Our Ref: MCPFOI2022/03



Schedule 2.2 (a)(ii)	
via email: <mark>Schedule 2.2 (a)(ii</mark>	

Dear

FREEDOM OF INFORMATION REQUEST

I refer to your application under section 30 of the *Freedom of Information Act 2016* (the Act), received Major Projects Canberra (MPC) on 14 April 2022, in which you sought access to:

" A copy of the Ministerial Briefs with the titles outlined below:

- Delay in re-opening of Easty Street
- Third Party Interfaces for Enabling Works (RLC) for Light Rail Stage 2A
- Amendments to the Canberra Hospital Expansion Project Board Charter
- Geocon Discovery
- Easty Street Re-opening
- Light Rail March construction look-ahead
- Light Rail 2022-23 Agency Cost
- Light Rail construction works March 2022
- Declaration of private Interest forms for the Chief Minister
- Declaration of private Interest forms for the Minister for Transport and City Services
- Declaration of private Interest forms for the Minister for Health
- Declaration of private Interest forms for the Minister for Arts
- Declaration of private Interest forms for the Minister for Sustainable Building and Construction
- Declaration of private Interest forms for the Minister for Planning and Land Management"

Authority

I am an Information Officer appointed by the Chief Projects Officer under section 18 of the Act to deal with access application made under Part 5 of the Act.

Decision on access

Searches were completed for relevant documents and thirty three (33) documents were identified that fall within the scope of your request.

I have included as **Attachment A** to this decision the schedule of relevant documents. This provides a description of each document that falls within the scope of your request and the access decision for each of those documents.

My decision in relation to the documents relevant to your request is summarised as follows:

- full release of one (14) documents;
- partial access to three (3) documents;
- withhold access to six (6) documents

• ten (10) documents were identified as duplicates

My decision is detailed further in the following statement of reasons.

Statement of Reasons

In making my decision on disclosing government information, I must identify all relevant factors in schedules 1 and 2 of the FOI Act and determine, on balance, where the public interest lies. In reaching my access decision, I have taken the following into account:

Factors favouring disclosure in the public interest (Schedule 2, Section 2.1)

- Section 2.1(a)(i) promote open discussion of public affairs and enhance the government's accountability; and
- Section 2.1(a)(ii) contribute to positive and informed debate on important issues or matters of public interest.

The release of this information may possibly help to create positive and informed discussions. I consider that disclosing the contents of the information sought could reasonably contribute to discussion of public affairs. I am satisfied that these are relevant considerations favouring disclosure in this case, and in the interests of enhancing open discussion, I afford them significant weight.

Factors favouring non-disclosure (Schedule 1 Information disclosure of which is taken to be contrary to the public interest)

- Section 1.2 Information subject to legal professional privilege;
- Section 1.6 Cabinet information;

Documents 6,7 and 8 have been identified as being within the scope of your request, however, these documents contain information that is considered to be contrary to the public interest under section 1.2 of Schedule 1 of the act. Information contained in these documents was created in the context of a legal practitioner-client relationship and was made for the purpose giving or obtaining legal advice and preparing for and use in a current legal proceeding. It is therefore exempt from release under the Act. Purely factual information that is not subject to legal professional privilege has been provided.

Documents 2,13 and14 have been identified as being within the scope of your request, however, these documents contain information that is considered to be contrary to the public interest under section 1.6 of Schedule 1 of the Act. This information is Cabinet information, which is exempt from release. The purpose of Cabinet information being exempt from release is to maintain the confidentiality of the Cabinet process and to uphold the principle of collective ministerial responsibility. This exemption was discussed in *The Commonwealth v Northern Land Council [1993] HCA 24; (1993) 176 CLR 604 (21 April 1993)*. Paragraph 6 of the decision, states that:

"... it has never been doubted that it is in the public interest that the deliberations of Cabinet should remain confidential in order that the members of Cabinet may exchange differing views and at the same time maintain the principle of collective responsibility for any decision which may be made. "

The information in these documents that you have requested falls within section 1.6 of the Act as it is information which has been commissioned to inform Cabinet to guide its decision making and assist in its deliberations. It is therefore exempt from release under the Act.

Factors favouring non-disclosure in the public interest (Schedule 2, Section 2.2)

- Section 2.2(a)(ii) prejudice the protection of an individual's right to privacy or any other right under the *Human Rights Act 2004*; and
- Section 2.2(a)(xi) prejudice trade secrets, business affairs or research of an agency or person.

Documents 17 and 18 contain personal information and I place significant weight on the right to privacy of individuals and their right to have their personal information protected. Accordingly, I have withheld access to these documents.

I have also considered the impact of disclosing information which relates to business affairs. In the case of *Re Mangan and The Treasury {2005} AATA 898* the term 'business affairs' was interpreted as meaning 'the totality of the money-making affairs of an organisation or undertaking as distinct from its private or internal affairs'. Schedule 2 section 2.2{a)(xi) allows for government information to be withheld from release if disclosure of the information could reasonably be expected to prejudice the trade secrets, business affairs or research of an agency or person. Document 2 contains information about an ACT Government licence with a third-party. I am satisfied that release of this information would have significant impact on the business affairs of the entity identified as this information is not publicly available. Accordingly, I have decided this information in not in the public interest to release.

Charges

I have decided to waive any charges in relation to this Freedom of Information application.

Online Publishing – Disclosure Log

Under section 28 of the Act, MPC maintains an official online record of access applications called a disclosure log. Your original access application, my decision and documents released to you in response to you access application will be published in the MPC disclosure log three (3) days after the date of the decision. Your personal contact details will not be published. You may view the MPC disclosure log at https://www.act.gov.au/majorprojectscanberra.

Ombudsman Review

My decision on your access request is a reviewable decision as identified in Schedule 3 of the Act. You have the right to seek Ombudsman review of this outcome under section 73 of the Act within 20 working days from the day that my decision is published in the MPC disclosure log, or a longer period allowed by the Ombudsman.

If you wish to request a review of my decision you may write to the Ombudsman at:

The ACT Ombudsman GPO Box 442 CANBERRA ACT 2601 Via email: actfoi@ombudsman.gov.au

ACT Civil and Administrative Tribunal (ACAT) Review

Under section 84 of the Act, if a decision is made under section 82(1) on an Ombudsman review, you may apply to ACAT for review of the Ombudsman decision. Further information may be obtained from the ACAT at:

ACT Civil and Administrative Tribunal Level 4, 1 Moore Street GPO Box 370 CANBERRA CITY ACT 2601 Telephone: (02) 6207 1740 http://www.acat.act.gov.au

Should you have any queries in relation to you request, please contact me by telephone on (02) 6205 5288 or email MPCFOI@act.gov.au.

Yours sincerely,

Schedule 2.2 (a)(ii

Nikki Pulford Information Officer **Major Project Canberra** 11 May 2022



FREEDOM OF INFORMATION REQUEST SCHEDULE

Please be aware that under the *Freedom of Information Act 2016*, some of the information provided to you will be released to the public through the ACT Government's Open Access Scheme. The Open Access release status column of the table below indicates what documents are intended for release online through open access.

Personal information or business affairs information will not be made available under this policy. If you think the content of your request would contain such information, please inform the contact officer immediately.

Information about what is published on open access is available online at: https://www.act.gov.au/majorprojectscanberra/home

FOI Refere	ence Number	Request Details				
MPCFOI2022/03 A copy of the Ministerial Briefs with the titles outlined below: • Delay in re-opening of Easty Street • Third Party Interfaces for Enabling Works (RLC) for Light Rail Stage 2A • Amendments to the Canberra Hospital Expansion Project Board Charter • Geocon Discovery • Easty Street Re-opening • Light Rail March construction look-ahead • Light Rail 2022-23 Agency Cost • Light Rail construction works - March 2022 • Declaration of private Interest forms – for the Chief Minister • Declaration of private Interest forms – for the Minister for Transport and City Services • Declaration of private Interest forms – for the Minister for Health • Declaration of private Interest forms – for the Minister for Arts • Declaration of private Interest forms – for the Minister for Arts • Declaration of private Interest forms – for the Minister for Sustainable Building and Construction • Declaration of private Interest forms – for the Minister for Planning and Land Management						
Ref No.	ef No. of Description		Date	Status	Reason for non-release or partial release	Open Access release status
1.	1-2	Delay in re-opening of Easty Street	8/02/2022	Full		Y
2.	37	Third Party Interfaces for Enabling Works	18/02/2022	Partial	Schedule 2.2(a)xi prejudice trade secrets,	Y

		(RLC) for Light Rail Stage 2A			business affairs or research of an agency or person & Schedule 1.6 Cabinet Information	
3.	8-11	Amendments to the Canberra Hospital Expansion Project Board Charter	23/02/2022	Full		Y
4.	12-24	Attach A - CHE Project Board Charter - Amendments to the Canberra Hospital Expansion Project Board Charter (A32577131)	23/02/2022	Full		Y
5.	25-60	Attach B - CHE Project Governance Framework - Amendments to the Canberra Hospital Expansion Project Board Charter(A32561610)	23/02/2022	Full		Y
6.	61-62	Geocon Discovery	24/02/2022	Partial	Schedule 1.3 Information subject to legal professional privilege	Y
7.	-	Attach 1. Geocon Discovery	24/02/2022	Withheld	Schedule 1.3 Information subject to legal professional privilege	Ν
8.	-	Attach 2. Geocon Discovery	24/02/2022	Withheld	Schedule 1.3 Information subject to legal professional privilege	Ν
9.	-	Attach 3. Geocon Discovery	24/02/2022	Withheld	Schedule 1.3 Information subject to legal professional privilege	Ν
10.	63-64	Easty Street Re-opening	3/03/2022	Full		Y

11.	65	Light Rail March construction look-ahead	7/03/2022	Full		Y
12.	66-68	Attach A - 22130 MP Light Rail to Woden Construction Look Ahead	7/03/2022	Full		Y
13.	-	Light Rail 2022-23 Agency Cost	8/03/2022	Withheld	Schedule 1.6 Cabinet Business	Ν
14.	-	Attach A Light Rail 2022-23 Agency Cost	8/03/2022	Withheld	Schedule 1.6 Cabinet Business	Ν
15.	69-71	Light Rail construction works - March 2022	17/03/2022	Full		Y
16.	72	Declaration of private Interest forms – for the Chief Minister	8/03/2022	Full		Y
17.		Conflict of Interest Disclosure Form	8/03/2022	Withheld	Schedule 2.2(a)ii Personal Privacy	Ν
18.		Declaration of Private Interests	8/03/2022	Withheld	Schedule 2.2(a)ii Personal Privacy	Ν
19.	73	Declaration of private Interest forms – for the Minister for Transport and City Services	8/03/2022	Full		Y
20.	-	Conflict of Interest Disclosure Form	8/03/2022	Duplicate		Y
21.	-	Declaration of Private Interests	8/03/2022	Duplicate		Ν
22.	74	Declaration of private Interest forms – for the Minister for Health	8/03/2022	Full		Y
23.	-	Conflict of Interest Disclosure Form	8/03/2022	Duplicate		Y
24.	-	Declaration of Private Interests	8/03/2022	Duplicate		N
25.	75	Declaration of private Interest forms – for the Minister for Arts	8/03/2022	Full		Y

26.	-	Conflict of Interest Disclosure Form	8/03/2022	Duplicate	
27.		Declaration of Private Interests	8/03/2022	Duplicate	
28.	76	Declaration of private Interest forms – for the Minister for Sustainable Building and Construction	8/03/2022	Full	° Y
29.	-	Conflict of Interest Disclosure Form	8/03/2022	Duplicate	
30.	-	Declaration of Private Interests	8/03/2022	Duplicate	
31.	77	Declaration of private Interest forms Planning and Land Management	8/03/2022	Full	Y
32.	-	Conflict of Interest Disclosure Form	8/03/2022	Duplicate	
33.	-	Declaration of Private Interests	8/03/2022	Duplicate	
Total Num	ber of Docume	ents	•		
33					

То:	Minister for Skills
Through:	Deputy Chief Projects Officer, Major Projects Canberra Project Director, CIT Campus Woden Project
	Executive Branch Manager, Governance and Ministerial Services
From:	Chief Projects Officer, Major Projects Canberra
Subject:	Delays to Easty Street re-opening
Critical Date:	In the normal course of business

- The re-opening of Easty Street has been delayed by the unexpected discovery of two large existing thrust blocks which are used to transfer unbalanced forces in buried pipes to the surrounding soil. These were found during clearing works in late December 2021 and site investigations confirmed that these elements were existing water main thrust blocks which are required to support the live water main.
- 2. The thrust blocks were determined to be clashing with the alignment of the proposed 525mm diameter stormwater line located under the western verge of Easty Street. This led to Arup having to update the design to incorporate a storm water diversion with the alignment out in the centre of Easty Street, as opposed to in the verge, to get around the thrust block. This design update was subsequently resubmitted to Transport Canberra and City Services (TCCS) for review and endorsement.
- 3. Due to the delays associated with design updates, as well as ongoing wet weather and the time to construct the additional scope, Canberra Contractors are aiming to have Easty Street reopen to traffic in both directions by the first week of March 2022.
- 4. The community has been previously advised that the reopening date for Easty Street would be 4 February 2022.
- 5. Consideration was given to opening the street in one direction only however this was ruled out as inefficient and raised safety concerns as well as potential for community confusion.

6. Works will continue on the Easty Street layover and verge works, once the road has reopened to the public, this will take place behind construction fences whilst the road is open in both directions to traffic.

Noted/Please Discuss

Chris Steel MLA Minister for Skills

17,2,22

Major Projects Canberra

То:	Minister for Transport and City Services	Tracking No.: 22/18310		
Date:	18/02/2022			
From:	Chief Projects Officer			
Subject:	Third Party Interfaces for Enabling Works (RLC) for Light Rail Stage 2A			
Critical Date:	In the normal course of business			
Critical Reason:	N/A			

Recommendations

That you note the information contained in this brief.

Noted / Please Discuss

Chris Steel MLA

Minister's Office Feedback

Background

- There are a number of key project interfaces with third parties on the Light Rail Stage 2A (LRS2A) and associated enabling raising London Circuit works (RLC) projects. This is particularly the case in and around London Circuit where parts of the works for LRS2A and RLC will be in very close proximity to private land holders and businesses.
- 2. These project interfaces can be broadly categorised as follows:
 - a. land owners, residential premises and general commercial businesses who may be affected by disruption, noise and traffic associated with the work, but where the project <u>does not</u> physically touch upon their land;
 - b. private landowners on whose land the Territory requires <u>temporary access</u> to erect fences and safety barriers to allow for work to be done safely and efficiently right up to the public land/private land boundary, but where no actual works will be undertaken on the private land - note that temporary access may be for up to the duration of the relevant project (e.g. two years for RLC);
 - private landowners one whose land the Territory will either need to or may agree to undertake <u>physical works</u> as part of the Project - noting this may be combined with a more general temporary access agreement referred to in (b) above; and
 - d. more complex interfaces with <u>third party construction projects adjacent</u> to the LRS2A or RLC delivery footprint being undertaken concurrently with those projects.

ssues

3. The table below sets out the proposed approach to managing these interfaces, along with a brief comment noting where such agreements have been used previously:

Interface type	Agreement type	Comment
General public, commercial tenancies affected by disruption / no private land access required. Examples include private residential towers and most commercial premises on London Circuit.	None	This relationship would be managed through Communications and Stakeholder Engagement team. This approach is consistent with the approach taken on engagement with residences and with commercial premises in Gungahlin and Mitchell businesses during Light Rail Stage 1 (LRS1).

Interface type	Agreement type	Comment
Key stakeholders tenancies affected by disruption / no private land access required. Examples may include the ACT Courts building, the Reserve Bank of Australia and ACT Police and select private businesses where disruption may make more of an impact.	To be dealt with through the RLC Business Partnership Plan	The RLC Business Partnership Plan will include commitments to consult and share information, hold regular meetings and nominated stakeholder interface relationship manager. The intention is to give key stakeholders comfort that they have a direct avenue to bring concerns to the Territory project team.
Temporary access required to land / no physical works. Examples include the Department of Foreign Affairs and Trade building on London Circuit East.	Temporary Access Licence	This licence would cover the period for access, permitted activities, safety and security and a commitment to remediate any damage to existing assets. The licence would be based on licences prepared on LRS1.
Physical access required to undertaken works	Temporary Access Licence	This licence would cover the scope of the agreed works and handback of the completed works, the period for access, permitted activities, safety and security and a commitment to remediate any damage to existing assets. The licence would be based on similar licences used on LRS1 - for example, with the Schedule 2.2 (a)(xi)

Interface type	Agreement type	Comment
Complex interfaces Examples may include the concurrent development proposed by Geocon for the 68 Allara Street block	Interface agreement	The agreement would be a bespoke agreement covering the specific interfaces where the Territory required a level of binding commitment or certainty in order to de-risk an element of the RLC or LRS2A project. Examples of where these might apply could be where critical interfacing works were being undertaken at similar times (e.g. excavations in close proximity to the construction of retaining walls for RLC or other structurally dependent works). The agreement would be based on precedents from other major projects provided by the Territory's advisors, noting the Territory's advisors have access to a range of precedents including from Sydney Metro, Sydney Gateway and Sydney Light Rail projects.

Consultation

- 4. The Project Team has engaged with the relevant parties as part of the consultation for the Works Approval (WA). More detailed discussions have occurred with entities whose projects will be impacted or interface with the RLC Project to understand interface issues and develop a construction methodology and understand and implement design impacts. The Team will work to finalise contracts closer to the signing of the RLC Main Works contract, when the contractor's proposed methodology and interface approach is understood.
- 5. The key principles underlying the approach to all interface agreements are:
 - any commitments on disruption would be consistent with the applicable Environmental Assessment (EA) and WA conditions - e.g. commitments as to working hours will be based on the relevant approval requirement as the starting point, with any variations only where they can be justified on an exceptional basis;
 - b. most day to day construction interfaces, site access coordination and the coordination of temporary traffic management matters between concurrent projects would be managed by the relevant developer and the Territory's engaged construction contractor, using established processes (e.g. the Temporary Traffic Management Plan approval process through Transport Canberra City Services);

- c. use of private land would be at no cost to the Territory (i.e. no licence fees), noting however that where the Territory is proposing to undertake works on private land this would be at the Territory's cost;
- d. agreements will be project specific (i.e. separate agreements would be used for RLC and LRS2A), given that the specific issues and nature of each interface may be different on each part of the project.



Signatory Name:	Duncan Edghill

Action Officer: Ashley Cahif

Major Projects Canberra

OFFICIAL

То:	Minister for Health and Wellbeing	Tracking No.: 22/20112		
Date:	23 February 2022			
From:	Chief Projects Officer, Major Projects Canberra			
Subject:	Amendments to the Canberra Hospital Expansion Project Board Charter			
Critical Date:	In the normal course of business			
Critical Reason:	To update the Project Board Charter and Project Board Governance Framework to align with discontinuation of Clinical Advisory Operations Group (COAG) and remove Independent Member from Membership			

Recommendations

That you:

1. Agree to amend the Canberra Hospital Expansion Project Board Charter at <u>Attachment A</u> and Governance Framework at <u>Attachment B</u>, to align with the discontinuation of the Clinical Advisory Operations Group (COAG) and remove the Independent Member position from the membership.

Agreed / Not Agreed / Please Discuss

Rachel Stephen-Smith MLA 7/3/22

Minister's Office Feedback

Background

- 1. Late in 2021, Canberra Health Services (CHS) conducted a Governance Review of committees across CHS to mitigate duplication of reporting across the committees.
- 2. An outcome of this review has been the recommendation to cease the Clinical Operations Advisory Group (COAG) in 2022. CHS has advised that they consider the Project Control Group (PCG) is effective as a decision-making forum noting the COAG has predominately been provided with information for the purposes for noting.
- 3. The detailed service planning and performance management of the operational commissioning program will continue to be managed internally by CHS Chief Operating Officer as the Executive Sponsor.
- 4. In the current version of the Canberra Hospital Expansion (CHE) Project Board Governance Framework there is the provision for a second Independent Member which has remained vacant since the Board's inception. The Project Board reviewed the necessary requirements for this role.
- 5. The Project Board endorsed the recommendation to not continue the COAG, this has necessitated amendments to the CHE Project Governance Framework and CHE Board Charter. Proposed amendments have been outlined in tracked changes at <u>Attachment A and Attachment B</u> to reflect:
 - a. The Canberra Health Services (CHS) Governance Review findings and recommendation to not continue the Project Clinical Operations Advisory Group (COAG) in 2022; and
 - b. That detailed service planning and performance management of the operational commissioning program will be managed internally by CHS.
 - c. The removal of the current vacant independent member from the Board composition.

Issues

- 6. In relation to discontinuation of the COAG and the progression of the CHE Project, clinicians are still able to raise project matters with CHS with CHS then to address the matters through Major Projects Canberra (MPC) and/or the PCG.
- 7. The Project Board has continued to function effectively as a key advisory body for the CHE Project with its current composition.
- 8. Should circumstances ever change, the Project Board could in the future consider revising its membership again to add independent members.
- 9. Section 5.1, and Table 4 of the Governance Framework and Section 4.11, and Table 2 of the Board Charter states that amendments to these documents must be approved by the Minister for Health.

Financial Implications

10. Nil.

Consultation

<u>Internal</u>

11. The Project Board has endorsed the recommended changes.

Cross Directorate

12. CHS advised MPC on the outcome of the CHS Governance Review.

Work Health and Safety

13. Nil.

Benefits/Sensitivities

14. Nil.

Communications, media and engagement implications

15. Nil.

Signatory Name:	Duncan Edghill	Phone:
Action Officer:	Nikki Pulford	Phone:

Attachments

Attachment	Title
Attachment A	Canberra Hospital Expansion Project Governance Framework V5.0 (tracked
	changes)
Attachment B	Canberra Hospital Expansion Project Board Charter V5.0 (tracked changes)



Canberra Hospital Expansion Project

Delivering a new emergency, surgical and critical healthcare facility at the Canberra Hospital

Project Board Charter



Prepared by:

MAJOR PROJECTS CANBERRA

ACT Government Level 3, Callam Offices 50 Easty Street Woden ACT 2606

February 2022

DOCUMENT CONTROL

Contact for enquiries

If you have any questions regarding this document please contact:

Contact officer	Tracie Walters
Title	Board Secretariat
Phone	02 6207 4798

Version History

Version No.	Date	Author	Issue Purpose
1.0	July 2019	Nikki Harding	First draft.
1.1	August 2019	Lloyd Esau	Draft for ESC/Board review and endorsement
1.2	August 2019		Incorporate comments from 27 Aug '19 ESC
1.3	September 2020	Secretariat	Project name change
1.4	February 2021	Secretariat	Additional Project Board Member
1.5	February 2022	Secretariat	Governance changes

Approved by:

Rachel Stephen-Smith MLA Minister for Health (On behalf of Cabinet) 27 February 2022

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1 Introduction

1.1 The Purpose of This Document

The purpose of this document is to:

- Define the role of the Canberra Hospital Expansion Project Board (the Board).
- Define the scope of the Board's decision-making authority.
- Define the Board's membership and the role of the Board members.
- Define the Board's operations and meeting principles.

1.2 The Projects

For the purposes of this Charter the "Canberra Hospital Expansion Project" refers to the planning, procurement and delivery of a new emergency, surgical and critical healthcare facility at the Canberra Hospital campus in Garran.

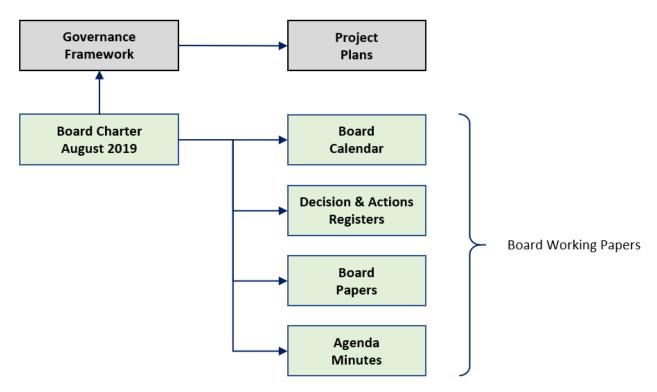
In August 2020, the Project's name changed from the 'SPIRE Project' (the acronym for 'Surgical Procedures, Interventional Radiology and Emergency') to the 'Canberra Hospital Expansion Project'.

1.3 Relationship to Other Documents

Figure 1 is a simple diagram illustrating this document's relationship to other relevant documents. The Charter will operate under the Project Governance Framework,

The Charter guides a number of working documents including the Board Calendar, Decisions and Actions Register and minutes, etc. These are explained further in Section 4.11.

Figure 1: Key documents related to the Board Charter



2 Scope

2.1 Purpose of the Board

The Board will provide the strategic decision-making advice and guidance for the project. In particular the Board will function as the key advisory body for the Canberra Hospital Expansion Project providing high-level guidance and advice to the Project Director, Project Control Group (PCG) and any working groups established for the project.

2.2 Role of the Board

The core responsibility of the Board is to provide advice to and oversight of the Canberra Hospital Expansion Project.

Specific functions of the Board include:

- a) strategic oversight of the project to ensure progress and performance against its critical path, and that the project is meeting organisation operational and strategic objectives;
- b) approving project deliverables and endorsing changes including the scope, time, procurement strategy and budget management (within set delegated limitations);
- c) establishing boundaries and mechanisms for the variation of project scope, inclusive of time and cost;
- d) overseeing stakeholder communication and engagement activities;
- e) resolving issues and policy decisions;
- f) monitoring risks and opportunities;
- g) appointing and directing the PCG, and acting as a point of reporting and escalation;

- h) review, comment and endorsement of Cabinet Submissions in place of an 'exposure draft'¹ of decisions being sought through Cabinet;
- i) provide regular briefing updates to the Minister and Government as required.

2.3 Conflicts of Interest

A conflict of interest arises where a Board participant has an interest that conflicts, could be perceived to conflict, or has the potential to conflict with the interests of Major Projects Canberra or the Territory more generally in conducting the project.

Board members must:

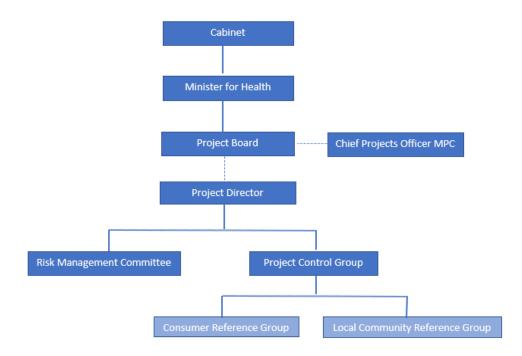
- a) disclose to the Board any actual, perceived or potential conflicts of interest which may exist as soon as they become aware of the issue; and
- b) take any necessary and reasonable measures to try and resolve the conflict.

Declarations of conflicts of interest will be considered by the Probity Advisor on a case by case basis to ensure the impartiality of Board participants can be assured without imposing undue burdens on the individuals concerned.

2.4 Project Governance Structure

Figure 2 shows the structure of the governance arrangements for the Canberra Hospital Expansion Project.

Figure 2: Project Governance Structure



3 Membership, Roles and Responsibilities

3.1 Members and Their Proxies

Table 1 lists the members of the Board.

The approach towards the use of proxies is outlined in Section 3.1.

Board members must have the necessary authority to make decisions on behalf of their respective Directorates and should expect to provide comment and make direct decisions at meetings. Where Cabinet Submissions are to be considered, Board members are responsible for the secure circulation of papers in accordance with Cabinet guidelines as relevant within their respective Directorates to allow them to seek an appropriate level of briefing to provide 'exposure' Directorate comments at the relevant Board meeting. Comments on Cabinet Submissions should be raised at the relevant meeting and provided to the Secretariat in writing for coordination with the project team.

Table 1: Board Membership

Board Position	Individual	
Independent Chair	Tony Michele	
Deputy Chair	Chief Executive Officer, Canberra Health Services (CHS)	
Member	Under Treasurer (or delegate)	
Member	Director-General, ACT Health Directorate	
Member	Director-General, Environment, Planning and Sustainable Development Directorate (or delegate)	
Member	Director-General, Justice and Community Safety Directorate (or delegate)	
Member	Director-General, Transport Canberra and City Services (or delegate)	

3.2 The Role of the Independent Chair

The Chair is an independent (i.e. non-governing) member of the Board and is the official representative and spokesperson for the Board.

The Chair:

- a) provides strategic leadership of the Board;
- b) ensures the efficient organisation and conduct of the Board to provide leadership and vision to the Canberra Hospital Expansion project team;
- c) chairs Board meetings;
- d) facilitates Board discussions so there is an effective use of time and that only strategic and critical issues are discussed;
- e) represents the Board in discussions with external bodies in relation to approval processes and other relevant matters as they arise;
- f) meets with the Minister for Health as necessary to advise on relevant Board matters; and
- g) may break voting deadlocks.

3.3 The Role of the Deputy Chair

The Deputy Chair takes on the responsibilities of the Chair when the Chair is unable to preside over the meeting.

The Deputy Chair is a member of the Board.

3.4 The Role of the Secretariat

The Board is supported by the Board Secretariat, which draws resources from within the Corporate Support area of Major Projects Canberra.

The Board Secretariat's responsibilities include:

- develop the Board meeting agenda in consultation with the Chief Projects Officer (CPO), Major Projects Canberra;
- coordinate and review of Board minutes for the CPO, Major Projects Canberra's endorsement and Chair's approval;
- coordinate the collection and distribution of all Board documentation;
- monitor Board performance, against the intentions set out in the Board Charter;
- generally ensuring that the Board is administered in accordance with the Board Charter;
- maintaining a register of conflicts of interest;
- maintaining, updating and ensuring all Board members have an up to date copy of the Board Charter and associated governance documentation; and
- taking of Board meeting minutes.

3.5 The Role of Members

Members are participants of the Board. They are required to review issues presented to them and act in accordance with the conditions specified within the Charter. Members hold voting rights regarding issues and items of endorsement and/or items of decision.

3.6 The Role of Attendees

Those listed below are not members of the Board but are invited to attend meetings:

- Board Secretariat;
- Administration Officer(s);
- Chief Projects Officer, Major Projects Canberra;
- Project Director;
- Probity Advisor (where relevant); and
- other invitees authorised by the Chair from time to time.

3.7 Probity Adviser

A Probity Adviser may attend Board meetings when required at the request of the Chair.

3.8 Use of proxies

Members and attendees of the Board are to nominate a proxy to attend a meeting if unable to attend.

The nominated proxy must have a suitable briefing to fulfil the position and to be able to make an informed decision.

The nominated proxy is to act on behalf of the member/agency they represent and is responsible for ensuring that member is debriefed on the meeting outcomes.

Where the member noted at Section 3.1 appoints a delegate to the board position, this person will be a board member and will not be counted as a proxy.

4 Meeting Principles and Board Operations

4.1 Decision Making

Board decisions will typically take the form of one of the following:

- endorsed the recommendations tabled at the meeting are endorsed as presented in the paper;
- endorsed subject to... the recommendations tabled are endorsed subject to specific changes;
- not endorsed the recommendations tabled are not endorsed, with a summary of rework required provided;
- approved the recommendations tabled at the meeting are approved as presented in the paper; or
- noted where the Board receives a briefing paper or a verbal briefing but is not required to make a decision.

It is expected that matters brought to the Board for consideration will, if relevant and appropriate, have first been considered by relevant stakeholders or other participants in the project's governance structure.

Board members must attend meetings with the authority to make decisions on recommendations that are tabled. It is the member's responsibility to attain the necessary authority from the organisations they represent, or to indicate at the meeting that this is being sought. To the extent practicable, it is the member's responsibility to undertake any investigations or consultation required to form a position on a recommendation.

The Board will endeavor to make decisions based on consensus of all members. Where consensus cannot be reached, the Chair may take actions, which include but are not limited to consulting with members out of session to reach a consensus, forming an issues focused sub-committee (discussed further in Section 4.4), or instructing the Project Director to undertake investigations that may inform and unlock the decision.

If consensus cannot be reached, decisions may be made by a simple majority vote of the Board. All Board decisions are to be recorded by the Board Secretariat in the Decisions and Actions Register. It is the responsibility of the Chair to ensure that this register is an accurate representation of the Board's activities.

4.2 Dissenting Views

Once a decision is made by the Board, members are expected to support the decision and decision-making process of the Board. This does not fetter the ability of ACT Government members to provide advice or undertake activities in respect of the project as is required in their ACT Government roles. However, it is expected there will be consistency between Board decisions and the other activities of members.

Dissenting views or significant differences of opinion will, however, be captured by the Board Secretariat in the meeting minutes and in the Decisions Register.

4.3 Dispute Resolution

Decisions that cannot be made through consensus are to be rescheduled to the next Board meeting, which is the responsibility of the Chair. If a decision cannot be resolved after two Board meetings, the Chair is required to escalate the issue to the Minister for a resolution.

4.4 Sub-committees

The Board Chair may, at their discretion, call for the establishment of a sub-committee. This may be for the purpose of resolving a specific issue where Board consensus cannot be reached or reviewing an extensive scope of material where it is not feasible for all Board members to do so.

For a sub-committee to be established, the following must be established (by the Board Chair with advice from the Project Director and/or the Board Secretariat) and agreed by the Board:

- sub-committee terms of reference;
- quorum;
- meeting frequency; and
- automatic expiry of the sub-committee.

4.5 Attendance

Only the following are permitted to attend Board meetings for their full duration unless otherwise authorised by the Chair:

- Board Members (refer to Section 3.1);
- Other invitees (refer to Section 3.6);
- Pre-appointed proxies for those above when the usual member cannot attend (refer to Section 3.8);
- Probity Advisor (refer to Section 3.7); and
- Board Secretariat.

Presenters are to remain at the meetings for their allotted time only unless directed otherwise by the Chair.

Board members are expected to attend at least 80 per cent of all meetings. Attendance by proxies does not count towards this figure. It is the Chair's responsibility to monitor attendance and to discuss it with members should this expectation be contravened.

If the Chair is absent from a meeting the Deputy Chair will preside.

4.6 Quorum

A quorum is constituted when a minimum of four members (which may include the Chair) are in attendance at the meeting which may include no more than two proxies.

Where the Chair is not able to attend a meeting, the Deputy Chair will chair the meeting. Where the Chair and Deputy Chair is not able to attend a meeting, those members at the meeting must elect one of their number to act as Chair for that meeting.

4.7 Meeting Frequency

The Board will meet every month or as determined by the Board Chair.

With the approval of the Chair, some issues may be considered out-of-session.

Meeting locations and connectivity will be arranged by the secretariat and can be changed at the discretion of the Chair, but members must be advised of the change at least three working days before the corresponding meeting.

Meeting dates can be changed at the discretion of the Chair, but members must be advised of the change at least 14 days before the previously set meeting date.

The length of meetings is flexible and will be determined by the complexity and requirements of the agenda items to be discussed.

4.8 Meeting Preparation

Members are to be prepared for meetings and must read the relevant meeting papers before attending. Papers will be distributed one week prior to the meeting by the Board Secretariat.

4.9 Pre-briefings

Members can request pre-briefings from the project team on issues to be tabled at upcoming meetings. To do this, Members must advise the Project Director or the Board Secretariat, who are to inform the Chair that the request has been made.

It is the Project Director's responsibility to ensure pre-briefings are undertaken if requested.

4.10 Meeting Papers

Documents are distributed to Board members via an ACT Government server, a SharePoint site that all members have access to or via email. The folders on the server are managed by the Board Secretariat.

Documents are uploaded to SharePoint or distributed via email one week prior to the corresponding meeting. It is the responsibility of the Board Secretariat to ensure documents are available by this deadline.

Three types of documentation can be tabled at Board meetings:

- Board paper of no more than four pages that summarises the purpose, background, options (if applicable), cost, justification and recommendations of the issue being tabled. Board papers are mandatory (except where only a verbal update is being provided). Board papers must conform substantially with the template at <u>Appendix A</u>.
- Attachments that support the cover sheet, typically in the form of a report. Attachments are
 optional but can only be tabled if a Board paper is included as a cover sheet. Attachments do not
 have to conform to a template.
- Presentations such as PowerPoint slides, which may be presented on the day of the corresponding meeting. Presentations must not act as a substitute for a Board paper.
 Recommendations cannot be tabled to the Board through a presentation, and members are not expected to make decision based on presentation material alone.

It is the responsibility of the Executives within the Project Team to ensure correct documentation is tabled at meetings. Executives will be advised by the Board Secretariat if documentation is not appropriate.

4.11 Working Documents

The operation of the Board is administered through a number of working documents (listed in **Table 2**). Responsibility for ensuring these documents are prepared rests with the Board Secretariat.

Document	Frequency of updates	Prepared/updated by	Final Clearance
Charter	As required	Board Secretariat	Minister; or Board, if deemed minor and not necessary of the Minister.
Agenda	Monthly, in line with meetings	Board Secretariat	Chair
Minutes, Meeting Summary, Decisions and Actions Register	Monthly, in line with meetings	Board Secretariat	Chair
Sub-committee Terms of Reference	As required	Board Secretariat	Initial review: sub-committee Chair
			Subsequent review: Board Members and the Project Director.

Table 2: Board working documents

4.11.1 Agendas

As the Chair functions in an advisory capacity, the Board Secretariat will prepare the agenda each month in consultation with the Chief Projects Officer, Project Director and Project Team.

4.11.2 Minutes

Draft minutes of the previous meeting will be circulated seven working days after the corresponding meeting. The Chair is responsible for approving draft minutes for release but may delegate this responsibility to the Project Director at their discretion.

Alterations and comments on draft minutes are to be provided to the Board Secretariat within five working days of their release. Major discrepancies should be discussed with the Board Secretariat, who will escalate it to the Chair or Project Director at the member's request.

The minutes are confidential and should be viewed on a need to know basis.

4.11.3 Decisions and Actions Register

All decisions and actions will be recorded in a Decisions and Actions Register. The register will reflect the meeting minutes.



Canberra Hospital Expansion (CHE) Project

CHE Project Board Meeting Paper

Board Meeting Paper Details

Meeting Date:	1 January 2021
Agenda Item:	##
Paper Type:	Choose an item.
From:	Author/Project Director
Drafted:	1 January 2021

Proposed Resolution

Insert exact wording of proposed resolution that the Board is asked to pass. The draft resolution must be clear and concise.

Common standard text:

The Board notes the contents of this paper.

The Board approves.....

Purpose and context of this paper

In this section, explain briefly what the paper is about and what it is endeavouring to achieve. The paragraph should be clear and concise and should state whether the paper is being submitted for the Board's information or is seeking the board's approval for a contract, action, etc.

Background and discussion

Outline the background to what is being proposed to the board providing the information necessary for a proposal to be understood by a non-executive director, who does not have the background knowledge of the person managing the matter. Any unfamiliar terminology or acronyms should be explained.

Mention the options that were considered by management and explain why the preferred option was chosen. Summarise any previous board consideration of the specific proposal.

Identify any external advice/consultants/information involved in the preparation of the proposal.

4.12 Subheadings

Use subheadings (Heading 2 style) to structure this section as necessary to improve easy comprehension of the issues.

Recommendations

Clearly state the recommendation that the Board is being asked to consider. Do not repeat the statements made in the sections above.

Issues

Strategic

Explain how this proposal is aligned to the project's strategic aims.

Financial

Explain the financial implications of the proposal. This should take the form of an executive summary approach. If the financial implications are complex include an attachment and provide further details.

This section should include comments on whether the expenditure is budgeted or unbudgeted, the proposed timing of the expenditure and cash flow implications. If a detailed business case has been prepared for a proposal, the major financial points of the case should be summarised here.

Risk

Analyse briefly the major risks associated with the proposal (or with not implementing the proposal) and explain how these risks will be managed.

Attachments

(i)

Formatting

Heading 2 (sub-section)

The 'Normal' text style is used for all paragraph text in the sections. The following additional styles can be used where required:

- » Bullet
- Sub-bullet

Check footer information is current.



The Canberra Hospital Expansion Project

Delivering a new emergency, surgical and critical healthcare facility at the Canberra Hospital

Governance Framework



DOCUMENT CONTROL

18 November 2020
From the date of approval
CHE Project Board (18 November 2020)
The Minister for Health (10 September 2020)
As required where there are changes to the Project arrangements.
Chair, Canberra Hospital Expansion Project Board
(02) 6207 4798 (Canberra Hospital Expansion Board Secretariat)

Version History

Version No.	Issue Date	Author	Issue Purpose
1.0	July 2019	Nikki Pulford	First draft.
1.1	August 2019	Lloyd Esau	Draft for ESC/Board review and endorsement
1.2	August 2019	Secretariat	Incorporate comments from 27 Aug '19 ESC
1.3	August 2020	Secretariat	Change of Project name
1.4	November 2020	Natalia Fraszczak	Change of Clinical Advisory Group's name
1.5	February 2021	Secretariat	Change of membership
1.6	February 2022	Secretariat	Changes to Governance Structure

Approved by:

Rachel Stephen-Smith MLA Minister for Health (On behalf of Cabinet) Date

February 2022

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	1.1 1.2 1.3 1.4 Roles 2.1 2.2 2.3 2.4 Gover 3.1 3.2 3.3 Extern 4.1 4.2 Resou 5.1 5.2 5.3 5.4	 Purpose of this Document Project Scope The Project Lifecycle Roles and Responsibilities Governance Structure Key Groups ACT Government Directorate representation Key Individuals Governance Governance Principles Decision Making and Associated Accountabilities Project Planning, Reporting and Risk Management External Government Directorates Governance Factors Other ACT Government Directorates Governance principles Decision Making and Risk Management External Governance Factors Dotument Directorates Governance and Document Control Document Control Resources and Document Control Relevant Legislation

1 Introduction

1.1 Project Context

In 2016, the ACT Government committed to delivering a new emergency, surgical and critical healthcare facility at the Canberra Hospital campus in Garran (the Canberra Hospital Expansion Project). The purposebuilt facility will address challenges being faced by the public health system for contemporary critical care and emergency services.

In August 2020, the Project's name changed from the 'SPIRE Project' (the acronym for 'Surgical Procedures, Interventional Radiology and Emergency') to the 'Canberra Hospital Expansion Project'.

Major Projects Canberra (MPC) has been charged with the responsibility for delivering the Canberra Hospital Expansion Project in close consultation with Canberra Health Services and the ACT Health Directorate.

1.2 Purpose of this Document

This Canberra Hospital Expansion Project Governance Framework (the Governance Framework) articulates the governance arrangements for the Canberra Hospital Expansion Project.

This Governance Framework therefore confirms the Canberra Hospital Expansion Project's:

- governance structure, including key groups and individuals;
- governance principles;
- decision types required, the decision-making hierarchy and the associated accountabilities;
- governance arrangements for project planning, reporting and risk management; and
- external governance factors influencing the governance of the Canberra Hospital Expansion Project.

1.3 Project Scope

The project's scope is defined at a high level by the Cabinet Submission (19/112) relating to the Business Case for the Canberra Hospital Expansion Project (formerly SPIRE).

The approved scope for the Project is set out in the following table:

Table 1: Approved Project Scope

Functional Area	Approved Scope
Inpatient Unit Beds	64
Intensive Care Unit Beds (incl. 4x Paediatric ICU beds)	60
Coronary Care Unit Beds	24
Total Beds	148
Operating Theatres (OTs) (incl. 2x Hybrid Theatres)	22
Interventional Radiology Suites	4 (incl. in OTs above)
Total Operating Theatres	22
Day Surgical Beds	55
Emergency Department (ED) Spaces	114
Short Stay Mental Health Unit	10
Cardiac Catheterisation Laboratories (1 x shell only)	2
Hybrid Cardiac Catheterisation Laboratories	1

Functional Area	Approved Scope
Electrophysiology Laboratories	1
Ambulance Bays	12
Central Sterilising Services Department (CSSD) *	1,122 m ²
Loading Dock *	492 m ²
Helipad	1
Estimated Total Build Area (m²) *	37,337 m ²

* Areas are estimates and may change during the design process

In the Cabinet Submission for the Canberra Hospital Expansion Project (formerly SPIRE), Cabinet noted:

"that the scope for the project (in terms of functional areas and clinical spaces) under Option 3a will not be materially changed (either by addition or omission) without the prior agreement of Cabinet"

1.4 The Project Lifecycle

A project lifecycle defines the timeline of a project consisting of phases and stages, which represent distinct project boundaries. The completion or commencement of key deliverables/ milestones will often be an indicator of the completion of a project phase or stage.

For the purposes of the Governance Framework, the Canberra Hospital Expansion Project is broken down into distinct phases: Definition; Project Design; Enabling Works; Main Works Procurement; Main Works Delivery; and Commissioning.

Each phase has a particular focus and typically requires the Project Team to diversify skill sets and shift core functions. For example, future phases such as Procurement require a skilled Project Team to issue, assess and evaluate tender documents, whereas Delivery Phase will then require an experienced Project Team focused on project delivery activities such as quality, safety and contract management.

Table 2 provides an indicative breakdown of the key stages, noting that the Project Delivery Plan will set out in more detail the project stages against a Project Schedule.

Project Phase	Project Stage	Estimated Period	
Definition	Needs analysis	2016 – Q3 2019	
	Proof of Concept Design	(completed)	
	Business Case		
Enabling Works	Staging & Decanting and site preparation	Q3 2019 – Q4 2020	
Project Design	Pre-tender design	Q4 2019 – Q2 2020	
	Post-tender design by contractor	Q3 2020 – Q2 2021	
Main Works Procurement	Main ECI tender process	Q4 2019 – Q4 2020	
	Detailed design and fixed price offer		
Main Works Delivery	Main construction stage	Q1 2021 – 2023/24	
	Building commissioning and acceptance		
Clinical Commissioning	Preparations for operational commencement	2023/24	

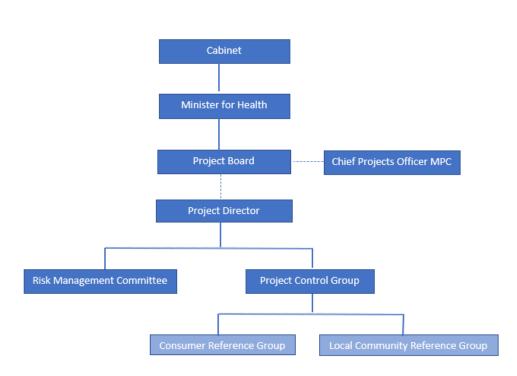
Table 2: Project Phases and Project Stages

2 Roles and Responsibilities

2.1 Governance Structure

The Canberra Hospital Expansion Project is a high priority project for the ACT Government. The project's complexity, value and relationships to other Government projects and initiatives demands a governance structure which supports timely, accountable, well informed decision making. The following diagram depicts the proposed governance structure for the Canberra Hospital Expansion Project.

Figure 1: Governance Structure



The size and scope of the Canberra Hospital Expansion Project requires consideration of strategic whole of Government public health matters, balanced with focusing on the delivery of the project (in alignment with the project's objectives and the Project Plan). Listed below are the identified groups and individuals that have a role in contributing to the project and associated governance requirements.

Key groups include:

- Cabinet (or Cabinet Sub-Committee/s);
- Canberra Hospital Expansion Project Board;
- Project Control Group;
- Risk Management Committee;
- Consumer Reference Group; and
- ACT Government Directorates.

Key individuals include:

- Minister for Health;
- Chief Executive Officer, Canberra Health Services;
- Director-General, ACT Health Directorate;
- Chief Projects Officer, Major Projects Canberra;
- Chair of the Canberra Hospital Expansion Project Board;
- the Under Treasurer;
- the Canberra Hospital Expansion Project Director;
- the CHS Project Lead; and
- other Directorate representatives.

2.2 Key Groups

2.2.1 Cabinet (or Cabinet Sub-Committees)

Cabinet and Cabinet Sub-Committees are responsible for setting policy for the ACT Government through collective, consensus-based decision-making. Cabinet meets regularly and operates under Westminster conventions.

While Cabinet establishment sits outside this Governance Framework, Cabinet is the peak decision-making body for the Canberra Hospital Expansion Project. Cabinet is the group accountable for the 'investment/funding' decisions of the Project. The Minister for Health carries portfolio responsibility for the Canberra Hospital Expansion Project. The Minister is briefed by the Chief Projects Officer MPC and if required the Chair of the Canberra Hospital Expansion Project Expansion Project.

2.2.2 The Canberra Hospital Expansion Project Board

The Project Board has a focus on strategic decision-making advice in relation to the Canberra Hospital Expansion Project and provides advice to the ACT Government in respect of the planning, procurement and delivery of the Canberra Hospital Expansion Project. The Project Board is responsible for providing advice and direction to the key Major Projects Canberra personnel including the Chief Projects Officer, Project Director and Project Team for the Canberra Hospital Expansion Project.

The Project Board is accountable for the Canberra Hospital Expansion Project's strategy, leadership and management; focusing primarily on high-level strategic decision-making advice. Further information, including about members and their responsibilities, is available in the Canberra Hospital Expansion Project Board Charter.

2.2.3 Project Control Group

The Canberra Hospital Expansion Project Control Group (PCG) will function as the primary working group for all matters relating to the Enabling Works and Main Works of the Canberra Hospital Expansion Project. It will approve project delivery decisions where these fall within the overarching strategy and parameters that have been approved by the Canberra Hospital Expansion Project Board.

The Canberra Hospital Expansion Project PCG will support the Project Director to manage project planning, delivery and risk. They will monitor project performance and risk whilst reporting to the Board and will escalate endorsed matters to the Board for approval where necessary.

2.2.4 Risk Management Committee

The purpose of the Risk Management Committee (RMC) is to ensure that a common understanding of Canberra Hospital Expansion Project's risks is maintained by project personnel and relevant stakeholders, in accordance with this Governance Framework. The RMC should ensure that any changes to the baseline documents (as approved by the Government) are subject to appropriate review.

The RMC will assess and provide advice to the Project Board on all strategic risks related to the Canberra Hospital Expansion Project. The RMC will also develop and (where authorised within this Governance Framework) implement mitigation strategies to key risks.

The RMC will provide guidance, direction and oversight to the PCG regarding project risk. The Project Risk Register will be a key output from the RMC meetings and is provided to the Project Board.

2.2.5 Consumer Reference Group

The Consumer Reference Group will provide guidance and direction to the PCG and ensure that consumer views are reflected in the design for the project through engagement with User Groups and other mechanisms.

The Consumer Reference Group is advisory and has no formal decision-making powers.

2.3 ACT Government Directorate representation

All ACT Government Directorates could be involved in the Project as either a direct participant in the decision-making process, or by consultation as required.

Organisation	Representative
Directly involved	
Canberra Health Services	The Chief Executive Officer, Canberra Health Services (CHS) is the Deputy Chair of the Canberra Hospital Expansion Project Board. Whilst CHS does not have budget or administrative accountability for delivery of the Canberra Hospital Expansion asset, it is recognised that the completed facility will be operated by CHS and that CHS (and the Chief Executive Officer) will have accountability for the asset once delivered.
ACT Health Directorate	The Director-General, ACT Health Directorate is a member of the Canberra Hospital Expansion Project Board.
Chief Minister, Treasury and Economic Development Directorate	The Under Treasurer (or delegate), Treasury is a member of the Canberra Hospital Expansion Project Board.
Environment, Planning and Sustainable Development Directorate	The Director-General (or delegate), Environment, Planning and Sustainable Development Directorate is a member of the Canberra Hospital Expansion Project Board.
Justice and Community Safety Directorate	The Director-General (or delegate), Justice and Community Safety Directorate is a member of the Canberra Hospital Expansion Project Board.
Transport Canberra and City Services	The Director-General (or delegate), Transport Canberra and City Services is a member of the Canberra Hospital Expansion Project Board.

Table 3: Directorate representation on the Canberra Hospital Expansion Project

Other Directorates (indirectly involved)				
Community Services Directorate	The Directorate will be consulted on cross-portfolio activities as they arise.			
Education and Training Directorate	The Directorate will be consulted on cross-portfolio activities as they arise.			

2.4 Key Individuals

2.4.1 Minister for Health

The Minister for Health is the Canberra Hospital Expansion Project's spokesperson and represents the Project in Cabinet deliberations and decision-making.

The Minister is accountable for the project's governance, with attention to ensuring the broader operations of the Canberra Hospital Expansion Project Board remain aligned to the objectives and priorities of the ACT Government.

2.4.2 Chief Projects Officer, Major Projects Canberra

The Chief Projects Officer, Major Projects Canberra (MPC) holds ultimate responsibility for the sound management and good governance of MPC.

The Chief Projects Officer is a standing attendee of the Canberra Hospital Expansion Project Board and is accountable for ensuring the Project is delivered within the requirements established through election commitments and decisions made by Cabinet as the project progresses.

2.4.3 Canberra Hospital Expansion Project Board Chair

The Chair of the Canberra Hospital Expansion Project Board provides independent leadership and direction to the operations of the Canberra Hospital Expansion Project Board and the Project Team.

This role is also accountable for project governance, in particular ensuring the detailed operations of the Canberra Hospital Expansion Project Board remain aligned to the Project Plan as well as the objectives and priorities of the ACT Government.

2.4.4 The Under Treasurer

The Under Treasurer has responsibilities for the financial management of the ACT Government and provides advice and direction to the Canberra Hospital Expansion Project on budgetary/financial opportunities and constraints pertaining to the Project. The Under-Treasurer provides advice and direction to the Project Board on budgetary/financial opportunities and constraints pertaining to the Project, as well as providing commentary on relevant Cabinet and Governance documents on behalf of Treasury.

2.4.5 The Project Director

The Project Director for the Canberra Hospital Expansion Project represents the Project Team and is a common link between the project and the Canberra Hospital Expansion Project Board.

The Project Director is accountable within Major Projects Canberra for the use of resources to actualise the Canberra Hospital Expansion Project Board's decisions and directs and manages the delivery of the project to meet the Project objectives within the bounds set by the Project Plan.

2.4.6 The Canberra Health Services Project Lead

The Canberra Health Services (CHS) Project Lead is a project-funded role reporting to the CHS Chief Executive Officer, Canberra Health Services.

The CHS Project Lead will operate as an imbedded part of the Canberra Hospital Expansion Project Team and will be accountable for ensuring that all aspects of the project's delivery reflect the needs of the CHS Executive and clinical stakeholders.

Table 4: Key groups in detail

Group	Terms of Reference	Decision Level	Role/Responsibilities	Linkage to Other Groups
Cabinet	Companion to the Standing Orders of the Legislative Assembly for the ACT Parliamentary Agreement for the 9th Legislative Assembly ACT Cabinet Handbook	Investment/ Funding	Cabinet is the group accountable for the 'investment/funding decision'; i.e. they are accountable for decisions to commit significant public funds and for the efficacy of that public investment. This accountability holds significant reputational risks, best managed at the political level. Materials that directly relate to these decisions will be escalated to this group for approval. This includes the Project's: • business case, including: • the Project objectives; • capital and operational expenditure cost estimates; • delivery strategy; and • funding. The following	The Chair of the Canberra Hospital Expansion Project Board and the Chief Projects Officer MPC reports to the Minister for Health on all investment / funding decisions. The Chief Projects Officer reports to the Treasurer on the operations of the Major Projects Canberra. The Under Treasurer reports to the Treasurer and Chief Minister on the financial/budgetary position/controls of the Project.
			matters will be	

Group	Terms of Reference	Decision Level	Role/Responsibilities	Linkage to Other Groups
			 escalated to Cabinet due to their importance to the Project's success: cross-government coordination issues (in circumstances of unresolved issues at the Canberra Hospital Expansion Project Board level); 'Extreme' rated risks from the Project's risk schedule for advising and monitoring; and independent membership of the Canberra Hospital Expansion Project Board for approval. 	
Canberra Hospital Expansion Project Board	Canberra Hospital Expansion Project Board Charter Project Governance Framework Project Plan	Strategy and Leadership Management	The Canberra Hospital Expansion Project Board provides advice and direction to the Chief Projects Officer, Project Director and Project Team. The Canberra Hospital Expansion Project Board also endorses decisions that	The Chair of the Canberra Hospital Expansion Project Board and the Chief Projects Officer MPC reports to the Minister for Health on all investment / funding decisions. Secretariat support for Canberra Hospital Expansion is provided from within Major Projects Canberra.

Group	Terms of Reference	Decision Level	Role/Responsibilities	Linkage to Other Groups
	Reference		 require further approval from the Minister and/or Cabinet. Major responsibilities of the Canberra Hospital Expansion Project Board include: Provision of advice in respect of formulating major Project milestones, strategies and objectives in conjunction with the Chief Projects Officer, Project Director and wider Project Team; review, comment and endorsement of Cabinet Submissions in place of an 'exposure draft'1 of decisions being sought through Cabinet; monitoring the Project Team's performance; 	
			 provision of advice in respect of 'extreme' rated 	

¹ See Cabinet Handbook: https://www.cmtedd.act.gov.au/__data/assets/pdf_file/0006/1189383/Cabinet_Handbook.pdf

risks from the risk register and awareness of higi/risted risks; • ensuring the Project activity compiles with relevant Registation and ACT Government policies; and • communicating with Key strategic stakeholder groups. The Canberra Hospital Expansion Board Charter will inform the principles and administration of this board. Canberra Hospital Expansion Project Board members are required to adopt a 'best for Project' approach while on the committee. If what is best for their organisation, the matter is to be raised at the Camberra Hospital Expansion Project Board	Group	Terms of Reference	Decision Level	Role/Responsibilities	Linkage to Other Groups
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Group	Terms of Reference	Decision Level	Role/Responsibilities	Linkage to Other Groups
			addressed there. If the dispute remains, it must be escalated by the Project Board Chair to the Minister, who may choose to escalate the matter further. Canberra Hospital Expansion Project Board members must have the necessary authority to make decisions on behalf of their respective organisations and should expect to make direct decisions at meetings, rather than taking the matter back for consultation within their respective organisations.	
Project Control Group (PCG)	Project Governance Framework PCG ToR Project Plan	Strategy and Leadership Management	The PCG will meet regularly to provide direction, guidance and oversight for the Canberra Hospital Expansion Project being delivered. The PCG provides guidance, direction and oversight to the Working Groups and User Groups and	The Project Director reports to the Chief Projects Officer.

Group	Terms of Reference	Decision Level	Role/Responsibilities	Linkage to Other Groups
			endorses recommendations from the Project Team. The PCG monitors project performance and reports to the Canberra Hospital Expansion Board, escalating endorsed matters to the Board for approval where necessary which will be chaired by the Project Director.	
Consumer Reference Group	Project Governance Framework Consumer Reference Group ToR	None	The Consumer Reference Group will provide guidance and direction to the PCG and ensure that consumer views are reflected in the design for the project through engagement with User Groups and other mechanisms. The Consumer Reference Group is advisory and has no formal decision- making powers. It will meet as required to ensure that the development phase of the project is	The Chair (or other representative) of the Consumer Reference Group is independent of Government. However, they will be invited periodically to update the Board on matters related to customer engagement.

Group	Terms of Reference	Decision Level	Role/Responsibilities	Linkage to Other Groups
			appropriatelyreflecting the needsof the communityand healthconsumers.The ACT Health CareConsumersAssociation (HCCA)has been engaged byMPC to provide andtrain consumerrepresentatives andto chair theConsumer ReferenceGroup.	

Group	Terms of Reference	Decision Level	Role/Responsibilities	Linkage to Other Groups
Minister for Health	Canberra Hospital Expansion Project Board Charter Project Governance Framework Project Plan	Investment/Funding	 The primary responsibilities of the Minister are: ensuring the Canberra Hospital Expansion Project deliverables align with Government priorities; endorsing all material prior to its escalation to Cabinet; tabling material to Cabinet that is relevant to the project,; monitoring progress against the project objectives; endorsing the Governance Framework and Canberra Hospital Expansion Project Board Charter and/or any amendments as agreed by the project Board; supporting the release of Expression of Interest and Request for Tender documentation; and being the public face of the Project - the spokesperson. The Minister will also be responsible for the approval of key overarching documents including the Project Plan, the Governance Framework, Project Board Charter and associated documents.	The Chair of the Canberra Hospital Expansion Project Board and the Chief Projects Officer MPC reports to the Minister for Health on all investment / funding decisions
Project Team	Project Governance Framework Project Plan	Management	 The Project Team focuses primarily on the day-to-day management and operations of the Canberra Hospital Expansion Project. Members are responsible for delivering the project according to the Canberra Hospital Expansion Project Board's Vision (defined within the Project Plan) under the direction of the Project Director. They are involved in the detailed outcomes of the project. The group's major responsibilities include: implementing the Project Plan, as accepted by the Canberra Hospital Expansion Project Board; identifying, discussing and escalating strategically important issues and risks to the Canberra Hospital Expansion Project Director; preparation of Canberra Hospital Expansion Project Board Secretariat; and endorsing the Monthly Report for escalation to the Canberra Hospital Expansion Project Board for approval. 	The Project Director seeks advice and direction from the Canberra Hospital Expansion Project Board on behalf of the Project Team.

Group	Terms of Reference	Decision Level	Role/Responsibilities	Linkage to Other Groups
User Groups	Developed by the Project Director (as need arises).	None.	 User groups 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 the functional briefs and subsequent design. This will include, but not be limited to: review designs for the facility, departments and individual clinical spaces; review services & engineering designs to ensure operational efficiency of the asset; and assist in the selection of medical equipment and other furniture fittings & equipment (FFE) items; and to provide assurance that the project will meet its operational and clinical objectives. User groups do not make decisions under the Governance Framework, but the Project Team must record all engagements and escalate any issues where endorsement of the final project design is not received from user groups. 	The responsible Project Team member nominated by the Project Director. The responsible Project Team member reports progress back to the Project Director and Project Team Executive. User Group processes and endorsements will be reviewed by the Clinical Reference Group.
Stakeholder Working Group(s)	Developed by the Project Director (as need arises). Project Governance Framework.	None	 This group (or groups) includes stakeholders that operate at a more detailed and/or technical level within the Project environment and have less direct influence on project outcomes. These groups can be formed to focus on specific issues that require cross stakeholder coordination. The group(s) will: be Chaired by the Project Director (or their delegate); work as a group to wherever possible provide the Chair with a single agreed position on Project issues; and have members represent the interest of their organisations, using a 'best for organisation' approach rather than 'best for Project' and must have the authority to make present decisions/positions on behalf of their organisations. These groups provide forums for identified stakeholders to have input into the Project. The group may already exist, have an indefinite life span or may continue for the life of the Project. Stakeholders may be internal to the ACT Government or external people and organisations. 	The Project Director establishes these groups. The Project Director may Chair these meetings or delegate this responsibility. Secretariat support will be facilitated within the Canberra Hospital Expansion Project Team.

3 Governance

3.1 Governance Principles

Project governance is important in enabling project success and should be scaled and shaped to address the level of complexity of the particular project.

Project governance sets a firm framework that guides the success of the project, creates transparency and offers confidence in decision-making due to clarity of roles and responsibilities and stakeholder interests being considered.

The governance principles for the Canberra Hospital Expansion Project are broken into 'standard' and 'specific' principles. Standard project governance principles should be applied as industry best practice activity. Specific governance principles are also defined to cater to the unique needs of a health infrastructure project.

3.1.1 Standard Project Governance Principles

- **Principle 1:** A single point of accountability for the success of the project.
- **Principle 2:** Proper placement of project decision makers in relation to project stakeholders.
- **Principle 3:** Where possible, apply the best features of corporate governance to the project governance.
- **Principle 4:** There must be separation of project governance from organisational governance.

3.1.2 Specific Governance Principles

 Principle 5: The Project will deliver a new emergency, surgical and critical healthcare facility for Canberra Hospital. Subject to not exceeding the approved scope and budget for the project, the operational requirements for the new facility will be paramount.

These governance principles are further defined in the table below, particularly outlining how they will be addressed by the Project Team.

Table 5: Addressing governance principles

Principle	What this means	How will it be addressed
Principle 1: A single point of accountability for the success of the project	This principle is outcome focused: it concentrates on the 'success' of the project meaning the realisation of the asset as defined in the Project Business Case. Importantly, 'success' means different things to different people, so the definition of success must be predetermined.	 Delivery and capital budget accountability for the Canberra Hospital Expansion Project rests with MPC but the operational success of the completed project will be delivered by CHS. The Project Board has been established to ensure that these accountabilities are aligned, and the Project Board Charter provides for escalation to the Minister for Health and/or Cabinet in the event of conflicting interest arising.
Principle 2: Proper placement of project decision makers in relation to project stakeholders	This principle reflects the need for a clear decision hierarchy and supports the need for timely decision making to take place. Influencers (such as stakeholders) should not be in decision making groups, but their views should be captured in other ways such as through advisory groups.	 Major decision making on the Canberra Hospital Expansion Project is restricted to the Cabinet, the Minister for Health, the Canberra Hospital Expansion Project Board, the Chief Projects Officer and the Project Director. Stakeholder needs are captured through User and Working Group levels supported by MPC.
Principle 3: Where possible apply the best features of corporate governance to the project's governance	This principle recognises that project governance can learn from the strengths of corporate governance, such as risk management, resource management, reporting mechanisms, etc.	 The Project Director is the link between the Canberra Hospital Expansion Project Board and the Project Team and uses the team's resources to actualise the Canberra Hospital Expansion Project Boards decisions. The Chair of the Canberra Hospital Expansion Project Board is an independent (i.e. non-government) member. The role is equivalent to a non-executive director on a corporate board, with no voting rights except to break deadlocks. Note: where an appropriate independent member cannot be found to be the Chair, this role will be assumed by the CEO, Canberra Health Services. The Chair is the major point of contact for the Canberra Hospital Expansion Project Board. The Chair is a facilitator of action rather than a deliverer. The Canberra Hospital Expansion Project Board will draw on meeting principles successfully used in the private sector, including: setting agendas and facilitating structured meetings; and Canberra Hospital Expansion Project Board operations are established and managed by a Secretariat.

Principle	What this means	How will it be addressed
Principle 4: A separation of project governance from organisational governance structures	While good project governance should be flexible, it should be subject to minimal change in order to be maintained and followed by the Project Team. Separating project governance from the organisational governance structure also commits Project Team members to delivering project objectives - rather than separate organisational objectives.	 MPC will provide Agency services to the Project Team including, but not limited to, human resources support, accommodation, ministerial services, strategic finance and general governance support. The Chief Projects Officer has significant accountabilities and is empowered to make decisions without reference to the objectives of a particular directorate. This includes the ability to make all Project-related decisions within an 'envelope' approved by the Canberra Hospital Expansion Project Board (often in the Project Plan), the ability to approve all spending, +/- an agreed percentage of the original approved budget, etc. All members of the Project Team report to the Project Director through their respective managers. Importantly, this holds for any public sector personnel seconded to the Project from other directorates; i.e. they do not report through their directorate while on the Project (with some exceptions for those providing shared services).
Principle 5: The Project will deliver a new emergency, surgical and critical healthcare facility for Canberra Hospital and the operational requirements for the new facility will be paramount.	This principle recognises that while the construction of the health asset is important, it is a means to an end, i.e. the provision of health services to the community. Subject to not exceeding the approved scope and budget for the Project, this will be a guiding principle for the Canberra Hospital Expansion Project.	 'Success' is the delivery of a health asset that meets the service delivery requirements (defined in the Business Case), and the role and responsibilities of all key project individuals are defined with this in mind. The Project Director is relied upon to implement the processes that will achieve that end. Clinical stakeholders and healthcare consumer will form a key part of the governance arrangements and will be consulted throughout the development of the new facility.

3.2 Decision Making and Associated Accountabilities

There are four levels of decision making related to the Canberra Hospital Expansion Project. Each decision level considers which key group and individual is involved in the decision based on its impact for achieving the project objectives.

The defined decision levels are:

- Funding/investment
 - This is where decision makers are accountable for approving government funding to the Project.
 - The Minister for Health, and subsequently Cabinet, operates at this level.
- Strategy and leadership
 - This is where decision makers set the strategy for the project and then lead according to it.
 They think ahead about strategic opportunities and risks facing the project.
 - The Minister for Health, as well as the Canberra Hospital Expansion Project Board, Chief Projects Officer, MPC and Project Director, operate at this level.

Management

- This is where decision makers focus 'downwards' to ensure the resources, capability and systems are in place to deliver on the objectives set by the Canberra Hospital Expansion Project Board.
- The Canberra Hospital Expansion Project Board, Chief Projects Officer, MPC, and the Project Director operate at this level.
- Operational
 - This is where decisions directly impact task delivery. Personnel at this level are not involved in major decision making, but rather escalate decisions through to their respective manager.
 - The Project Director and Project Team operate at this level.

Table 6: High level overview of decision makers, levels and types

Decision Level	Decision Maker(s)	Decision Type(s)	Key Guiding Document(s)
Funding Decision	 Cabinet 	 Government reputation Funding approval Aware of 'extreme' rated risks from the risk schedule 	 Companion to the Standing Orders of the Legislative Assembly for the ACT Parliamentary Agreement for the 9th Legislative Assembly Project Governance Framework ACT Cabinet Handbook
Strategy and Leadership	 Chief Minister Minister for Health Canberra Hospital Expansion Project Board Chief Projects Officer (MPC) Project Director 	 Project reputation Establishing the Project objectives Projections of future Project stages (e.g. operations) Responsibility for 'extreme' rated risks from the risk schedule Awareness of 'high' rated risks Approve the awarding of major contract 	 Project Governance Framework Canberra Hospital Expansion Project Board Charter Project Plan Project Risk Management Plan

Decision Level	Decision Maker(s)	Decision Type(s)	Key Guiding Document(s)
Management	 Chief Projects Officer (MPC) Project Director Project Management Team (the Project Director plus all managers) 	 Project Team performance and culture Team resource management Task management Project systems and controls Responsibility for 'high' rated risks from the risk schedule Awareness of all other risks 	 Project Governance Framework Project Plan MPC Strategic Plan MPC Governance Framework Project Risk Management Plan
Operations	 Project Director Managers Project Team staff 	 Task delivery Responsible for 'medium' and 'low' rated risks from the risk schedule 	 Task Management Plans Project Governance Framework Project Plan MPC Strategic Plan MPC Governance Framework Project Risk Management Plan

The Canberra Hospital Expansion Project Board Charter defines the processes that the Canberra Hospital Expansion Project Board members must follow when making decisions for the Project.

3.3 Project Planning, Reporting and Risk Management

3.3.1 Project Planning

An important part of project governance is the ability to properly plan. Proper planning:

- supports the efficient use of resources;
- ensures proper strategic alignment of the Project with other Government priorities; and

then reduces:

- the occurrence of cost, quality and time constraint issues;
- opportunities for scope creep;
- risk; and
- communication issues.

The Canberra Hospital Expansion Project will have in place a Project Plan, which confirms the Project objectives, Project Management Workstreams, and Project Schedule.

3.3.2 Project Reporting

Progress against project outcomes must be advised to Cabinet, the Minister for Health, and the Canberra Hospital Expansion Project Board, to enable appropriate and timely decisions to be made based on the Project needs and status.

Effective project governance relies on timely and accurate monitoring and reporting of project progress and performance. The audience, content and frequency of reporting will depend on the needs of the project, any issues arising, and the project lifecycle phases. Through the Project Plan, the Project Director will address reporting requirements for the Canberra Hospital Expansion Project.

Relevant aspects of the Project are defined below, identifying the level of engagement anticipated for key stakeholders and individuals involved with the Canberra Hospital Expansion Project.

Table 7: Project reporting

Aspect	Project Executives	Project Board	Minister	Cabinet
Frequency	Weekly	Monthly	Bi-weekly	Quarterly
Project Details	Discuss current project activities underway and forthcoming Identify project critical events / continuing viability	Discuss key aspects of current stage and next steps	Discuss current stage and critical issues	Discuss current stage and critical issues
Budget	Individual Project Team expenditure, variations, emerging pressures and strategies including access to risk and contingency funds Specific details and reasons for variations for approval or escalation	Project Budget, financial status including access to risk and contingency funds or need to terminate Specific reasons for variations for approval or escalation	Tracking and analysis against progressive budget including explanation of variance Forecast overall cost Options and variations for approval or escalation	Tracking against progressive budget including explanation of variance Forecast overall cost Options and variations for approval
Schedule / Milestones	Progress against schedule and team milestones, analysis of any areas of slippage or gains which could impact progress in other areas Where appropriate strategies to manage any slippages or gains Planning / strategies for next stage	Progress against schedule and key milestones Key areas of slippage or gains which could impact progress in other project areas Proposed actions / strategies	Tracking against Project Schedule and major milestones (achieved, overdue and upcoming) including an explanation of variance and impacts	Tracking against Project Schedule and major milestones (achieved, overdue and upcoming) including explanation of variance and impacts
Risks	Identify and analyse changes to risk / issues (new, increases or decreases) This includes stakeholder risks and dependencies and proposed strategies	Latest risk report including recent risk status changes (additions, removals or actions), stakeholder risks and dependencies Identify proposed strategies	Details of key emerging risks / issues including stakeholder risks and proposed strategies	Key emerging risks and issues for decisions
Scope	Issues arising which may impact on Project scope including stakeholder identified concerns Analysis of scope variations for approval or escalation	Issues impacting Project scope including concerns identified by stakeholders Scope variations for approval or escalation	Scope variations outlining impacts for approval	Scope variations outlining impacts for approval

3.3.3 Risk Management

A core component of project governance is adopting a structured approach and documenting the processes necessary for managing or mitigating project risks. This enables key groups and individuals to make better-informed decisions and to ensure that appropriate action is being taken to:

- minimise the impact of potential negative events on the Project Schedule and the operating environment;
- reduce the likelihood of project problems occurring; and
- identify and maximise potential opportunities during the different phases of the Canberra Hospital Expansion Project.

Risk management for the Canberra Hospital Expansion Project will follow the Risk Management Standard (ISO31000:2009) and will be managed by the Risk Management Committee.

4 External Governance Factors

4.1 Other ACT Government Directorates

Whilst Canberra Health Services is the sponsoring agency for the Canberra Hospital Expansion Project, it is important to recognise the relationship that the project has with services delivered by other ACT Government Directorates.

Table 8: ACT Government Directorates

Directorate name	Responsibility
Chief Minister, Treasury and Economic Development Directorate (CMTEDD)	CMTEDD leads the ACTPS and provides strategic advice and support to the Chief Minister, Treasurer, Minister for Economic Development and the Cabinet on policy, financial and economic matters, service delivery and Whole of Government issues. CMTEDD is responsible for collecting and managing taxation revenue and the Government's financial assets and liabilities (including superannuation liabilities and investments). CMTEDD is responsible for providing advice to the Government and ACT Directorates on the Territory's budget and financial management, economic and revenue policy, federal financial relations, and workers compensation policy. CMTEDD is also responsible for Shared Services, which provide financial, IT, and HR support across Government. Economic Development within CMTEDD focuses on land release, facilitating business development, investment, sport and recreation, tourism and events, arts, and other government activity, often in coordination with the private sector, to increase the economic performance of the ACT.
Community Services Directorate (CSD)	CSD has responsibility for a wide 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.
Education and Training Directorate (ETD)	ETD delivers high quality education services through government schools, registers non-government schools and administers vocational education and training in the ACT.
Environment, Planning and Sustainable Development Directorate (EPSDD)	EPSDD aims to lead the nation in achieving sustainable outcomes: to be a 'liveable and sustainable city'. The Directorate is responsible for developing and implementing a wide range of policies and programs across city planning and development, climate change and the environment. There are two divisions within the Directorate dedicated to the delivery of positive environment outcomes for the Territory. These are: the Environment Division is responsible for heritage, conservation research, nature conservation policy, catchment management and water policy and environment protection policy, and includes the ACT Parks and Conservation Service The Climate Change and Sustainability Division is responsible for developing and implementing strategies to mitigate and adapt to climate change, including actions delivering 100% renewable electricity by 2020, net zero emissions by 2045 at the latest, and increasing climate change resilience. The Actsmart program, Energy Efficiency Improvement Scheme and Carbon Neutral Government programs deliver on-the-ground energy savings.

Directorate name	Responsibility
ACT Health Directorate (ACTHD)	ACTHD provides a comprehensive range of health services to the people of the ACT and surrounding region. ACTHD sets health policy and plans the delivery of health services while ensuring these services meet community needs. ACTHD also funds a range of non-government organisations (NGOs) to provide vital healthcare services to the people of the ACT and surrounding region.
Canberra Health Services Directorate (CHS)	CHS is responsible for delivering high- quality patient-centred care across the Territory through a range of services that include acute inpatient and day services, outpatient services, women's and children's services, paediatrics and pathology.
Justice and Community Safety Directorate (JACS)	JACS comprises several agencies and is responsible for a wide range of activities and services in the areas of justice, the law, emergencies, commercial practices and government elections.
Transport Canberra and City Services (TCCS)	TCCS is a diverse directorate responsible for managing roads, footpaths, street lights, cycle paths, active travel and the public transport network (buses and light rail operations). The directorate delivers essential services including public libraries, the collection of recycling and waste, graffiti removal, shop and playground upgrades and grass mowing. It is also 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.

Directorates are responsible to their respective Minister who in turn is responsible to Cabinet, the Chief Minister and the Legislative Assembly.

4.2 Government policy

The Canberra Hospital Expansion Project Team will need to consider all relevant applicable Government policy and legislation throughout its project lifecycle. This includes:

4.2.1 Project Procurement Guidance

The ACT Government is committed to improving the facilitation of infrastructure, service delivery and private sector investment within the Territory. While this is not an exhaustive list, the following has been included to ensure these requirements are considered (where applicable) in the delivery of the Canberra Hospital Expansion Project.

The Capital Framework

The ACT Government has developed The Capital Framework to be a fit for purpose delivery model for infrastructure projects in the ACT. The Capital Framework provides practical assistance and helps shape proposals, inform investment decisions, monitor project delivery and track the benefits projects achieve. The objectives of the Capital Framework are to:

- allocate scarce capital where best justified;
- achieve optimal risk allocation and value for money; and
- have guidance material, an investment decision and approval process which is fit for purpose for projects of different sizes and complexity.

The Partnerships Framework

As Public Private Partnership (PPP) projects are not managed through a traditional procurement process, it is necessary to use a dedicated policy framework that is fit-for-purpose. This facilitates an effective and efficient process for engagement between private sector participants and the ACT Government.

The ACT Government has therefore developed The Partnerships Framework - Guidelines for Public Private Partnerships (the Partnerships Framework). This provides a transparent and guiding framework for the ACT Government to develop and deliver PPP projects, whilst adhering to the National Public Private Partnerships Guidelines and offering a link to existing ACT policy on capital procurement and funding. The Partnerships Framework sits as a companion document to the Capital Framework.

Guidelines for Unsolicited Proposals

To manage effectively unsolicited proposals, the ACT Government has developed the Guidelines for Unsolicited Proposals (the Unsolicited Proposals Guidelines). This offers a transparent framework for both proponents and the Government to treat unsolicited proposals for public infrastructure, service delivery and private sector investment in the Territory.

The Unsolicited Proposals Guidelines establishes five broad objectives when reviewing unsolicited proposals. They aim to ensure net benefits can be delivered to the Territory. Unnecessary work is also limited for the Proponent and for Ministers and public servants involved. The broad objectives are:

- upholding public interest to ensure the infrastructure serves to benefit the public at large from a social, economic and environmental perspective, as reflected in the ACT Government's infrastructure and economic priorities;
- creating value for money to ensure the project presented by the unsolicited proposal generates net economic benefits to the Territory;
- ensuring affordability through using a delivery method that is both reasonable and cost-effective when compared to alternative options for delivery;
- economic diversification to ensure the future of the ACT is founded on a robust and dynamic economy and where the business sector is confident in leading future action, independently; and
- ensuring appropriate delivery of the arrangement between the Territory and the proponent in terms
 of applicability, transparent process, accountability, competition and contestability, commercial
 viability and risk sharing.

5 Resources and Document Control

5.1 Document Ownership, Audit and Review

The Independent Chair of Canberra Hospital Expansion Project Board is the owner of this document and is responsible for ensuring its currency. Likewise, the Chair should ensure that its content aligns with industry best practice project governance principles and should instruct the Project Director when amendments need to be made.

To encourage a spirit of certainty and continuity, it is preferred that amendments to the fundamentals of this Governance Framework be limited. It is necessary, however, for this Governance Framework to be reviewed and re-approved (if necessary) as the Canberra Hospital Expansion Project evolves through its phases, or when a major change in governance is warranted. The Chief Projects Officer and Project Director, in consultation with the Canberra Hospital Expansion Project Board, is responsible for initiating such a review.

It is the Chief Projects Officer's responsibility to also identify any flaws and seek appropriate approval (Canberra Hospital Expansion Project Board or Minister) to amend them.

5.2 Document Scope and Compliance

The Governance Framework applies to all persons engaged in work within the Canberra Hospital Expansion Project and includes, but is not limited to, ACTPS personnel directly working in the Canberra Hospital Expansion Project Team, ACTPS personnel providing corporate services (for example, Ministerial and Cabinet Services), consultants, advisors and contractors engaged to work on the Canberra Hospital Expansion Project.

5.3 Relevant Legislation

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5.4 Relevant Resources

Policy/Document	Location	
ACT Government Guidelines for Unsolicited Proposals	http://apps.treasury.act.gov.au/ data/assets/pdf file/0010/886771/Guidelines- for-Unsolicited-Proposals-September-2016.pdf	
Canberra Hospital Expansion Project Website	https://www.act.gov.au/canberrahospitalexpansion	
National Public Private Partnership Guidelines	https://infrastructure.gov.au/infrastructure/ngpd/files/Overview-Dec-2008- FA.pdf	
Canberra Hospital Expansion Project Board Charter	Available on Sharepoint <u>via this link.</u>	
The Capital Framework	http://www.procurement.act.gov.au/about/capital-framework	
The Partnerships Framework - Guidelines for Public Private Partnerships	http://apps.treasury.act.gov.au/ data/assets/pdf file/0010/869941/Guidelines- for-PPPs-Second-Edition.pdf	

Appendix A - Project Glossary

Term	Definition
ACT Public Service (ACTPS)	Employees employed by the ACT Public Service in temporary or permanent roles against a dedicated position number
ACTHD	ACT Health Directorate.
Business Case	A business case records the justification for starting a project. It describes the benefits, costs and impact and includes a calculation of the financial case.
Cabinet Sub-Committee	Any sub-Committee of Cabinet, established by Cabinet, with a dedicated purpose Unlike normal Cabinet meetings, Executives and advisors are permitted to be in the room while decisions are made.
CAPEX	Capital Expenditure (CAPEX) is the amount an organisation spends to buy fixed assets, or to add to the value of an existing fixed asset with a useful life that extends beyond the taxable year.
CHS	Canberra Health Services
Chief Minister	Chief Minister of the ACT Government
CMTEDD	Chief Minister, Treasury and Economic Development Directorate
Contingency	A contingency is something that may happen: an event that might occur in the future, especially a problem, emergency, or expense that might arise unexpectedly and therefore must be prepared for.
Contract Close	Contract Close represents the completion and settlement of the contract including resolution of all outstanding items.
CSD	Community Services Directorate
IEOI	Invitation for Expressions of Interest. An invitation for the private sector to express their interest in delivering the Project.
EPSDD	Environment, Planning and Sustainable Development Directorate
ETD	Education and Training Directorate
Feasibility Study	A document developed in the Definition Phase that analyses and discusses the technical feasibility of a project
JACS	Justice and Community Safety Directorate.
SLA	The Suburban Land Agency
Canberra Hospital Expansion Project Board	The Canberra Hospital Expansion Project Board – provides oversight on the management of the Canberra Hospital Expansion Project. More information on the Canberra Hospital Expansion Board is available in the Canberra Hospital Expansion <i>Project Board Charter</i> .
Minister	Minister for Health
OPEX	Operating Expenses (OPEX) result from the ongoing costs an organisation pays to run a business. OPEX can make up the bulk of regular costs; therefore, management aims to lower operating expenses without causing a drop in quality.

Term	Definition
Parliamentary Agreement	The Parliamentary Agreement for the 9 th Legislative Assembly for the Australian Capital Territory - ratified by the ACT Greens and ACT Labor
Project Lifecycle	The Project Lifecycle represents the distinct phases and stages of a Project from start to finish
Project Plan	A Project Plan is a formal, approved document used to guide both project execution and project control. The primary uses of the Project Plan are to document planning assumptions and decisions, facilitate communication among stakeholders, and document approved scope, cost and scheduled baselines.
Project Team	The Project Team is the management team leading the project
RACI Chart	A RACI Chart is a matrix of all the activities or decision-making authorities undertaken in an organisation set against all the people or roles. At each intersection of activity and role, it is possible to assign somebody: Responsible, Accountable, Consulted or Informed for that activity or decision.
RFP or RFT	Request for Proposals or Request for Tender is a tender document provided to shortlisted bidders detailing project requirements bidders must meet.
Schedules	Schedules in project management consist of a list of a project's key activities with intended start to finish dates (often depicted in a Gantt Chart)).
Scope	The Scope is the overall definition of what the project should achieve and a specific description of what the result should be. A major component of the scope is the quality of the final product.
Scope creep	Scope creep refers to uncontrolled growth of the project scope resulting from constant changes to requirements, without considering the impact on resources or timescale.
Stakeholder	A stakeholder is anyone, internal or external to an organisation, that has an interest in a project or will be affected by its deliverables.
SPIRE	"SPIRE" was previously an acronym for "Surgical Procedures Interventional Radiology and Emergency" and the Project name. It was coined during the early States of the project's inception.
TCCS	Transport Canberra and City Services Directorate

Objective Reference: 22/20223

То:	Minister for Transport and City Services
Through:	Deputy Chief Projects Officer, Major Projects Canberra
	Project Director, Light Rail Stage 2
	Executive Branch Manager, Governance and Ministerial Services
From:	Chief Projects Officer, Major Project Canberra
Subject:	Commissioner for Fair Trading v Geocon Proceedings – Light Rail Stage 2 documents in discovery
Critical Date:	In the normal course of business

- The Commissioner for Fair Trading has commenced proceedings against Geocon, Zapari and others in relation to representations they made around the Grand Central Towers residential development project.
 - Schedule 1.2

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• As part of the legal proceedings, each side needs to disclose to the other side all relevant documents to the proceedings in its possession, a process called discovery.





Noted/Please Discuss

Chris Steel MLA Minister for Transport and City Services

26.1.2.122

Objective Reference: 22/3363

То:	Minister for Skills
From:	Chief Projects Officer, Major Projects Canberra
Subject:	Easty Street Re-opening
Critical Date:	In the normal course of business

- It was previously advised that the re-opening of Easty Street to two-way traffic had been moved from 4 February to 9 March 2022 due to wet weather, the unexpected discovery of an existing thrust block obstructing new stormwater services, and design issues. Further issues experienced since the previous Ministerial Advisory Note have pushed the expected reopening date of Easty Street to two-way traffic to either late March or early April 2022, depending on weather. This is due to:
 - Discovery of additional undocumented stormwater assets resulting in approximately 12 extra working days of work.
 - Approximately 900m² of existing pavement/subgrade having failed recent subgrade compaction tests, resulting in necessary inground rectification works. The rectification works require dry weather. There is a risk that additional existing pavement and subgrade will fail tests.
 - Wet weather. The forecast for the forthcoming fortnight indicates more wet weather will occur.
- Once Easty Street is reopened to two-way traffic, traffic controllers will be installed intermittently to control traffic flow through this area to allow for some other remaining works to be completed safely. Additionally, the Easty Street bus layover and verge works will continue behind construction fences whilst the road is open in both directions to traffic.

Noted/Please Discuss

Chris Steel MLA Minister for Skills

63

913122

То:	Minister for Transport and City Services	
Through:	Chief Projects Officer, Major Projects Canberra (MPC)	
From:	Tania Navarro, Senior Director Communications and Engagement, MPC	
Subject:	Light Rail Construction Look-Ahead March 2022	
Critical Date:	Tuesday 8 March	
	To ensure it is distributed ahead of road impacts at Parkes Way/ Coranderrk Street on the weekend.	

At <u>Attachment A</u> is the Light Rail Construction Update – March 2022 Look Ahead.

This monthly look-ahead has been introduced as part of construction communications on the Light Rail project. It has several purposes:

- 1. To inform stakeholders on what construction activities are likely to occur in the work zone in the month ahead;
- 2. To reduce the number of works notifications needed throughout the month;
- 3. To educate stakeholders on the breadth and complexity of construction activities ahead of even more significant disruptive construction in the years ahead; and
- 4. To set the standard for regular and consistent communications that stakeholders can rely on for construction related information on light rail to Woden.

Any significant unexpected works not included in the monthly look-ahead will still be notified to impacted stakeholders through the normal works notification process.

The look ahead is published on the light rail website, is letterbox dropped to nearby residents and neighbours, and is emailed to the subscriber list.

Approved / Approved with edits /Please Discuss

Chris Steel MLA Minister for Transport and City Services

9,3,22

Light Rail to Woden Construction Update

Monthly look-ahead for March 2022



The ACT Government is building light rail to Woden to help make Canberra a more connected, sustainable, and vibrant city. This construction look-ahead provides a summary of expected activity in the work zones for the month ahead.

Construction update – Early works on Raising London Circuit Project

Utility relocations are being delivered in four stages and involve moving watermains and communications utilities from their current position along the southern portion of London Circuit, to a new alignment via Constitution Avenue, Vernon Circle and Edinburgh Avenue.

Cord Civil has completed the relocation of communications conduits and watermains to their new location, which means most civil works are nearing completion as part of stage three.

In March the work will focus on the reinstatement of pavements, verge landscaping and the commencement of communications and water asset testing to ensure the connections are working.

With civil works near completion, during March it is expected that watermain connections will be undertaken by ICON Water, connecting the new assets to existing infrastructure. Communications providers will also commence cable hauling activities in preparation for asset cutovers and commissioning.

What is commissioning in construction?

For early works the commissioning involves testing and inspecting the utility assets (watermains and communications conduits) that have been relocated and ensuring that these are in working order and operational for the next phase.

Why are utilities being relocated?

Various utilities are being relocated before the raising of London Circuit so that when construction starts, these assets are in the correct position, minimising delays and disruptions to the community.

PLEASE NOTE: While service providers are undertaking connections, they will issue a notification to customers if there are any scheduled impacts to existing services.

Commonwealth Avenue – temporary lane reductions reduced contraflow

Commonwealth Avenue northbound and southbound will be reduced to a single lane in both directions around Vernon Circle for a period of time in March to allow for the completion of permanent reinstatement works. This work

will be undertaken weekends or throughout off-peak times on weekdays, where traffic flows are reduced on the road to minimise impacts. There will be traffic control, signage, cyclist and pedestrian management in place.

Visit **act.gov.au/lightrailtowoden** to stay up to date on when this work will be occurring.

Works between Edinburgh Avenue and Farrell Place

Trenching and telecommunications works continue this month in the verge along London Circuit from Farrell Place to Edinburgh Avenue. Minor telecommunications remediation works to existing assets will also be undertaken. Work will include a road crossing on Edinburgh Avenue near the intersection with London Circuit involving excavation, conduit installation and reinstatement of road pavement.

Works are planned to take place throughout March during normal working hours, with a staged program to avoid a full closure where practical.

Works on Edinburgh Avenue along Marcus Clarke Street

Conduit installation is underway in the verge on Edinburgh Avenue, along Marcus Clarke Street to Parkes Way. Directional drilling will be used where possible to minimise disruption and disturbance of the area. This work will continue in regular working hours throughout March.



Early works at the Parkes Way/Coranderrk Street intersection

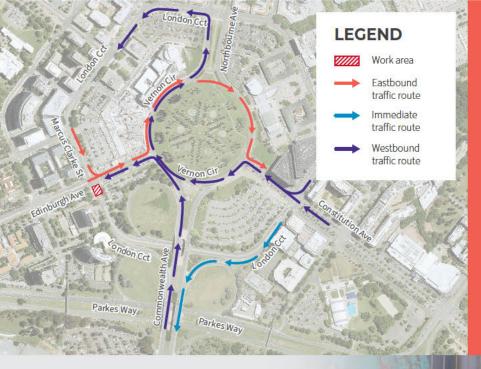
Geotechnical investigations to support the upgrades at Parkes Way/Coranderrk Street will take place on **Saturday 12 March 2022** (weather permitting). The inside right-turn lane from Parkes Way into Coranderrk Street will be closed from **6:00am to 6:00pm**. Access to make a righthand turn will still be available from the through/right-turn lane.

In the event of inclement weather or unexpected delays, these works may continue as needed in off-peak hours until the end of March.



Bore water investigations

Investigations for establishing bore water for use in irrigation are required to be undertaken in March. Investigations will occur at the northern verge of the eastbound carriageway of Parkes Way, just to the east of Parkes Way pedestrian footbridge into Acton. The investigations will confirm the underground conditions and if this location will produce suitable water yield to be utilised for irrigating the landscaping on the project, specifically Commonwealth Avenue. Whilst this work is undertaken there will be temporary traffic management and pedestrian management in place. Further information on timing will be available at **act.gov.au/lightrailtowoden**



London Circuit Northbound – full lane closure

In early March, Cord Civil will be undertaking connections to existing communication conduits. This will result in London Circuit Northbound near the Edinburgh Avenue intersection being closed to traffic. Detours will be in place and London Circuit Southbound will remain unaffected.

This work is subject to weather conditions. Visit **act.gov.au/lightrailtowoden** to stay up to date on changed traffic conditions and exact work dates. The detour map on the left shows the extent of the closure.

Investigation works for light rail

Utilities potholing investigations and surveying for light rail will be undertaken in March. These investigations will involve minor excavation works, survey pickup and surface reinstatement and will take place at the intersection of Alinga Street and Northbourne Avenue and along London Circuit from Northbourne Avenue to Commonwealth Avenue and Parkes Way along Commonwealth Avenue. You will be able to see traffic control and pedestrian management in place.



Monday to Friday - 6:30am to 6:00pm Saturday - 7:00am to 3:00pm

While every effort is made to inform you of upcoming construction activities, the project is experiencing impacts due to challenges such as weather and COVID-19. Dates and scheduling may change. Visit **act.gov.au/lightrailtowoden** to stay up to date. Thank you for your

stay up to date. Thank you for your patience during this time.

Golden Sun Moth Translocation

Soon we will be undertaking Golden Sun Moth translocation activities in the city area. This involves moving sun moth larvae to a new location, to support moth population numbers and growth in the city area.

To undertake the translocation works safely, there will be some speed reductions on Commonwealth Avenue and Vernon Circle. Exact dates for this upcoming work will be published at act.gov.au/lightrailtowoden/ construction



Sign up for updates

Use the **QR code** to receive this construction look ahead in your inbox every month.

Contact Us

То:	Minister for Transport and City Services
Through:	Deputy Chief Projects Officer, Major Projects Canberra
	Project Director, Light Rail
	Executive Branch Manager, Governance and Ministerial Services
From:	Chief Projects Officer, Major Projects Canberra
Subject:	Light Rail Construction Works March 2022
Critical Date:	In the normal course of business

• For your information, light rail planned construction works for March 2022 are outlined in **Table 1**. These dates may be subject to weather and the successful completion of preceding works.

Noted/Please Discuss

Chris Steel MLA Minister for Transport and City Services

..../..../....

Table 1

Contractor	Works	From	То	Description of works
Cord Civil	London Circuit and Edinburgh Avenue intersection.	7am Monday, 28 February 2022	6pm Wednesday, 4 March 2022	Northbound carriageway closure. Nil night works.
		7am Monday, 21 March 2022	6pm Friday, 25 March 2022	Full closure due to new road crossing.
	Commonwealth	7am Saturday, 19 March 2022	6pm Sunday, 20 March 2022	Commonwealth Avenue northbound reduced to one lane during the weekend. (Asphalt) Nil night works.
	Avenue Road northbound	7am Saturday, 26 March 2022	6pm Sunday, 27 March 2022	Commonwealth Avenue northbound reduced to one lane during the weekend. (Asphalt) Nil night works.
	Commonwealth Avenue southbound	7am Saturday, 19 March 2022	6pm Sunday, 20 March 2022	Commonwealth Ave southbound reduced to one lane during the weekend. (Asphalt) Nil night works.
		7am Saturday, 26 March 2022	6pm Sunday, 27 March 2022	Commonwealth Avenue southbound reduced to one lane during the weekend. (Asphalt) Nil night works.
	Car Park Entry – London Circuit/ Constitution Ave.	7am, Saturday March 2022 (19, 20, 26, 27 March 2022)	6pm Sunday, 27 March 2022	Closure of Constitution Ave entry to Carpark. Access in/out will be maintained and controlled by traffic management. One shift to finalise asphalting. Nil night works.
Landmark	Intersection of Alinga Street and Northbourne Avenue and along London Circuit from Northbourne Avenue to Commonwealth Avenue. May also include Parkes Way and along Commonwealth Avenue.	Throughout March 2022	March 2022	Utilities potholing investigations and surveying will be undertaken. These investigations will involve minor excavation works, survey pickup and surface reinstatement. Traffic control and pedestrian management will be in place. Nil night works.
AECOM	Northern verge of the eastbound carriageway of Parkes Way, to the east of Parkes Way pedestrian footbridge into Acton Park.	Throughout March 2022	March 2022	The investigations for water bore will involve drilling to investigate and confirm the underground conditions and if this is suitable to be utilised for the future irrigation for the landscaping on Commonwealth Avenue. Traffic control and pedestrian management will be in place. Nil night works.

TPG	London Circuit from Farrell Place to Edinburgh Avenue and Edinburgh Avenue near the intersection with London Circuit.	Throughout March 2022 during.	March 2022	TPG will be continuing trenching works along Farrell place. Excavation, conduit installation reinstatement of road pavement on Edinburgh Avenue near the intersection with London Circuit. Nil night works.
ICON Fibre	London Circuit from Edinburgh Avenue to Farrell Place.	From mid-March 2022.	March 2022.	Works include minor remediation works to existing assets. Nil night works.

То:	Chief Minister
From:	Chief Projects Officer, Major Projects Canberra
Subject:	Declaration of private interest forms
Critical Date:	In the normal course of business

The purpose of this Advisory Note is to provide you with a copy of my current Declaration of Private Interests and Conflict of Interest Disclosure forms for your information. Please find them enclosed.

Noted/Please Discuss

Andrew Barr MLA **Chief Minister**

12/4/22

То:	Minister for Transport and City Services
From:	Chief Projects Officer, Major Projects Canberra
Subject:	Declaration of private interest forms
Critical Date:	In the normal course of business

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Noted/Please Discuss

Chris Steel MLA Minister for Transport and City Services

14/3/22

То:	Minister for Health
From:	Chief Projects Officer, Major Projects Canberra
Subject:	Declaration of private interest forms
Critical Date:	In the normal course of business

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Noted/Please Discuss

Rachel Stephen-Smith MLA Minister for Health

..../..../....

То:	Minister for Arts
From:	Chief Projects Officer, Major Projects Canberra
Subject:	Declaration of private interest forms
Critical Date:	In the normal course of business

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Tara Cheyne MLA **Minister for Arts**

(S 1 3122

То:	Minister for Sustainable Building and Construction
From:	Chief Projects Officer, Major Projects Canberra
Subject:	Declaration of private interest forms
Critical Date:	In the normal course of business

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Noted/Please Discuss

R.J. Vann

Rebecca Vassarotti MLA Minister for Sustainable Building and Construction

1.8.1.3.12022

То:	Minister for Planning and Land Management
From:	Chief Projects Officer, Major Projects Canberra
Subject:	Declaration of private interest forms
Critical Date:	In the normal course of business

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Noted/Please Discuss

Mick Gentleman MLA Minister for Planning and Land Management

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