ACT Government
Health

ACT Government
Major Projects Canberra

Northside Hospital Project Enabling Works

ACT Health Directorate

Silver Draft as at 20 March 2024

ACT Government

Business Case

Project name:	Infrastructure Policy and Planning - Northside Hospital Enabling and early works
Tier:	Tier 2
Risk assessment (high/medium/low):	Refer to Risk Register at Appendix F
Total estimated project capital cost ($m, nominal)	$103.56 million
Whole of life cashflow ($m)	[redacted]
Funding requested ($m)	This Business Case is seeking: • [redacted]
Recommended delivery model:	[redacted]
Sponsoring Agency:	ACT Health Directorate
Sponsoring Minister and Ministerial Portfolio:	Rachel Stephen-Smith MLA, Minister for Health
Contact officer:	Catherine Loft, ACT Health
Business Case advisors:	KPMG

Sign Offs

Sponsoring Agency:

Print name

Signature

Business Case Authorisations

Lead Minister

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

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1 Executive Summary

1.1 Introduction

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

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

Option 1D[2] will see the NHP constructed on the Western and Northern portions of the North Canberra Hospital campus as set out in Figure 1.

Figure 1: North Canberra Hospital Precinct and proposed NHP site

1 Bruce Ridge Early Childhood Centre
2 Gawanggal Mental Health Unit
3 Arcadia House Alcohol and Other Drugs Unit
4 Child and Adolescent Mental Health Services
5 Staff Specialists and Specialist Outpatient Clinics
Infection, Prevention and Control
Administration
6 Engineering Services
7 Administration (O'Shannassy Building)
8 Specialist Outpatient Clinics (Lewisham Building)
ACU Clinical School
ANU Medical School
Zita Mary Clinic
ICT Centre
NHP site

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

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

The program will:

[1] https://www.cmtedd.act.gov.au/__data/assets/pdf_file/0003/1654077/Parliamentary-Agreement-for-the-10th-Legislative-Assembly.pdf
[2] The Concept design will be further developed and tested through the next stage and design confirmed through the Main Works Business Case 2025-26

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

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

- [redacted]

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

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

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

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

1.2 Needs Analysis

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

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

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

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

The response to address these problems is:

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

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

While not related to the displacement of services by the NHP, there is a series of critical maintenance works required to the other North Canberra Hospital buildings to ensure the ongoing delivery of hospital care during the development of the new northside hospital. These works are included within the scope of this Business Case and are described further in Section 6. This represents the next tranche of critical maintenance following the agreement by the ACT Government in 2020 to progress critical infrastructure projects[4].

1.3 Strategic and Policy Alignment

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

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

1.3.1 Wellbeing Impact Assessment

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

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

[4] Budget Committee of Cabinet agreed to progress a range of projects as outlined in the Calvary Critical Infrastructure Submission HEA CW03 – CAB20/437

- **Access to services:** The NHP will contribute to the ACT Government's vision for a person-centred health system that is accessible, accountable and sustainable. Transitioning operations of the hospital to Canberra Health Services has created an opportunity to plan and deliver a health system networked under one provider – with the ability to make the largest ACT Government health infrastructure investment, strengthen workforce opportunities and co-ordinate services.

1.4 Options Analysis

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

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

Noting that:

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

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

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

1.5 Project Scope

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

The scope of works is summarised in Table 1 below[5] and further information is included in the Functional Design Briefs in Appendix C, schedule of accommodation in Appendix D and feasibility studies in Appendix E. ACTHD and MPC are undertaking further site analysis for the remaining workstreams. As such there may be some necessary refinements to the schedules of accommodation once a preferred site has been selected.

Table 1: Scope of works summary

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

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

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

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

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

1.5.1 Scope of Services

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

ACTHD is considering the future operating arrangements for the BRECC.

1.5.2 Project Interdependencies

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

1.6 Risk Analysis

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

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

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

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

Table 2: Summary of Key Project Risks

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

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

1.7 Delivery Model Analysis

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

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

1.7.1 Delivery Model Workshop

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

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

[redacted]

[redacted]

1.8 Financial Analysis

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

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

Unless stated otherwise, all costs in this section are exclusive of GST.

1.8.1 Cost Estimates

Section 9 outlines the cost estimates for the Project, including:

- **Project Capital Cost:** the estimated capital costs for Workstreams 1- 6;
- **ACT Government Management Costs:** the estimate for Government costs of managing the Project (Major Projects Canberra, ACT Health and Canberra Health Services Fees);

- **Risk-Adjustments:** the estimated risk contingencies that apply to the total capital cost, calculated in accordance with the process set out in the Capital Framework; and
- **Facilities Maintenance Costs:** the estimated maintenance costs for the facilities (based on the FABG policy for funding maintenance).

Estimated Project Capital Cost

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

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

Table 3 summarises the estimated capital costs for Workstreams 1,2,3,4 in nominal terms.

[redacted]

[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
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Non-Capital Cost Estimates

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

[redacted]

[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted] *by ACT Heath and included in Appendix K*	

1.8.2 Whole-of-Life Costs

Whole-of-Life Cost Estimates

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

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

[redacted]

Maintenance Funding Estimate

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

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

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

[6] Appendix K.

[redacted]

[redacted]						
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
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[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]

Depreciation Estimate

Table 9 provides a summary of the depreciation estimates over the forward estimate period, based on the capital cost estimates.

Table 9: Depreciation Forward Estimates ($'M)

Workstream	FY2025	FY2026	FY2027	FY2028	FY2029	Total
Workstream 1	-	-	0.33	0.44	0.44	**1.20**
Workstream 2	-	-	0.61	0.81	0.81	**2.24**
Workstream 3	-	-	0.45	0.60	0.60	**1.65**
Workstream 4	-	-	0.28	0.37	0.37	**1.01**
Workstream 6	-	-	-	-	0.62	**0.62**
Total	**-**	**-**	**1.66**	**2.22**	**2.84**	**6.72**

1.8.3 Budget Implications

Table 10 summarises the estimated budget impact over the forward estimates, for the period FY 2025 through to FY 2029.

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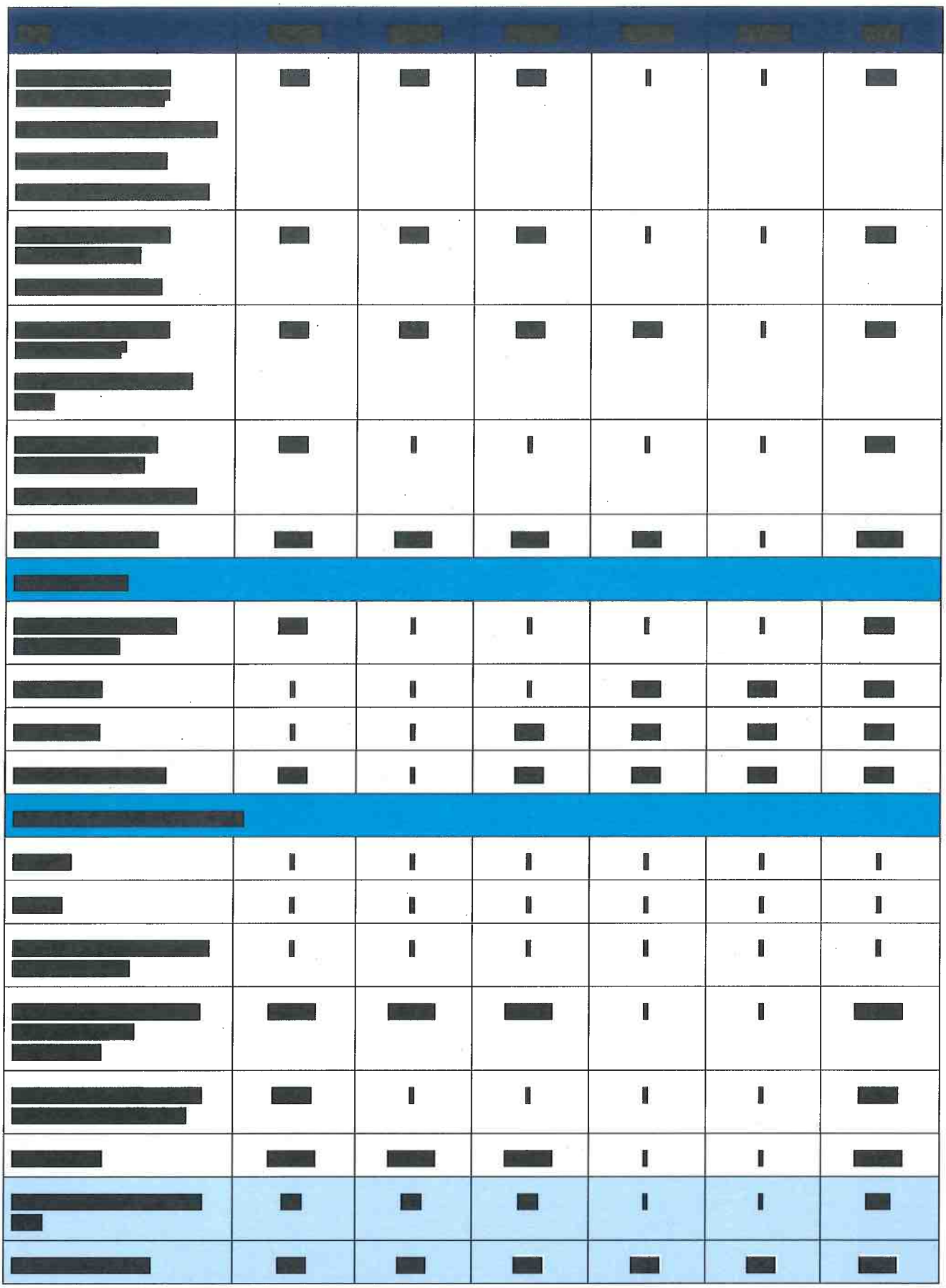


Item	FY2025	FY2026	FY2027	FY2028	FY2029	Total
Note 1: Capital injections are indicative only and are based on the capital program outlined in the assumptions.						
Note 2: Totals may differ due to rounding.						
Note 3: The ACT Government management costs included in Table 3 and Table 5 have been allocated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

Breakdown of ACTHD Staffing Profile

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

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

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

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

1.9 Economic Appraisal

The economic appraisal set out in Section 10 considers a qualitative approach to identify various socio-economic benefits related to both the Enabling Works and the future NHP. This has been determined as the most appropriate methodology on the basis that the key driver for the projects are wider wellbeing and social benefits, rather than economic benefits. Further, whilst economic benefits are not the primary driver for the projects, the projects are likely to provide economic, social and health benefits for residents and service providers in the northside of Canberra and surrounding regions.

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

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

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

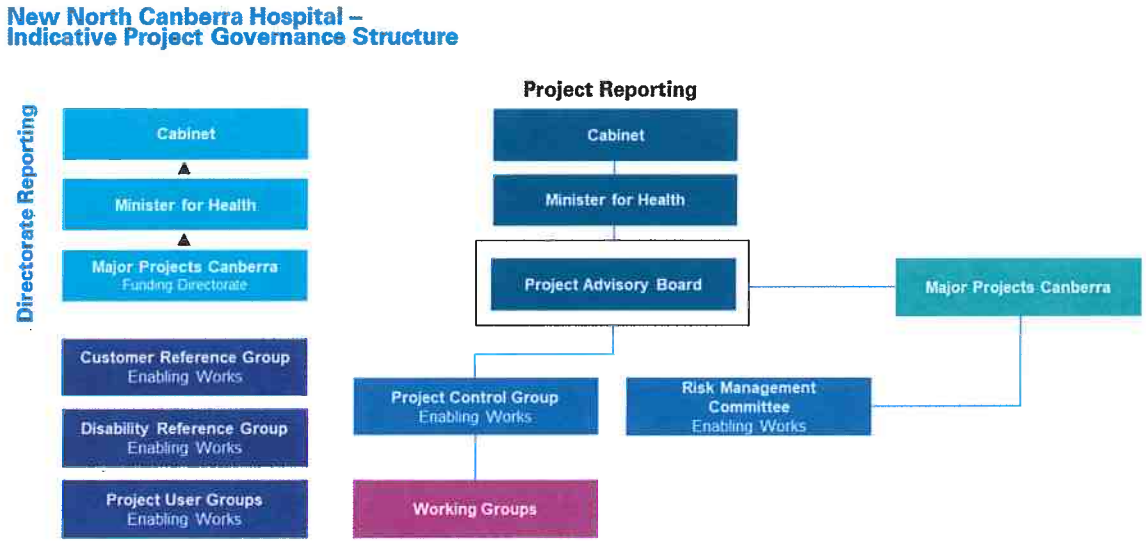
- Increased capacity for the ACT public health system to meet capacity requirements for a growing and ageing population;
- Improved access to healthcare services for marginalised population groups;
- Improved mental health and well-being;
- Improved working conditions to support staff well-being;
- Improved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

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

1.10 Project Governance

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

Figure 2: Proposed Northside Hospital Project Governance Structure



1.10.1Key Directorates

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

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

Other key directorates include:

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

1.11 Stakeholder Engagement Plan

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

A preliminary stakeholder analysis has been undertaken to identify key internal and external stakeholders, examine their interests, and define the required level of engagement during the Project. The ACT Government Guidance Document 'Engaging Canberrans: A Guide to Community Engagement' describes various levels of engagement and provides a basis to define the involvement of key internal and external stakeholders in the Project as set out in Figure 3.[7]

Figure 3: Different levels of community engagement

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

Project stakeholders can be grouped into two broad categories:

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

1.11.1Internal Stakeholders (Enabling Works Program level)

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

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

Table 12: Internal stakeholders, interests, and engagement levels

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

1.11.2 External Stakeholders

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

Table 13: External stakeholders, interests, and engagement

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

1.11.3 Outcome of Stakeholder Engagement to Date

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

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

1.11.4 Communication Strategy

At a Directorate level, a Communication and Strategy Overview[8] has been developed to ensure all stakeholders, both internal and external, can contribute to collaborate and implement the Enabling Works and NHP over the planning horizon.

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

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

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

1.12 Advisor Engagement Plan

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

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

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

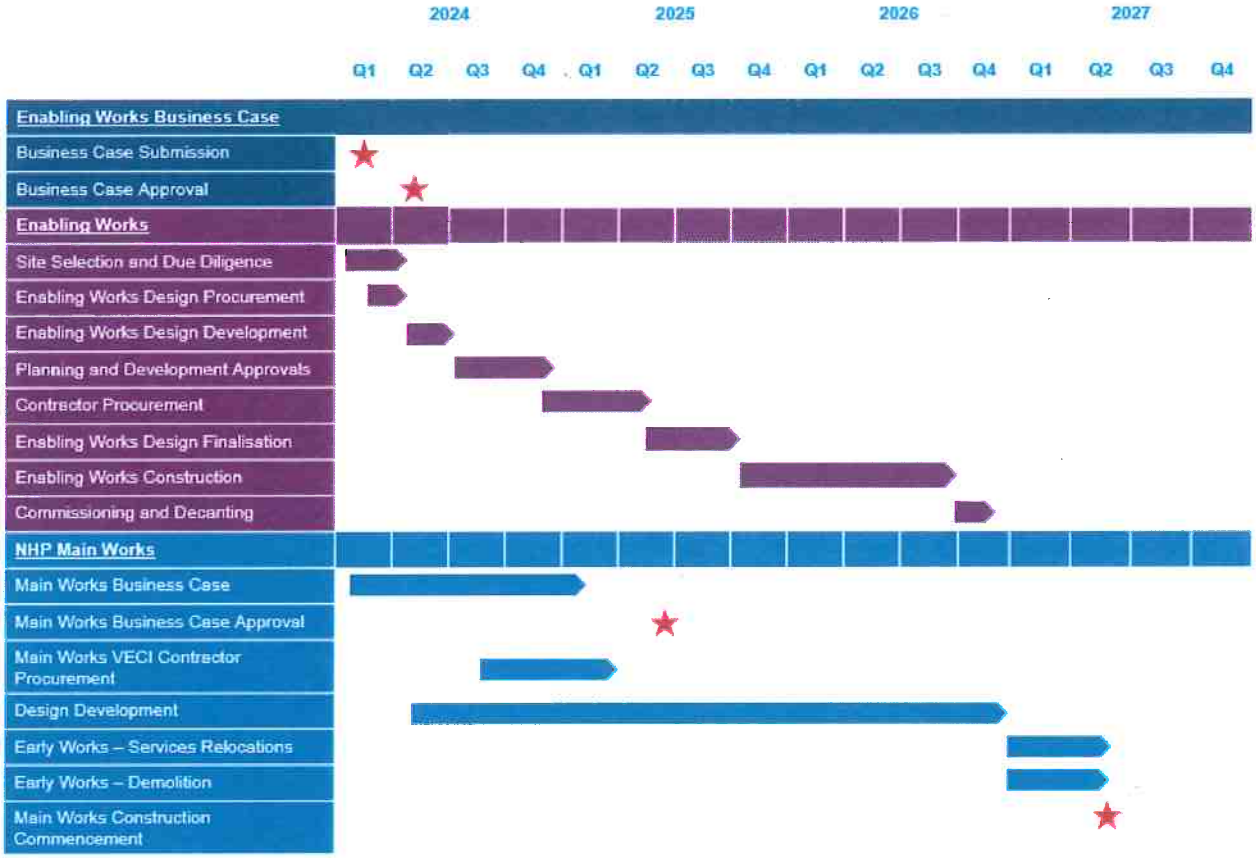
1.13 Timeline

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

[8] Source: ACTHD Communications and Strategy Overview.

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

Figure 4: Project Timeline



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

1.13.1 Project timeline risks, dependencies and constraints

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

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

1.13.2 Additional work required post Business Case

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

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

2 Introduction

Key messages:

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

2.1 Overview

[redacted]

[9] https://www.cmtedd.act.gov.au/__data/assets/pdf_file/0003/1654077/Parliamentary-Agreement-for-the-10th-Legislative-Assembly.pdf
[10] This amount includes a provision of $3.2 million for site acquisition costs associated with Workstream 3

- [redacted]

[redacted]

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

This business case is also seeking agreement to relocating:

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

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

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

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

- **Relocation of services:** The relocation of three clinical community health services and one non-clinical service located within the footprint of the new northside hospital to new locations. The clinical community health services do not need to be co-located with the hospital and relocation frees up valuable space on the North Canberra Hospital campus. It is intended these clinical community health services be relocated to 'in community' locations. In addition, the Bruce Ridge Early Childhood Centre (**BRECC**) is intended to be relocated to an alternate on campus location or in close proximity to the campus to ensure the workforce can access this essential service. The services include:
  - the Bruce Ridge Early Childhood Centre (**BRECC**) which is operated by Capital Region Community Services and is used by hospital staff[14];
  - the Gawanggal Specialist Forensic Inpatient Mental Health Unit;
  - the Alcohol and Other Drugs (**AOD**) Residential Unit (**Arcadia House**); and
  - the Child and Adolescent Mental Health Services (**CAMHS**).

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

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

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

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

[11] Parliamentary-Agreement-for-the-10th-Legislative-Assembly.pdf (act.gov.au).
[12] https://www.cmtedd.act.gov.au/__data/assets/pdf_file/0003/1654077/Parliamentary-Agreement-for-the-10th-Legislative-Assembly.pdf
[13] Formerly Calvary Public Hospital Bruce
[14] While it may be possible to relocate the childcare centre offsite, ACTHD's preference is to keep it onsite which is discussed in Section 6.

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

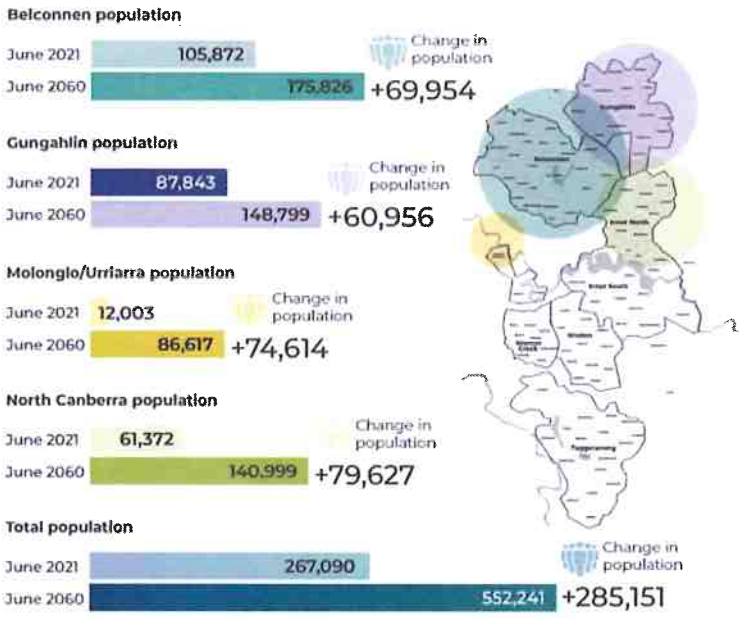
2.2 Project Background

2.2.1 Health demand in the ACT

The northside of Canberra (encompassing the catchments of Belconnen, Gungahlin, Molonglo and North Canberra (as per Figure 5) now has the largest population in the Territory, and this is forecasted to grow over the coming decades. By 2060, the population of these catchments is projected to grow by 285,151 to 552,241.[15] The expected population growth, in conjunction with an ageing population and a rise in the prevalence of chronic conditions, is increasing the demand for healthcare and healthcare facilities, demonstrating the critical need for the NHP.

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

Figure 5: Population Growth in Canberra's North



2.2.2 The Northside Hospital Project

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

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

Figure 6: North Canberra Hospital Precinct and proposed NHP site

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

Table 14: Buildings and works to relocate existing services

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

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

2.2.3 Project Objectives

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

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

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

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

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

2.2.4 Project Background

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

Table 15: Prior Work Undertaken

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

3 Needs Analysis

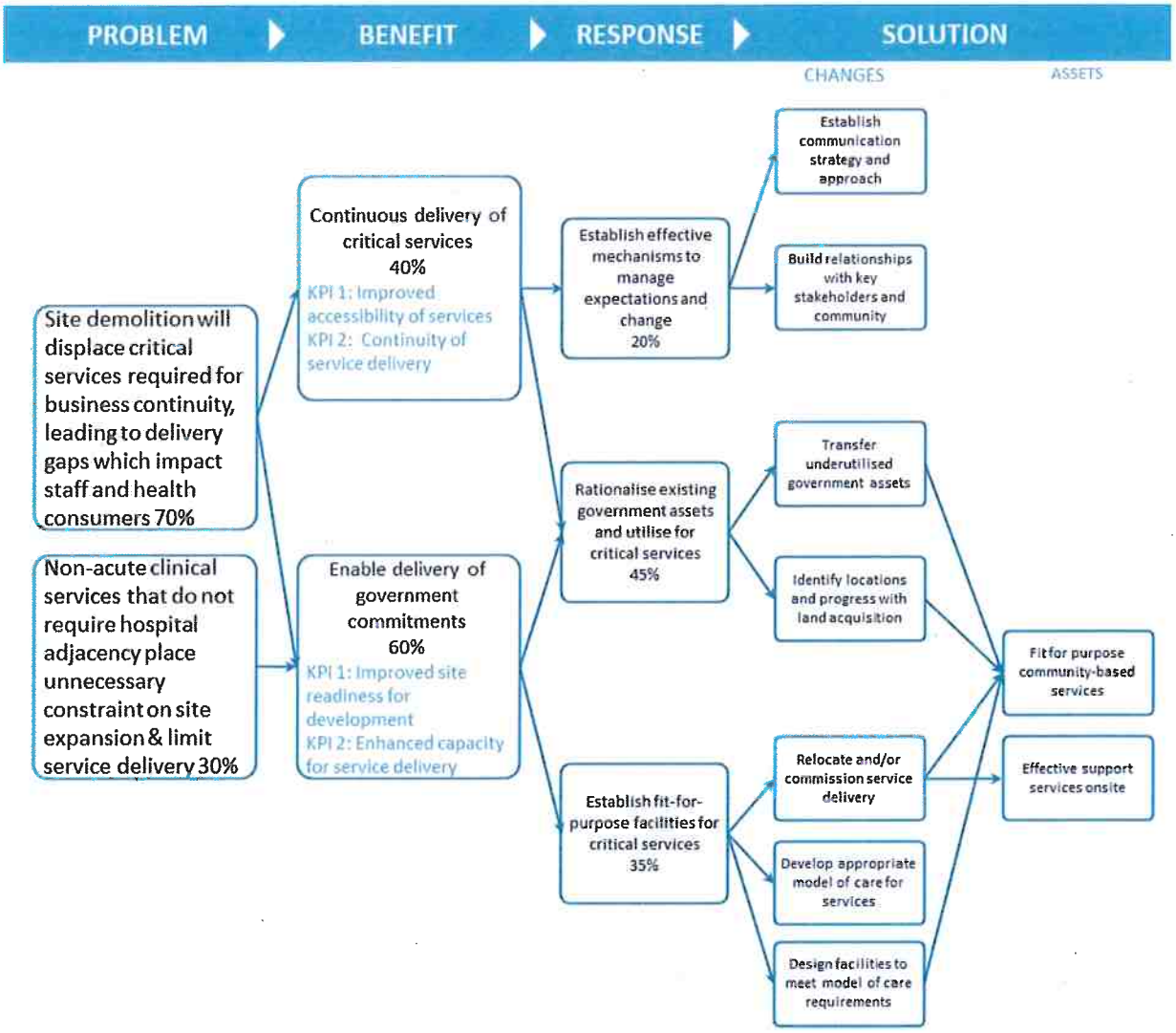
Key messages:

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

3.1 Problems and Strategic Responses

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

Figure 7: Investment Logic Map



3.1.1 Problems

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

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

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

  (Workstreams 2 – 4)

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

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

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

1. **Bruce Ridge Early Childhood Centre**
2. **Gawanggal Mental Health Unit**
3. **Arcadia House Alcohol and Other Drugs Unit**
4. **Child and Adolescent Mental Health Services**
5. **Staff Specialists and Specialist Outpatient Clinics**
   Infection, Prevention and Control
   Administration
6. **Engineering Services**
7. **Administration (O'Shannassy Building)**
8. **Specialist Outpatient Clinics (Lewisham Building)**
   ACU Clinical School
   ANU Medical School
   Zita Mary Clinic
   ICT Centre

NHP site

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

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

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

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

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

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

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

3.1.2 Strategic Response

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

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

3.2 Benefits

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

[16] Northside Hospital Enabling Works. Functional Design Brief - CAMHS

Table 17: Project Specific Benefits, KPI's & Measurements

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

4 Strategic and Policy Alignment

Key messages:

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

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

4.1 Legislation

The Health Act 1993[17] sets out several guidelines in relation to the delivery of public hospital services in the ACT. This includes that eligible persons must be given the choice to receive public hospital services and the Territory will ensure the provision of public hospital services equitably to all eligible persons, regardless of their geographical location.[18]

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

4.2 ACT Government commitments

The PAGA[19] outlines that the ACT Government has committed to plan and design a new northside hospital, with the aim to start construction by mid-decade.

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

17 Health Act 1993 | Acts
18 The Health Act 1993, section 12.
19 Parliamentary-Agreement-for-the-10th-Legislative-Assembly.pdf (act.gov.au)

4.3 ACT Health Strategy & Policy Framework

4.3.1 A Framework for the ACT Public Health System

Figure 9: ACT Public Health Framework

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

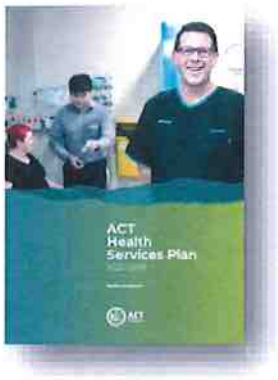
The Framework identifies the strategic goals and key strategies to guide the development of new services and redesign of existing services. This includes Strategic Goal 1: Access:

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

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

4.3.2 ACT Health Services Plan

Figure 10: ACT Health Services Plan



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

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

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

4.3.3 Infrastructure Planning

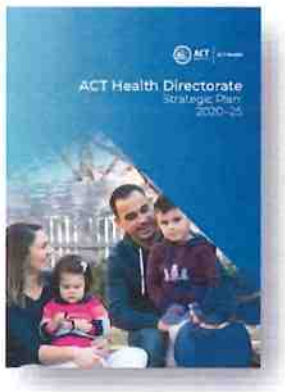
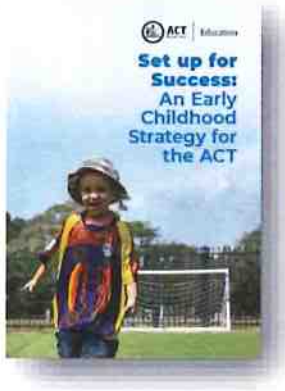
The *ACT Infrastructure Plan Update: Health*[22] sets out the ACT Territory's plan to invest in a new northside hospital. The new hospital that will deliver the required capacity to meet the demands of the growing and ageing northside population for the next 50 years. The hospital will replace ageing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

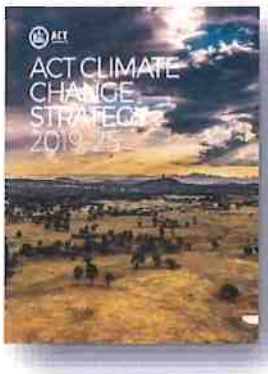
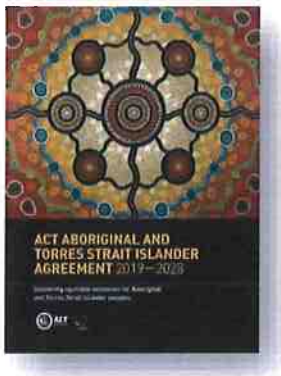
4.4 Alignment with Government policies

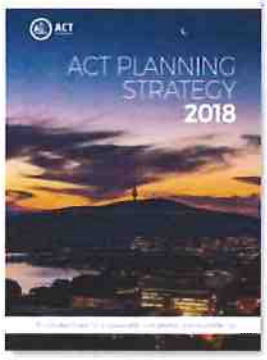
Table 18 outlines how the Project is aligned to a range of Government commitments.

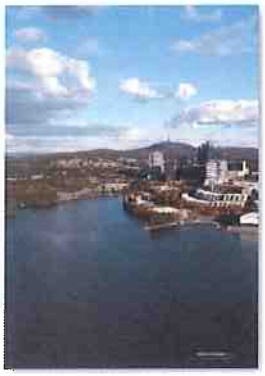
20 Strategic Framework 2020_FINAL MIN ENDORSED.pdf (act.gov.au)
21 health.act.gov.au/sites/default/files/2024-02/ACT Health Services Plan 2022-2030.pdf
22 https://www.builtforcbr.act.gov.au/__data/assets/pdf_file/0006/2248755/ACT-Infrastructure-Plan-Health.pdf

Table 18: Strategic Policy Alignment

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

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

Policy/Strategy Document	Description
Global Green and Healthy Hospitals Agenda 	The Global Green and Healthy Hospitals Sustainability Agenda sets out to support health care institutions around the world in promoting and creating greater sustainability and environmental health, while improving the health of patients, community and the planet. **The agenda provides a comprehensive framework for hospitals and health systems to achieve greater sustainability and contribute to improved public environmental health. This includes goals and action items such as green hospital designs and construction.**
ACT Planning Strategy 2018 	The ACT Planning Strategy 2018 builds on the successes of the 2012 strategy to recognise and incorporate the economic, environmental and social changes occurring in the Territory. The Strategy reflects and integrates the vision and directions of the community and other ACT Government strategies, particularly housing, transport and climate change. **The project is expected to support economic outcomes through an increase in job opportunities during the construction and operational phases, improve environmental outcomes through sustainable construction processes and foster social connections (e.g. via early access to childhood education).**
Territory Plan 2023 	The Territory Plan guides planning and development in the ACT. It outlines what development can take place and where. It guides developers and gives the Territory Planning Authority the tools to approve or refuse applications for development. The Territory Plan has District and Zone policies to help with this. District policies details the key assessment requirements and expected outcomes relevant to each specific district. Zone policies lists the types of developments that can be built in specific zones. It also lists what documentation is required for assessment to occur. These can be found in Part D, Part E and Part F of the interim Territory Plan. **The project is expected to adhere to the Territory Plan. Namely, with authority to locate, design and construct enabling works in alignment with district policies and requirements.**

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

Source: ACT Government and Commonwealth policy and strategy documents as available

4.5 Wellbeing Impact Assessment

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

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

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

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

Figure 11: ACT Wellbeing Framework

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

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

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

5 Options Analysis

Key messages:

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

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

6 Project Scope

Key messages:

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

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

6.1 Scope of works

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

The scope of works is summarised in Table 20 below[23] and further information is included in the Functional Design Briefs in Appendix C, schedule of accommodation in Appendix D and feasibility studies in Appendix E. ACTHD and MPC are undertaking further site analysis for the remaining workstreams. As such there may be some necessary refinements to the schedules of accommodation once a preferred site has been selected.

Table 20: Scope of works

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

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

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

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

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

6.2 Scope of Services

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

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

6.3 Project Interdependencies

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

7 Risk Analysis

Key messages:

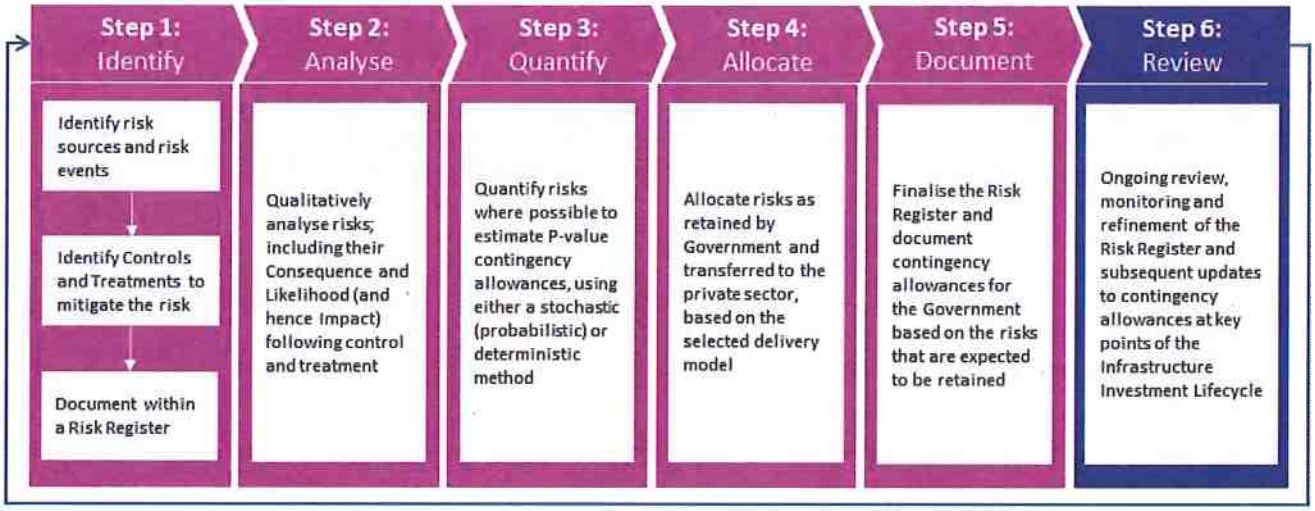
- Workshops were held with key stakeholders on 23 January 2024 to identify project risks for Workstreams 1 – 4. Risks related to Workstreams 5 and 6 were not considered. A complete list of the identified risks is provided in Appendix F.
- The risk analysis approach adheres to the ACT Government's Capital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

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

7.1 Risk analysis process

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

Figure 14: ACT Capital Framework Risk Analysis Process



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

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

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

7.2 Key project risks

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

Table 21: Key Project Risks

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

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

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

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

8 Delivery Model Analysis

Key messages:

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

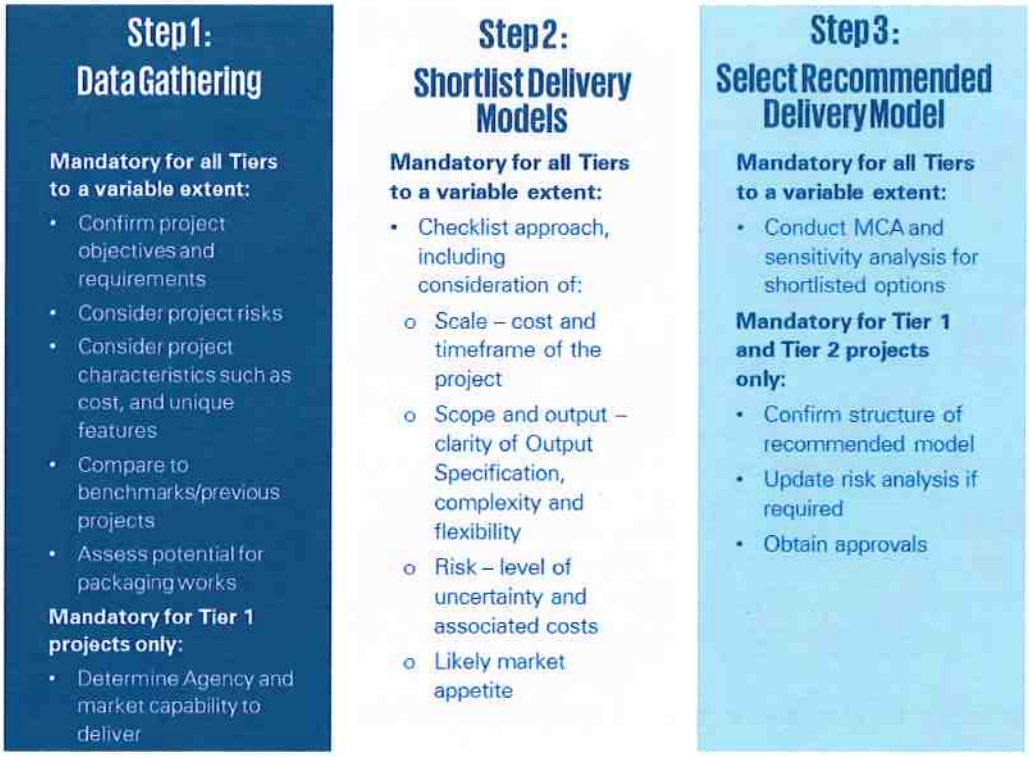
8.1 Overview of delivery model assessment process

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

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

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

Figure 15: ACT Government Capital Framework process



8.2 Delivery model assessment (Workstreams 1 to 4)

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[redacted]e (low value), these will be delivered in line with approaches and processes undertaken for other similar works by ACTHD.

9 Financial Analysis

Key messages:

[redacted]

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

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

9.1 Cost Estimate Assumptions

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

[24] Note totals may differ due to rounding.
[25] This amount includes a provision of $3.2 million for site acquisition costs associated with Workstream 3.

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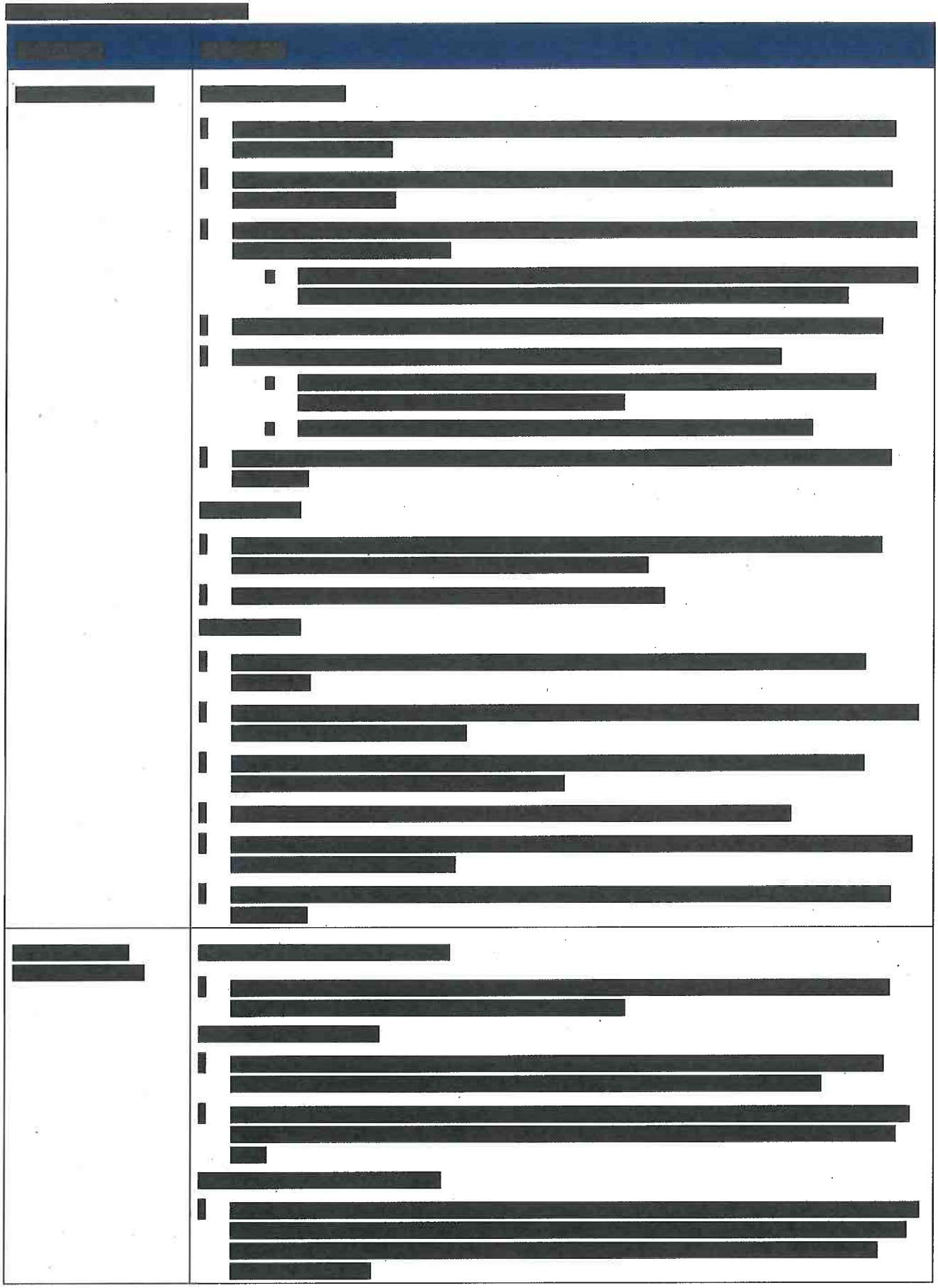

Component	Description
Whole of Life Cost Estimates	• Genus Advisory have developed whole of life cost estimates for Workstreams 1-4 for a 30-year period to FY2055. • The whole of life estimates include the following cost categories: - Major replacement costs; - Refurbishment and redecoration costs; -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

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

9.2 Cost Estimates

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

9.2.1 Capital Cost Estimates

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

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

Estimated Project Capital Cost

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

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

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9.2.2 Non-Capital Cost Estimates

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

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

Table 31 summarises the non-capital estimated costs.

[26] Appendix K.

Table 31: Non-Capital Estimated Costs

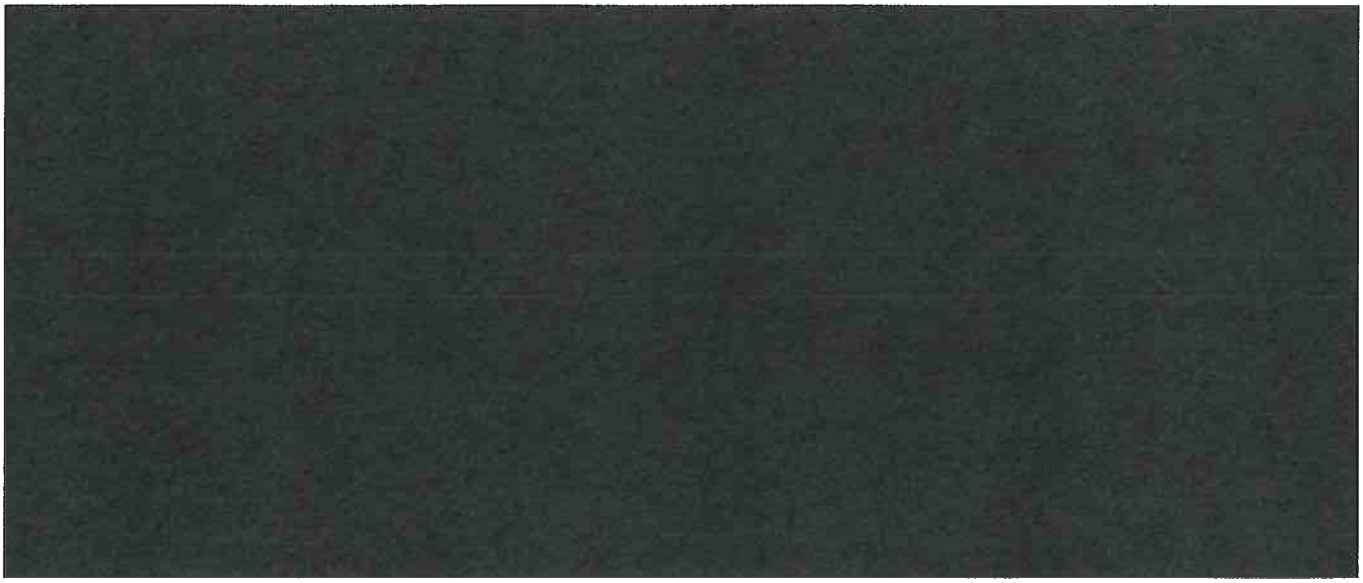
Description of Cost Item	Cost ($'M)
Asset Management Plan	0.50
Total	**0.50**
Source: Developed by ACT Heath and included in Appendix K	

9.3 Whole-of-Life Costs

9.3.1 Whole-of-Life Cost Estimates

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

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



9.3.2 Maintenance Funding Estimate

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

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

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

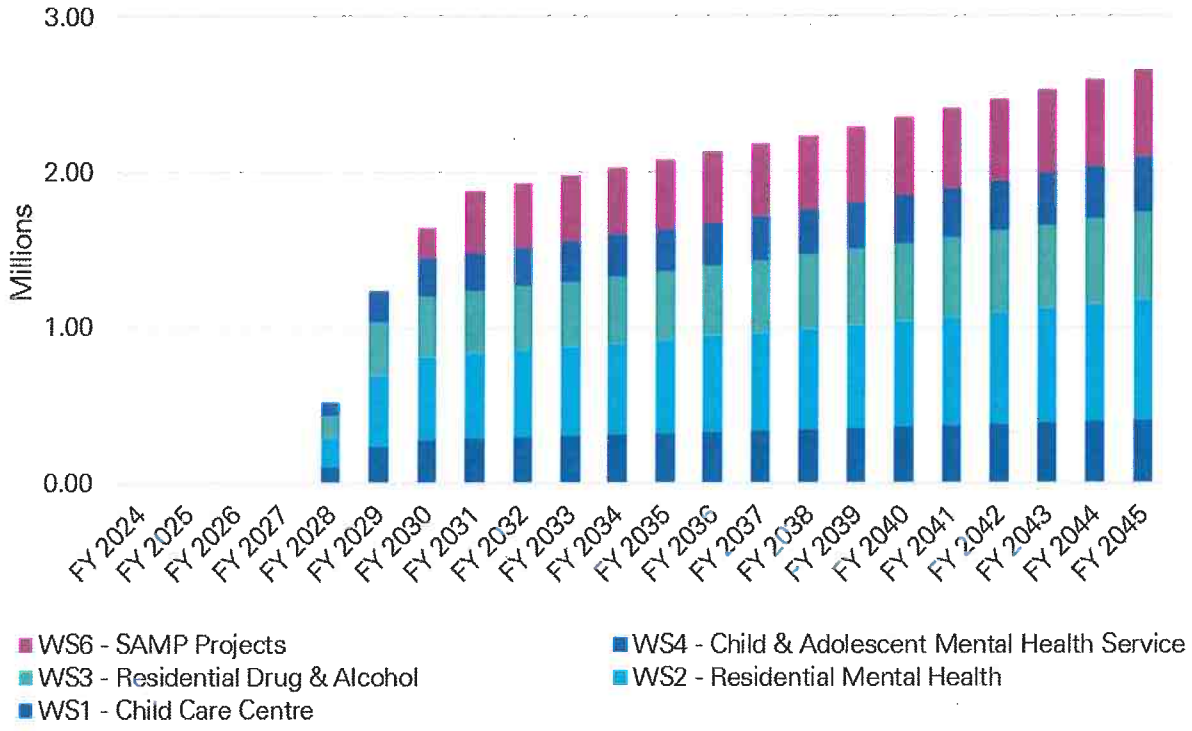
Depending on the final concept design for the new northside hospital the SAMP investment profile will change, and in 2031 the new northside hospital will come online.

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

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

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

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



9.3.3 Depreciation Estimate

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

Table 34: Depreciation Forward Estimates ($'M)

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

Workstream	FY2025	FY2026	FY2027	FY2028	FY2029	Total
Workstream 4	-	-	0.28	0.37	0.37	**1.01**
Workstream 6	-	-	-	-	0.62	**0.62**
Total	-	-	**1.66**	**2.22**	**2.84**	**6.72**

9.4 Budget Implications

This section outlines the estimated budget impact for the Project.

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

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[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]

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

Note 2: Totals may differ due to rounding.

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

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

Breakdown of ACTHD Staffing Profile

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

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

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

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

10 Economic Appraisal

Key messages:

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

10.1 Objective and Approach

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

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

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

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

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

10.2 Qualitative Analysis

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

Table 37: Socio-economic benefits

Socio-Economic Benefit	Description
Community	

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

[27] ACT Health Services Plan 2022-2030
[28] *Taking action on the social determinants of health in clinical practice: a framework for health professionals 2016 (https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5135524/)*

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

11 Project Governance

Key messages:

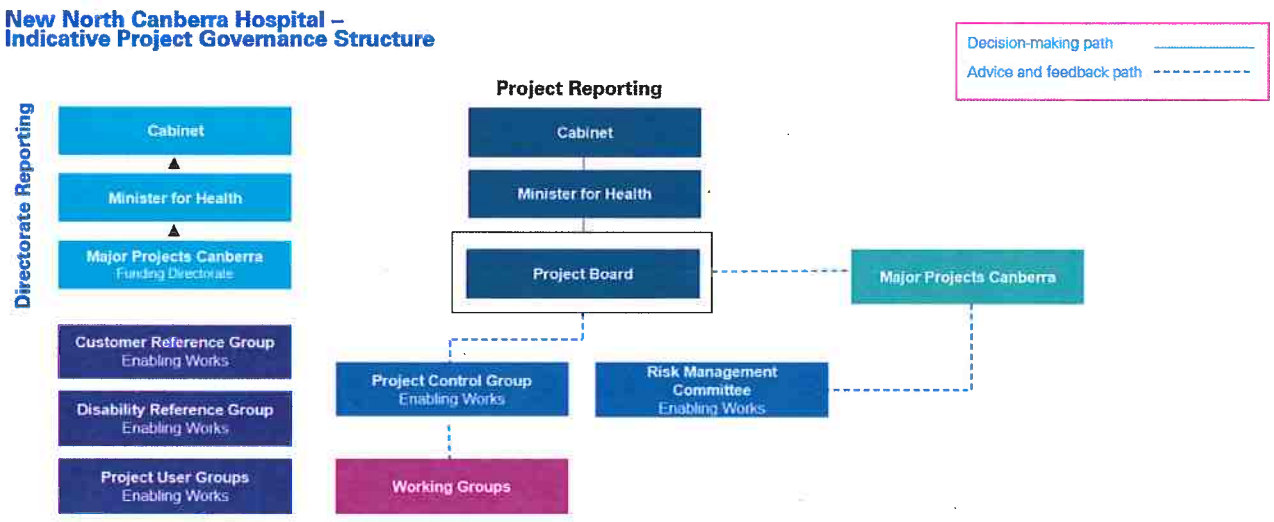
- The NHP is a designated project and will be delivered by Major Projects Canberra in collaboration with ACTHD.
- A cross-agency governance framework established to coordinate delivery of the NHP and the Enabling Works.

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

11.1 Recommended Governance Structure

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

Figure 17: Proposed Northside Hospital Project Governance Structure



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

11.2 Key Directorates

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

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

Other key directorates include:

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

11.3 Governance roles and responsibilities

11.3.1 Project Board

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

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

11.3.2 Project Control Group

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

11.3.3 Risk Management Committee

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

11.3.4 Working Groups

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

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

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

11.3.5 Major Projects Canberra

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

Chief Projects Officer (CPO)

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

Project Team

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

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

12 Stakeholder Engagement Plan

Key messages:

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

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

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

12.1 Stakeholder identification

A preliminary stakeholder analysis has been undertaken to identify key internal and external stakeholders, examine their interests, and define the required level of engagement during the Project. The ACT Government Guidance Document 'Engaging Canberrans: A Guide to Community Engagement' describes various levels of engagement and provides a basis to define the involvement of key internal and external stakeholders in the Project as set out in Figure 18.[29]

Figure 18: Different levels of community engagement

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

Project stakeholders can be grouped into two broad categories:

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

12.2 Internal stakeholders (Enabling Works)

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

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

Table 38: Internal stakeholders, interests, and engagement levels

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

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

12.3 External stakeholders

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

Table 39: External stakeholders, interests, and engagement

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

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

12.4 Outcome of stakeholder engagement to date

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

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

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

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

12.5 Communication Strategy

At a Directorate level, a Communication and Strategy Overview[30] has been developed to ensure all stakeholders, both internal and external, can contribute and collaborate accordingly.

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

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

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

[30] Source: ACTHD Communications and Strategy Overview.

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

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

13 Advisor Engagement Plan

Key messages:

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

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

13.1 Project Management

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

13.2 Accommodation Study

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

13.3 Quantity Surveyor

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

13.4 Legal

Legal advice and support may be required for:

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

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

13.5 Financial, Commercial and Procurement

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

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

13.6 Technical Design and Engineering

13.6.1 Design and Technical

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

Technical and engineering

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

Building design

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

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

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

Specialist design

Specialist design input into the design development may be required:

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

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

Asset, site due diligence and investigations

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

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

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

Environment and sustainability

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

13.7 Probity

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

13.8 Stakeholder management and communication

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

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

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

13.9 Transactions management

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

13.10 Environment and sustainability

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

13.11 Other specialists

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

14 Timeline

Key messages:

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

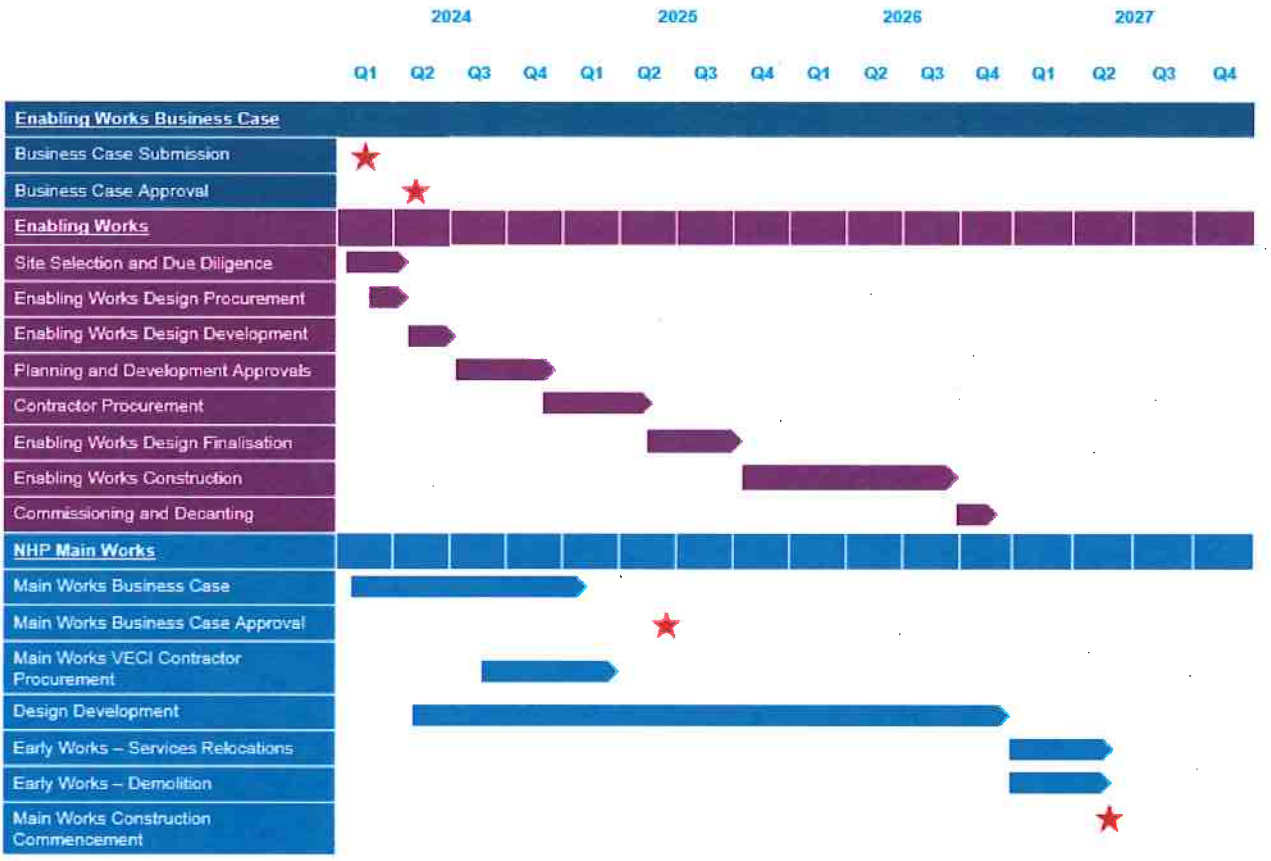
14.1 Project timeline

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

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

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

Figure 19: Project Timeline



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

14.2 Project decision points

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

Table 40: Key Approval and Decision Points for the Project

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

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

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

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

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

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

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

14.4 Additional work required post Business Case

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

14.5 Project timeline assumptions

The current program provided by MPC assumes the following:

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

Appendices

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

Appendix O Glossary

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

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

Option 1D: Multiple buildings (reduced size)

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

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

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

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

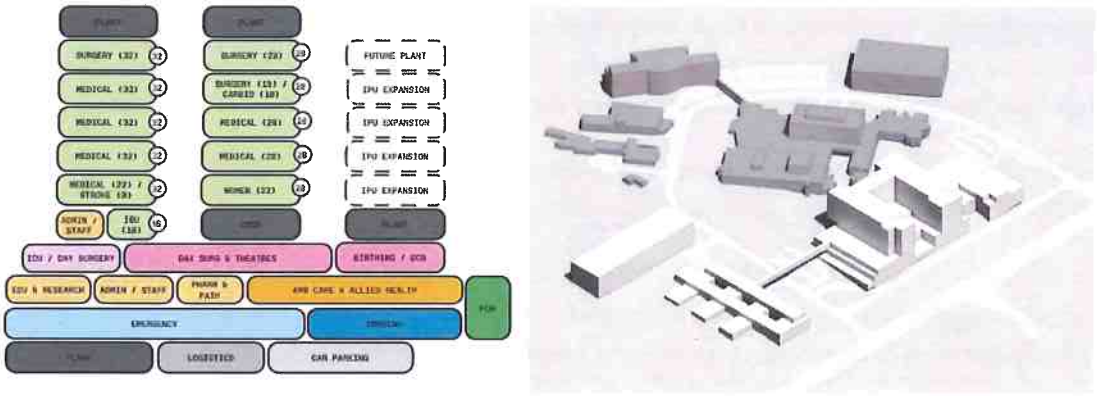
Option 1D would deliver 452 multi-day beds, 99 ED POC, 17 operating suites, <154 ambulatory spaces and supporting medical imaging across 11 levels and 90,803sqm, including 1,705sqm for the childcare centre. The detailed SoA is presented in Appendix A.[39]

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

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

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

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



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

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

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

[redacted]

[40] Due to the changes to the SoA, these descriptions are indicative and to be confirmed at later project stages.
[41] The applied methodology developed by Genus Advisory in consultation with MPC and ACHTHD has applied escalation on to Gross Construction Costs only. Escalation has not been applied to Other Project Costs, FFE, MME, ICT or Contingency.
[42] Capital costs for Project options provided by Genus (including deterministic contingency) with additional inputs for ACTHD / MPC costs and management costs provided by ACTHD and MPC.

Source: Genus Advisory (2023), Northside Hospital, Canberra, Concept Design Cost Plan Option 1d; additional inputs for ACTHD / MPC costs and management costs provided by ACTHD and MPC
Note: The applied methodology developed by Genus Advisory in consultation with MPC and ACHTHD has applied escalation on to Gross Construction Costs only. Escalation has not been applied to Other Project Costs, FFE, MME, ICT or Contingency.

Additional master plan options were developed under Option 1D to consider staging options for the required expansion in inpatient capacity after commissioning. Three options were developed as detailed in Table 16 and all involve expansion within the campus.

Table 16: Option 1D master plan options

Master plan option	Description
1. Vertical expansion option 	- Provides IPU expansion in a third wing above the podium (aligned with the concept design) - Future expansion for outpatients, admin, and innovation and research provided in a separate future building - Key opportunities include: retention of generous green heart, optimal clinical relationships, simplified wayfinding for visitors, disruptions during construction are constrained to one IPU wing - Key constraints include: logistical impacts of building over operational hospital, allowance for plant room space from Day 1 limits future expansion, structural future proofing required in original design.
2. Adjacent horizontal expansion option	- Provides IPU expansion in a new future building located to the east of the new main hospital building

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

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

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

Table 17: High level program Option 1D

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

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

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

Table 18: Considerations for Option 1D

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

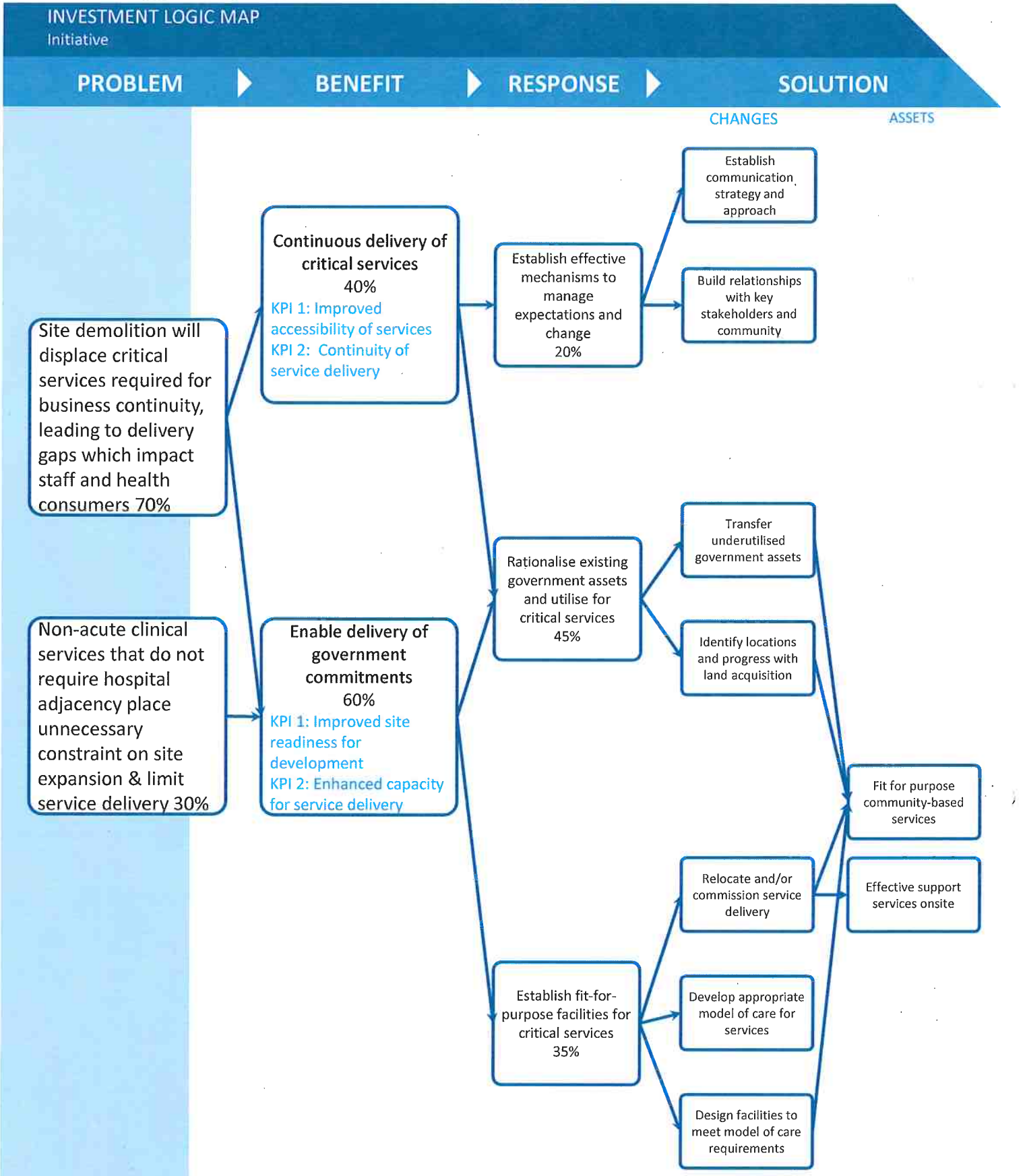
ACT Health

OPTION 2

A New Northside Hospital

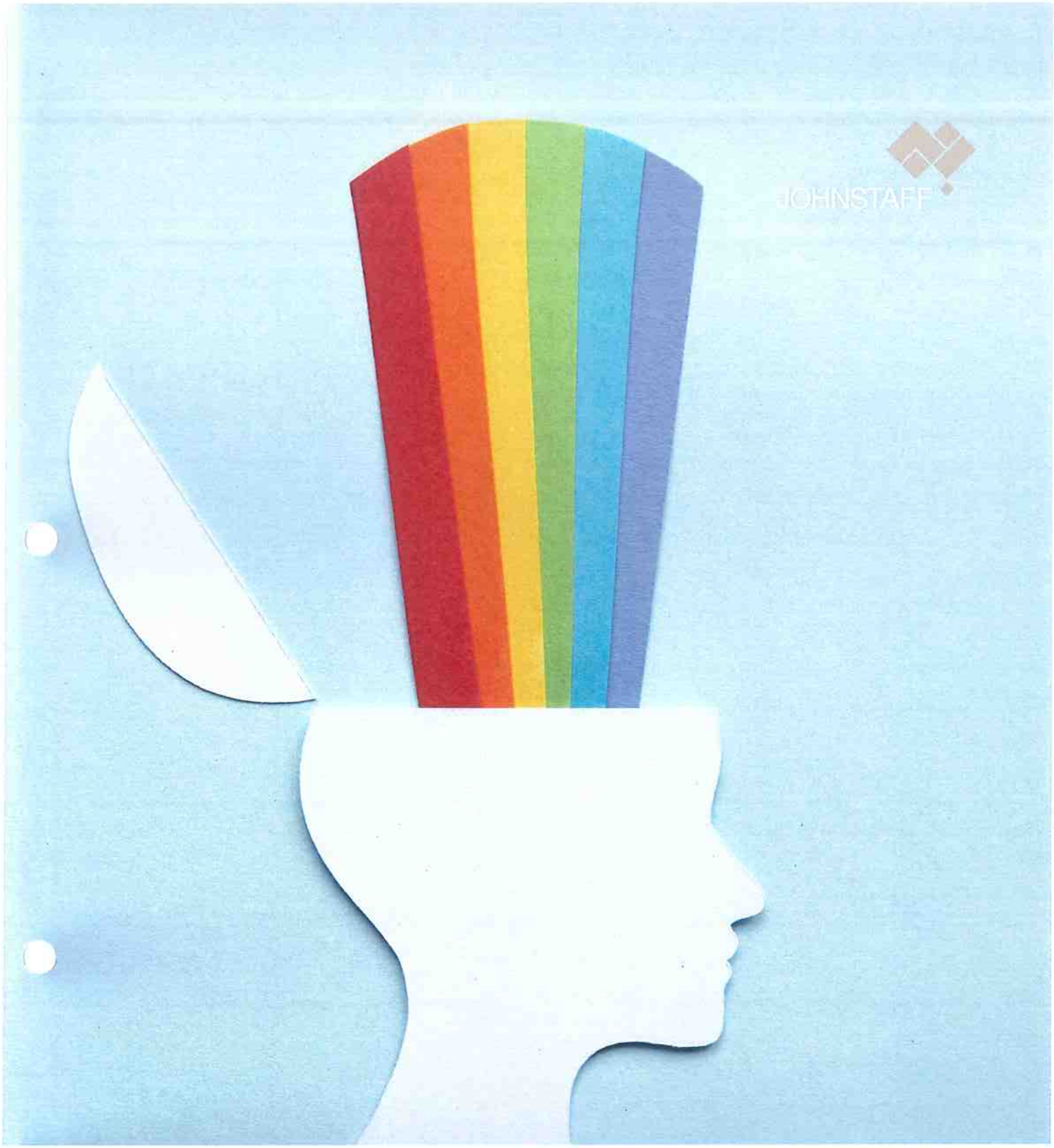
Works to enable the delivery of the new hospital rebuild and redesign

INVESTMENT LOGIC MAP
Initiative



Investor: David Jones
Facilitator: Alana Peters
Accredited Facilitator: Yes

Version no: 0.2
Initial Workshop: 17 01 2024
Last modified by: Alana Peters 24 01 2024
Template version: 6.0



Northside Hospital Enabling Works

Functional Design Brief - CAMHS

Document Control

Document Title:	Northside Hospital Enabling Works: Workstream 4 Functional Design Brief: Child and Adolescent Mental Health Services (CAMHS)	Copies and Distribution:
Prepared By:	Johnstaff	
Reviewed By:	Johnstaff	
Revision:	Version 1.0 6 December 2023 Version 2.0 11 December 2023 Version 2.1 18 December 2023 Version 3.0 21 December 2023 Version 4.0 1 February 2024	
Date of Issue:	1 February 2024	ACT Health, Project User Group, Project Team
File Name:	HA0318__02.05_240201_FDB_CAMHS_v4.0	
Server Location:	HA0318.02.05	

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1. Description of Service

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

- The School Adolescent Day Program

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

- CAMHS Dialectical Behavioural Therapy (DBT)

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

- The Childhood Early Intervention Program (CEIP)

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

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

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

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

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

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

2. Models of Service Delivery

2.1 CAMHS Care Principles

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

2.2 Service Delivery

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

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

3. Specific Operational Policies and Procedures

3.1 General

3.1.1 Hours of Operation

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

3.1.2 Admission and Discharge Procedures

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

3.1.3 Access and Security

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

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

3.2 Non-clinical Support Services

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

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

3.3 IT and Communications

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

3.4 Support Space and Amenities

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

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

4. Workforce

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

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

Table 2 - Workforce

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

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

** Planned expansion of FTE in future

5. Functional Relationships

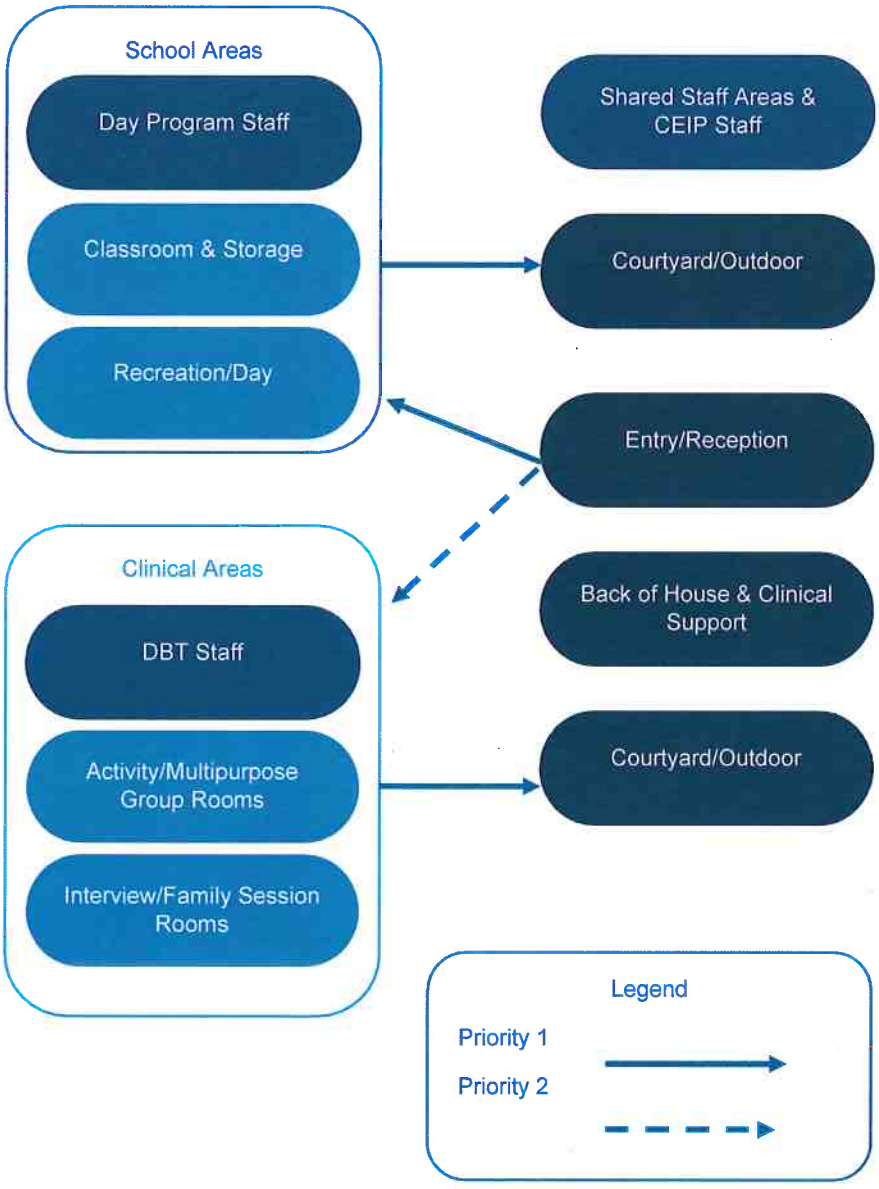
5.1 External Relationships

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

5.2 Internal Relationships

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

Figure 1 – Internal Functional Relationship Diagram



5.3 Multistorey Design Considerations

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

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

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

6. Design Requirements

6.1 Australasian Health Facility Guidelines

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

6.2 Applicable to All Spaces

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

6.3 Entry/Reception

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

6.4 School Areas

6.4.1 Reception/Day Area

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

6.4.2 Classroom

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

6.4.3 School Sensory Modulation Room

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

6.5 Group/Interview Rooms

6.5.1 Activity/Multipurpose Rooms

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

6.5.2 Interview/Family Session Rooms

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

6.5.3 Sensory Modulation Room

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

6.6 Outdoor Spaces

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

6.7 Clinical Support Areas

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

6.8 Staff Areas

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

6.9 Back of House

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

7. Schedule of Accommodation

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

					based on site availability, can reduce if needed.
School	Store - Classroom	1	8	8	Collocated with Cottage Classroom – wet space for art, outdoor education storage, and resources/sensory/IT storage
Group/Interview Rooms					
Group/Interview	CEIP - Activity/Multipurpose Group Rooms	1	40	40	Groups up to 30. Explore shifting 8m2 from here to interview room upstairs. m2 increase from AusHFG to accommodate room functions and max occupancy provided by users.
Group/Interview	Courtyard - outdoor secure	1	30	30	
Group/Interview	Activity/Multipurpose Group Rooms	1	40	40	Groups up to 30. Includes kitchen set up for cooking skills groups with dining– this one should be located near school. Explore ability to join rooms or be able to observe. TBC if kitchen function is best in day area or this group room (no additional space required) m2 increase from AusHFG to accommodate room functions and max occupancy provided by users.
Group/Interview	Interview Room/ Family Session Room	2	16	32	TBC 6. Up to 7 participants, space for individual client work. m2 increase from AusHFG to accommodate increase in participants
Group/Interview	Sensory Modulation Room	1	12	12	Collocated with interview rooms
Staff Work Areas and Amenities					
Staff - Shared	Meeting Room	1	34	34	TBC if required. Conference capability, staff meetings, family conferences. Size for 24 staff.
Staff Areas - CEIP	Office - Workstation	10	4.4	44	
Staff Areas - Day Program	Office - Shared	1	12	12	Consultant and Registrar
Staff Areas - Day Program	Office - Workstation	8	4.4	35.2	Workstations within open plan office arrangement based on 12FTE
Staff Areas - DBT	Office - Workstation	4	4.4	17.6	
Staff Areas - Shared	Office - Single Person	1	9	9	Manager m2 aligned with Canberra Health Services Office and Workstation Accommodation Policy

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

Appendix 1 – Staff Consulted

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

Appendix 2 – Outstanding Issues and Next Steps

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

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

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

Northside Hospital Enabling Works

Functional Design Brief – Arcadia House

Document Control

Document Title:	Northside Hospital Enabling Works: Workstream 3 Functional Design Brief: Arcadia House (Residential Alcohol and Other Drugs Service)	Copies and Distribution:
Prepared By:	Johnstaff	
Reviewed By:	Johnstaff	
Revision:	Version 1.0 6 December 2023 Version 2.0 14 December 2023 Version 3.0 30 January 2024 Version 4.0 1 February 2024	
Date of Issue:	01 February 2024	ACT Health, Project User Group, Project Team
File Name:	HA0318_02.05_240201_FDB_AOD_v4.0	
Server Location:	HA0318_02.05	

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1. Scope of Service

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

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

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

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

Table 1 – Arcadia House Role Delineation and treatment Space Scope

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

2. Service Delivery

Arcadia House provides services through:

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

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

3. Specific Operational Policies and Procedures

3.1 General

3.1.1 Opening Hours

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

3.1.2 Admission and Discharge Procedures

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

3.1.3 Access and Security

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

3.2 Clinical Support Services

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

3.3 Non-clinical Support Services

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

3.4 IT and Communications

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

3.5 Support Space and Amenities

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

4. Workforce

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

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

5. Functional Relationships

5.1 Relative Location

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

5.2 External Relationships

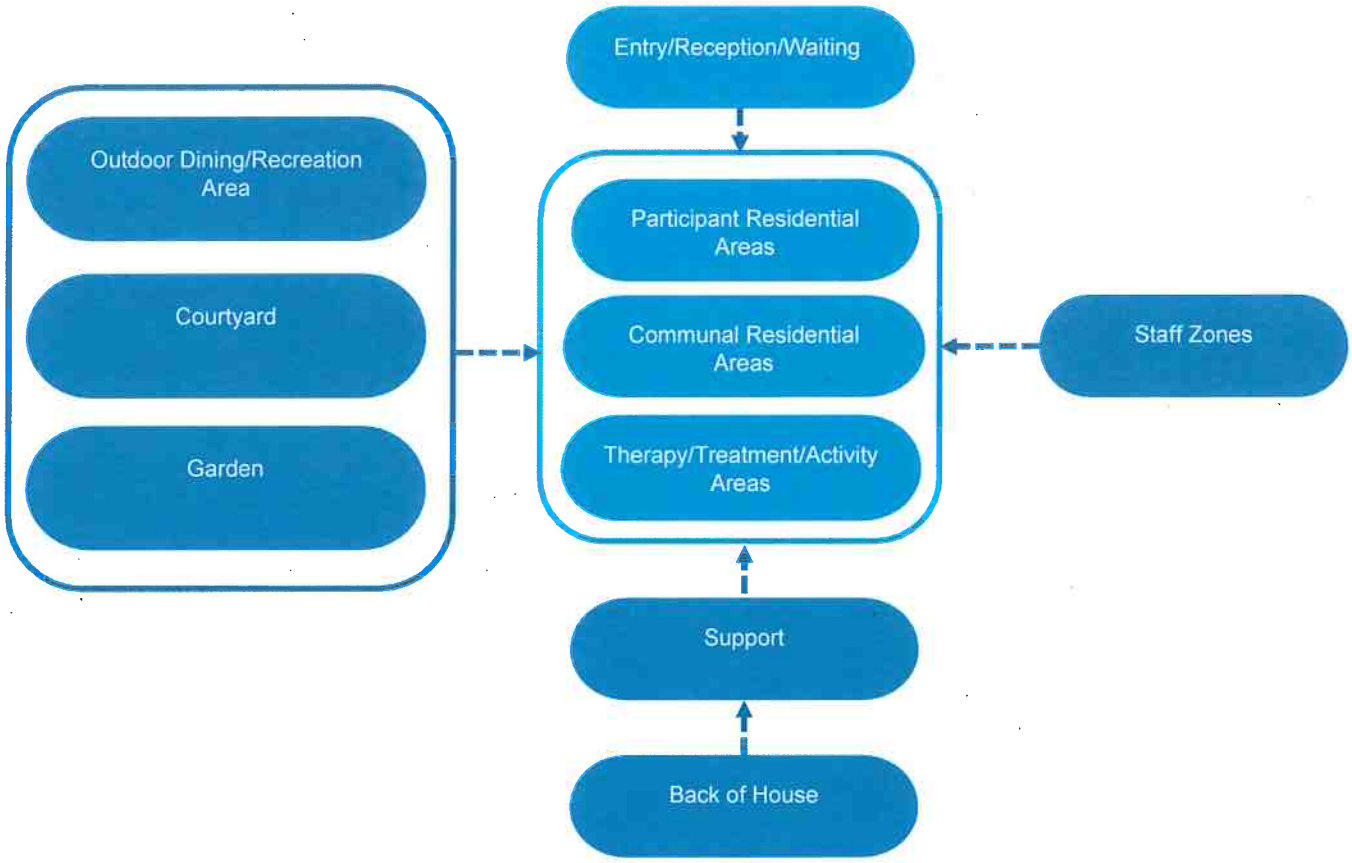
Nil significant external relationships have been identified for Arcadia House service operations.

5.3 Internal Relationships

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

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

Figure 1 – Internal Functional Relationships Diagram



6. Design Requirements

6.1 Applicable to All Areas

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

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

6.2 Entry

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

6.3 Residential Areas

6.3.1 Bedrooms and Ensuites

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

6.3.2 Therapeutic Bathroom

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

6.3.3 Kitchen, Pantry and Dining

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

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

6.3.4 Laundry

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

6.3.5 Shared Lounge

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

6.3.6 Indoor Exercise Room

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

6.4 Residential and Day Areas

6.4.1 Multifunction Group Room/s

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

6.4.2 First Aid Room

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

6.5 Support Areas

6.5.1 Interview/Sensory Rooms

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

6.5.2 Offices and Workroom

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

6.6 Outdoor Spaces

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

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

6.7 Back of House

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

7. Schedule of Accommodation

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

Table 2 – Schedule of Accommodation

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

					across combined dining, kitchen and living/lounge areas.
Residential	Pantry	1	12	12	Pantry and x2 fridges/freezers required.
Residential	Lounge - General / Shared	1	40	40	Link to outdoors preferred. Note 7.5m2 per consumer applied across combined dining, kitchen and living/lounge areas.
Residential	Indoor Exercise Room	1	22	22	If possible in space. Exercise equipment could be provided throughout space e.g. outdoor or multipurpose room.
Residential	Courtyard - Outdoor Dining, Activities	1	90	90	Size as able
Residential and Day Areas					
Residential & Day	Toilet - Accessible	1	6	6	For consumer use, close to activity and outdoor areas
Residential & Day	First Aid Room	1	14	14	Medication storage, vinyl, minor dressings etc, preferably hand basin
Residential & Day	Multifunction Group Room	1	70	70	Link to outdoors preferred but not a requirement. Not carpeted, or two separate rooms one not carpeted. Can reduce if needed
Support Areas					
Support	Cleaner's Room	1	5	5	
Support	Disposal Room	1	6	6	Domestic bins, can be outside
Support	Interview Room / Sensory Room	2	14	28	
Support	Office - Workroom	1	25	25	Including benching and computers and beverage bay.
Support	Office - Single Person, 9m2	1	12	12	2 staff, managers office
Support	Store - Equipment	1	20	20	Can be reduced/removed if space an issue
Staff Work Areas and Amenities					
Staff Zone	Property Bay - Staff	1	3	3	
Staff Zone	Shower - Staff - combined shower toilet	1	4	4	confirm size with accessibility
Staff Zone	Accessible Toilet - Staff	1	7	7	
Staff Zone	Meeting Room/Staff Room	1	20	20	Include beverage bay
Back of House	Allowance	1	100	100	Allowance, TBC

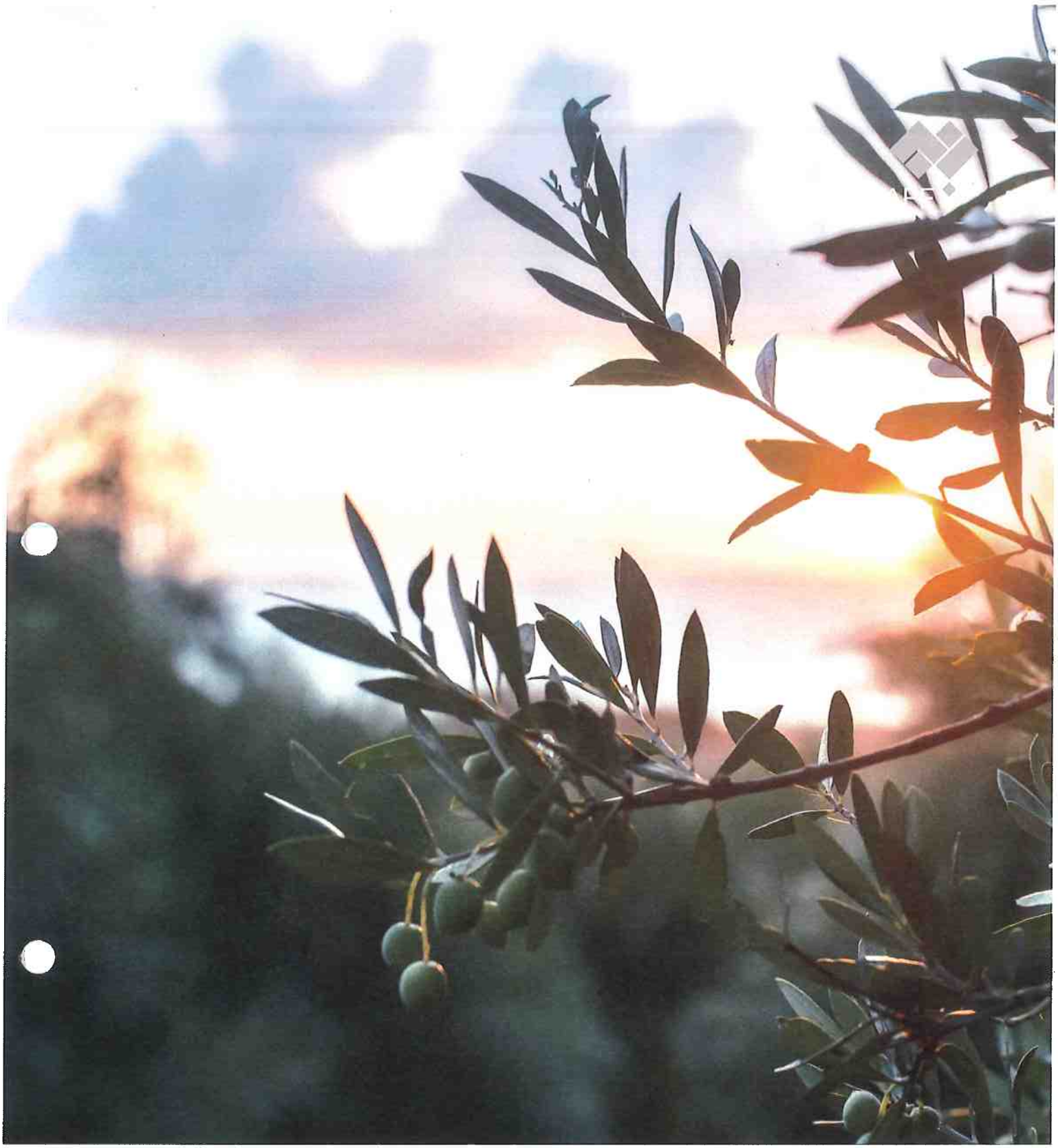
Appendix 1 – Staff Consulted

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

Appendix 2 – Outstanding Issues and Next Steps

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

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



Northside Hospital Enabling Works

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

Document Control

Document Title:	Northside Hospital Enabling Works: Workstream 2 Functional Design Brief: Gawanggal: Low Secure Forensic Mental Health Inpatient Unit – Community Reintegration	Copies and Distribution:
Prepared By:	Johnstaff	
Reviewed By:	Johnstaff	
Revision:	Version 1.0 6 December 2023 Version 2.0 11 December 2023 Version 2.1 18 December 2023 Version 3.0 30 January 2024 Version 4.0 1 February 2024	
Date of Issue:	1 February 2024	ACT Health, Project User Group, Project Team
File Name:	HA0318_02.05_231206_FDB_SecureMH_v4.0	
Server Location:	HA0318.02.05	