilities.
		Campus tenants	Local community informed of the impact of the Project (including, operational issues such as anticipated traffic and noises) and wayfinding information through print/digital updates.
		Near neighbours (neighbouring residents and businesses within 500m)	
		Patients and visitors	
		Broader ACT community	
	Project monitoring	Canberra Hospital staff and volunteers (including ANU medical students and staff)	Drop-in session(s) to allow stakeholders to voice concerns during project construction and ensure operational phase continues to meet the Project objectives.
		Campus tenants	
		Near neighbours (neighbouring residents and businesses within 500m)	
		Patients and visitors	

Engagement activities are to be promoted via the Project's website, print adverts in local newspapers, social media, project newsletters and partner channels.

Appendix C – Programme Director Role and Terms of Reference

Purpose

The purpose of the Programme Director Role is to provide leadership and oversee a range of ACT Health Infrastructure projects.

Terms of reference

- ▶ The Programme Director will manage interfaces and identify opportunities for efficiencies across multiple projects (e.g. reducing duplication of functions where appropriate)
- ▶ The Programme Director will ensure standardisation of processes where appropriate (e.g. reporting methods and templates)
- ▶ The Programme Director will enable the efficient integration of ACT Health Infrastructure projects with the whole ACT health ecosystem

Appendix D – Executive Steering Committee Roles and Responsibilities

Purpose

The purpose of the Executive Steering Committee is to oversee, assist and provide direction to the project team in the development and delivery of the Canberra Hospital Redevelopment, in a manner that is consistent with the risk profile approved for the project by Cabinet.

Terms of reference

- ▶ The Steering Committee will oversee and provide collective endorsements and/or approval as necessary for the development of the Project.
- ▶ The Steering Committee will also provide guidance, advice and make recommendations to the Director-General and Deputy Director-General of the ACT Health Directorate, and the Programme Director, when required. Members of the Steering Committee will also be responsible for keeping individual departments apprised of the project as and when required, taking due consideration of probity and confidentially commitments that each member will be required to confirm with.

The Executive Steering Committee will also:

- ▶ Set the strategic direction for the project (subject to Ministerial endorsement) consistent with meeting the Project Objectives.
- ▶ Provide recommendations in effective management, planning and achievement of project outcomes, including setting priorities for action and delivering on requirements
- ▶ Provide strategic direction and guidance to the Director-General and Deputy Director-General of the ACT Health Directorate, and the Programme Director, as necessary, each Project Working Group (and its sub-groups) and the Project Director on major project issues.
- ▶ Assist in communicating project requirements with the overarching CHS Executive and Board if required.
- ▶ Assist in communicating project requirements with the Design and Technical Working Groups (defined below)
- ▶ Monitor and review expenditure against the project budget.
- ▶ Ensure that the project delivers a value-for-money solution that is effective, efficient and consistent with Government priorities, probity and best practice.
- ▶ Identify and monitor risk and issues management and assist in the establishment of mechanisms to effectively mitigate these.
- ▶ Ensure comprehensive consultation and communication with the broad range of stakeholders.
- ▶ Facilitate agreement in resolving differences in opinion and approach.
- ▶ Ensure probity is maintained during the life of the Project.

Membership

- ▶ TBC

Probity Adviser

- ▶ The project's Probity Adviser will provide advice to the Executive Steering Committee and be invited to attend the Project Steering Committee (as necessary).
 - ▶ Accountable to
 - ▶ The Director-General – ACT Health Directorate

Quorum

- ▶ A minimum of three Steering Committee members is required for decision-making purposes.

Decision making process

- ▶ The Steering Committee will seek to make decisions by consensus.
- ▶ With the Chair's prior approval, the Steering Committee may be requested to meet out-of-session for urgent matters.
- ▶ In addition, the Steering Committee decisions may be made through all members (or a quorum) approving a Steering Committee paper circulated to all members by the Steering Committee Chair.

Proxies

- ▶ Members of the Steering Committee can send proxies to meetings by prior agreement of the Chair. Proxies are entitled to participate in discussion and are allowed a role in decision-making. Steering Committee members will inform the Chair as soon as possible if they intend to send a proxy to a meeting – no less than two business days before the scheduled meeting.
- ▶ There may be meetings (for example, a meeting considering evaluation outcomes) in which the use of proxies will not be allowed – these will be advised by the Chair having regard to advice from the Project's Probity Adviser (as relevant).

Meetings and frequency

- ▶ During the delivery phase, meetings will generally be held monthly, either at ACT Health or via videoconference. However, the Steering Committee may change the frequency of its meetings (as necessary) depending on the phase of the Project.

Agendas and minutes of meetings

The Secretariat will send Executive Steering Committee papers to members before each Executive Steering Committee meeting. These will include:

- ▶ The date, venue and agenda for the upcoming meeting
- ▶ The minutes of the previous meeting
- ▶ A progress report on the project (in the form of a Project Director Update)
- ▶ Papers requiring decisions
- ▶ Any other documents/information to be considered at the meeting

Content of Steering Committee papers

- ▶ Papers submitted to the Executive Steering Committee will include:
- ▶ A statement of the purpose for which the paper is submitted to the Executive Steering Committee
- ▶ Relevant background information, including a summary of any previous Executive Steering Committee consideration of the issue
- ▶ Options available for progressing or resolving the relevant issue (if applicable), and any costs, benefits and risks associated with each option.
- ▶ A clear recommendation for any decision that may be required.

Distribution of draft minutes

- ▶ The project team will develop draft minutes after each Executive Steering Committee meeting, ensuring action items are distributed to responsible officers as required.
- ▶ The Building Health Services Program (BHSP) Strategic Advisory Committee – a cross-government advisory committee – which will be chaired by the Director-General of ACT Health and will provide input to the Executive Steering Committee
- ▶ PCGs for Decanting, Demolition, Early Works and Main Works. These groups are decision setting and monitoring bodies
- ▶ A Project Director, who will implement the decisions made by the PCGs and Executive Steering Committee. Workstreams Directors will report to the Project Director. Workstream Directors will be

accountable for the delivery of each key workstream identified for Canberra Hospital (technical, commercial and legal, stakeholder and communication, and project management)

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Canberra Hospital Master Plan Phase 2

Master Program DRAFT V4

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