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# 1. Executive Summary

## 1.1 Background — Program Drivers

Traditional health service delivery structures and the facilities that accommodate these services will not have the capacity to effectively respond to the future health needs of Australian Capital Territory (ACT) residents. Impacts such as the ageing population, changing patterns of illness, changing models of care (e.g. increased use of ambulatory and same day models), new health care technologies and consumer expectations all require new, innovative ways of delivering care; all of which must be supported or enabled by first class facilities and infrastructure.

In 2005, at the request of Katy Gallagher, MLA, Minister for Health, ACT Health (ACTH) commenced a structured approach to planning for a public health system that would aim to build a sustainable and modern health system to meet the needs of the population into the future. The first step in this process involved a review of services and systems across ACT Health with the aim of improving health system capacity.

The Minister for Health directed ACT Health to assess:

- Demand for health services across the ACT between 2005–06 and 2021–22
- The capacity and capability of the health infrastructure to support this growth.

The response to this request became known as the Capital Asset Development Plan (CADP).

The ACT Capital Asset Development Plan Stage 2 Report (April 2008)<sup>1</sup> documents the integrated clinical services and capital development strategy for the period 2008 to 2021–22. It identifies the infrastructure required to support clinical services development including information and communication technology, recurrent funding and workforce requirements.

The scope of CADP was further defined at this time with the investigations and recommendations covering:

- A redevelopment of The Canberra Hospital (TCH)
- A redevelopment of Calvary Public Hospital
- Expansion of mental health services across the ACT, including the development of new services
- A major expansion of community health services, including the development of a new centre at Gungahlin and 'enhanced' services at Phillip and Belconnen

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<sup>1</sup> Capital Asset Development Plan Stage 2 Report (April 2008)

- Expansion of aged care and rehabilitation services
- Expansion of cancer services.

While planning focused on the physical infrastructure, the process was also seen as an opportunity to restructure the health system and use the opportunity as a major change management initiative that would involve the implementation of new models of care, enhanced technology and redefined workforce roles.

This recognition of the potential of the CADP to achieve high quality services and the physical infrastructure needed to deliver services resulted in the CADP Vision:

*A high quality, integrated, efficient, accessible and safe network of tertiary, specialised and intermediary inpatient facilities that are supported by multidisciplinary hospital and community based ambulatory care zones/centres, appropriate technology, and strong primary care and population based prevention.*

To ensure that the vision and related service benefits would be achieved, planning principles for the development of health capital assets were endorsed as follows:

- Patient centred services and facilities
- Multidisciplinary and collaborative care
- Flexibility (and future proofing) to accommodate future models of care and technology
- Equity of access
- Innovation
- Affordability and feasibility
- Cost effectiveness — capital and operational costs
- A workplace for the future.

Recommendations arising from CADP stage 2 planning was based on the recognition that a stage 3 would be required and would involve detailed planning and the appointment of a project director service to oversee the planning and project implementation.

CADP stage 3 commenced in late 2008 with the engagement of Thinc Health Australia (THA) by the Territory to provide project director services to ACTH for the delivery of the CADP.

As the project director, THA has been responsible for the development and coordination of the Project Definition Plan (PDP). The CADP PDP describes in detail the capital development strategy for ACTH. The PDP builds on a program of capital works currently in either the planning or implementation phase. The PDP proposes a detailed facility development program to complement service planning and system redesign work that has been undertaken by ACTH, so that service

provision and facilities can be realigned for growth and to meet the needs of the increasing ACTH catchment population to 2021–22.

The CADP stage 3, as documented in the PDP, has been aligned with major policy and planning initiatives of the ACT Government. These documents have been used to shape planning for health services, identify priorities, quantify requirements, detail service models and operational principles, including:

- The Canberra Plan, 2004<sup>2</sup>
- The Canberra Plan: Towards Our Second Century<sup>3</sup>, 2010
- Access Health, 2007<sup>4</sup>
- ACT Health Corporate Plan 2006–2010
- Primary Health Care Strategy
- ACT Chronic Disease Strategy
- ACT Ambulatory Care Framework<sup>5</sup>
- ACT Health Renal Health Services Plan 2010–2015<sup>6</sup>
- ACT Health Workforce Plan 2005–2010<sup>7</sup>
- Information Management and Information Technology Strategic Plan<sup>8</sup>.

The scale of investment, unprecedented in the ACT until now, demonstrates the government's commitment to providing the best possible environment for patients, residents and visitors.

In economic terms it will also provide exciting opportunities as a stimulus for the local and national building industry.

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2 The Canberra Plan (2004)

3 The Canberra Plan: Towards Our Second Century

4 Access Health (2007)

5 ACT Ambulatory Care Framework

6 Renal Health Services Plan 2010-2015

7 Workforce Plan 2005–2010

8 Information Management and Information Technology Strategic Plan

## 1.2 Project Definition Plan Structure

The CADP documents both system wide and sub-project requirements, as outlined below in Table 1.1.

**Table 1.1 Project Definition Plan Structure**

VOLUME	SECTIONS INCORPORATED	DESCRIPTION OF CONTENTS
Volume 1	Sections 1 to 19	Overarching context, principles and strategies applying across the entire CADP
Volume 2	Sections 20 to 22	TCH site project PDPs including TCH PDP, Capital Region Cancer Centre PDP and Skills Development Centre PDP and associated appendices
Volume 3	Sections 23 to 28	Community Based Services Project PDPs including: <ul style="list-style-type: none"> <li>• Gungahlin</li> <li>• Tuggeranong</li> <li>• Belconnen</li> <li>• Phillip</li> <li>• Dickson</li> <li>• Civic</li> <li>• Medihotel Services<sup>9</sup>.</li> </ul>
Volume 4	Sections 30 to 31	Mental Health Project PDPs including: <ul style="list-style-type: none"> <li>• AYAMHIU</li> <li>• Brian Hennessy Rehabilitation Centre</li> </ul>
Volume 5	Sections 32 to 33	References and Appendices

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<sup>9</sup> While it is noted that the Medihotel concept as it existed in CADP Stage 2 no longer exists, the project is examined under this heading to track progress from CADP Stage 2 to Stage 3.

### 1.3 Project Evolution

The PDP planning phase of the CADP has involved an extensive stakeholder consultation process, including ACT Health, clinical and support staff, other government departments (such as Australian Capital Territory Planning Authority (ACTPLA) and consumers. The purpose of this process is to test previous assumptions and for the stakeholders to begin to gain a sense of ownership over the scope of the service to be provided (e.g. number of beds, treatment spaces) service delivery models, systems of work, facility models and concept designs.

The information gained from this extensive consultation process has been used to develop health planning unit (HPU) briefs that describe the service being planned and the associated space and design requirements.

The HPU briefs and concept designs developed during the PDP planning phase do vary from the information and designs, as shown in CADP stage 1 and 2. The project has evolved as new information has been received or underpinning assumptions changed. As a result, the project scope is better defined and the concept designs significantly improved. All space allocations have been benchmarked against similar redevelopment projects around Australia.

The major factors influencing this change include:

- Further development/refinement of activity projections/workforce profiles/models of care
- Policy changes
- Focus on creating efficient, sustainable and flexible clinical solutions
- ACT Health sustainability objectives
- Technology changes
- The approach to patient amenity
- Changes in planning approach.

### 1.4 Summary Scope of Projects

The CADP has been divided across a range of sub-projects to align with the governance structure and operational structure of ACT Health.

#### 1.4.1 The Canberra Hospital (TCH campus) and Related Projects

The Canberra Hospital redevelopment will provide the infrastructure needed to support a sustainable health system to ensure the safety, availability and viability of quality health care in the ACT. The Canberra Hospital will provide all tertiary level inpatient and hospital-based services and the majority of after-hours surgery. The role of TCH will be to provide a range of levels of care from

tertiary referral to district/local level health services to the people of the ACT and South East NSW. The campus will also support an extensive education and research program.

The service profile for TCH, as it has evolved from stage 2, will include:

**Table 1.2 The Canberra Hospital Service Profile**

SERVICE	STAGE 2	PDP STAGE	CHANGE	COMMENTS
<b>THE CANBERRA HOSPITAL</b>				
Inpatient Units (beds)				
Medical surgical	300	416	+116	Review of AIM projections 2010
MAPU	16	16	0	
SAPU	25	25	0	
EDSU	35	35	0	
ICU	36	48	+12	Review of planning assumptions during 2009.
Coronary Care Unit	12	24	+12	Beds increased to accommodate some step down beds.
Withdrawal management	10	22	+12	Review of AIM projections in May 2010 resulted in an increase in acute beds
Sub-acute	120	0	-120	Model has changed to co-locate all beds on one site.
Sleep studies	6	10	+4	Beds have increased to accommodate a paediatric service.
Mental health – AYA	0	20	+20	Site relocated to TCH owing to model of care.
Mental health – secure	15	0	-15	Site relocated.
<b>Ambulatory Care (major consult rooms/ treatment spaces)</b>				
ACC	88	88	0	
Medical Day unit	20	20	0	
Acute renal dialysis	8	12	+4	In line with Renal Services Plan
Discharge lounge	20	20	0	
<b>Interventional and procedural services (rooms)</b>				
Operating rooms	19	19	0	
Procedure rooms	12	13	+1	Includes cardiac catheter labs
<b>Emergency services ( spaces)</b>				
Emergency Department	65	65	0	
EMU	25	25	0	
MHAU	6	6	0	

SERVICE	STAGE 2	PDP STAGE	CHANGE	COMMENTS
<b>Medical imaging ( total modalities)</b>				
	30	35	+5	Refers to modalities (i.e. total no. of x-ray, CT units etc). Excludes additional units in ED.

A concept design for the TCH campus has been developed and it provides an integrated long term solution for service delivery on the site.

The project will be delivered in stages to ensure that service continuity is not compromised during the redevelopment and an orderly decanting strategy has been proposed.

Several projects on the campus are already at advanced stages of planning and/or construction. These include:

- Women’s and Children’s Hospital (requirements for this project were documented in a reverse brief. Construction commenced in July 2010) and associated enabling and infrastructure works
- Acute Adult Mental Health Inpatient Unit (construction due to start during July 2010).
- Enhanced operating theatres (opened in September 2009)
- Neurosurgery operating theatre (known as the neurosuite that will open in August 2010) and associated decanting and enabling works
- Surgical Assessment and Planning Unit (SAPU) that is planned to open in August 2010) and associated decanting and enabling works
- Interim Mental Health Assessment Unit (MHAU) (opened in April 2010) and associated decanting and enabling works
- Walk-in-centre (opened in May 2010)
- Positron emission tomography (PET)/CT suite (due for completion in September 2010)
- The southern car park (currently under construction and due to open in January 2011) and associated temporary car parking facilities and enabling works
- Demountables (A and B completed in March 2009 and D and E due for completion in December 2010).

#### 1.4.2 Capital Region Cancer Centre

The Capital Region Cancer Centre will co-locate or link cancer related inpatient, ambulatory care and selected screening services for adults, as well as associated research and teaching programs and clinical offices to create a comprehensive regional cancer centre. The centre will also accommodate haematology and immunology tertiary referral services.

Stage 1 of the Capital Region Cancer Centre is to be funded by the Commonwealth.



**Table 1.3 Capital Region Cancer Centre Service Profile**

SERVICE	STAGE 2	PDP STAGE	CHANGE	COMMENTS
<b>THE CANBERRA HOSPITAL -</b>				
<b>Capital Region Cancer Centre</b>				
Consult rooms	27	36	+9	Assumptions underpinning the original
Treatment spaces	48	41	-7	Activity projections reviewed during 2010 and revised down.
Radiation bunkers	4	6	+2	Additional requirements for future growth planned.

The project will be delivered in two stages, in line with clinical need. A tender for the principal design consultant is currently being assessed.

**1.4.3 Skills Development Centre (SDC)**

A Territory-wide SDC will co-locate education services and associated office space for education and research services. The SDC will be located on a site adjacent to the Australian National University (ANU) Medical School and the main clinical services building for the TCH campus, providing easy access to clinical staff. The scope has been revised from CADP stage 2 to include a 300 seat auditorium.

A concept design has been finalised, based on service and space requirements as detailed in the HPU brief. The project is currently out for tender for design services.

**1.4.4 Community Based Services**

Walk-in-centres may be co-located in future with selected community health centres following a rigorous evaluation of the service currently being provided from TCH.

**Gungahlin Community Health Centre (CHC)**

The Gungahlin CHC will be a new addition to the existing complement of CHCs and will provide accessible services to the growing local population. It is expected that the centre will accommodate 89 full-time equivalent (FTE) staff.

A concept design for the centre has been finalised. The project tender for design services has recently been awarded.

**Tuggeranong CHC**

The Tuggeranong CHC will be significantly expanded to meet the future needs of the local population. In addition, renal dialysis services will be operated from the centre making access to these services easier. It is expected that the centre will accommodate 137 FTEs. The scope of

work for the refurbishment is being finalised. The project tender for design services has recently been awarded.

### **Belconnen Enhanced Community Health Centre (EHC)**

The Belconnen EHC will provide enhanced services to residents living in the northern suburbs of the ACT. It is expected that the centre will accommodate 281 FTEs. The site for the new Belconnen EHC has undergone review and a final determination was made in May 2010. As all land tenure issues have now been resolved, the design option study and finalisation of the concept design will be completed by early August 2010. The project tender for design services has recently been awarded.

### **Phillip EHC**

The Phillip EHC will provide enhanced services to residents living in the southern suburbs of the ACT. It is expected that the centre will accommodate 236 FTEs. Finalisation of planning for this centre has been delayed as the original scope of services to be located on the Yamba Drive site could not be accommodated and negotiations with various government authorities has been required. The concept design for this centre, along with site locations for child care, elder care and a staff gym, will be finalised by the end of August 2010. At this time, a budget, program and procurement strategy will be developed to support the submission of this project in the next round of business cases to be considered by the ACT Government.

### **Dickson CHC**

The Dickson CHC will operate as a satellite centre of the Civic CHC. A concept design for the centre has been finalised, based on service and space requirements as detailed in the HPU brief.

### **Civic CHC**

The Civic CHC will accommodate a range of ACT Health and non-government services. It is expected that the centre will accommodate 226 FTEs. A concept design for this centre has been finalised, based on service and space requirements as detailed in the HPU brief.

## **1.4.5 Mental Health Services**

### **Adolescent and Young Adult Mental Health Inpatient Unit**

The Adolescent and Young Adult Mental Health Inpatient Unit of 20 beds will provide a purpose built environment for adolescents and young adults that is consistent with the model of care developed for mental health services.

### **Brian Hennessy Rehabilitation Centre**

The Brian Hennessy Rehabilitation Centre (providing 30 beds) model of care is yet to be developed. While a HPU brief does outline broad requirements, this documentation will be reviewed when the model of care work is finalised.

#### **1.4.6 Medihotel Services**

The Medihotel project describes a set of support services including child care, (up to 90 spaces) elder care (up to 24 spaces), accommodation, a step down facility (30 beds), a gym and medical suites (15 suites). The original concept for the Medihotel project has now been changed owing to the fact that the Yamba Drive site could not accommodate all of these services. The broad service scope for each of the project components has been outlined as part of the HPU briefs with services now to be located on the Yamba Drive site and the TCH campus. Now that site locations have been resolved, a feasibility study will need to be undertaken to examine how these services might be procured and funded.

#### **1.4.7 Other Initiatives**

##### **Digital Hospital Enterprise**

ACT Health is currently developing proposals for the incorporation of a Digital Hospital Enterprise (DHE) environment across all of its facilities in future. More detailed work is required to finalise the infrastructure and facility needs for the DHE and that work is continuing. A major component of the DHE proposal is for a new data centre to support the whole of health needs.

##### **Whole of Government Data Centre**

Over the past months, InTACT has been managing a study into the potential locations for a Whole of Government (WhoG) Data Centre in the southern regions of Canberra. A potential location for that data centre has been identified as being on TCH campus.

##### **TCH Central Energy Plant**

A major recommendation in the TCH Engineering Services Master Plan is for the development of a central energy plant (CEP) to support the redeveloped hospital, in lieu of the provision of the more traditional dispersed building services plant. A location for the CEP has been identified in the TCH concept design and a feasibility study is to be carried out by late 2010 to test the benefits of this proposal.

## **Environmental Design and Sustainability Strategy**

ACTH has completed a system wide sustainability strategy that presents ACTH's vision for a sustainable health system into the future and recommends the approach and high level actions required to move towards the implementation of that strategy. A number of focus areas were identified during this process, including:

- Models of care
- Building and infrastructure
- The Digital Health Environment Project
- Transportation
- Regulatory environment
- Workforce and partnerships
- External service delivery.

The CADP falls under the building and infrastructure area. The PDP proposes an approach to ecologically sustainable design (ESD), utilising the newly released green star rating tool. The previous planning for the CADP (stage 2) allowed for ESD initiatives to achieve Building Code of Australia compliance, which would nominally achieve a four star, green star rating. ACTH has an aspiration for a five star, green star rating and that has been investigated and measures recommended.

### **1.4.8 Calvary Hospital**

The PDP planning phase has not yet commenced for Calvary Hospital.

## **1.5 Implementation**

### **1.5.1 Continuity of Clinical Services Planning**

The continuity of clinical services plan is being developed and will present a robust strategy for ensuring that health services can continue to be delivered across the Territory during the implementation of the CADP. The plan has been developed in partnership with ACT Health and outlines the progressive increase and enhancement of health services across the redevelopment horizon. The continuity of clinical services plan is an important strategic document. It will be closely linked to and inform the programme staging (sequence of construction while maintaining hospital access, engineering services etc) and decanting planning (relocation of health services either to temporary or final locations for the specific CADP sub-project).

### **1.5.2 Change Management Strategy**

A major capital redevelopment plan on the scale of the CADP provides an ideal opportunity for health systems to implement transformational change. A critical success factor for the entire CADP will be the effectiveness of the approach taken to define and implement the change management needs of the program.

A structured and rigorous methodology has been developed by the human resources portfolio of ACT Health and approved by the redevelopment committee. This methodology is presented in the ACTH Change Management Guide<sup>10</sup>. The methodology advocates wide consultation and consideration of issues within an adaptive and self-monitoring framework. Central to this is transparent communication, employee engagement, thorough environmental awareness and collaboration in the consideration of service plans, new models of care and facility change implications and transitioning the workforce to those models/facility modifications.

### **1.5.3 Communications Strategic Plan**

The CADP Communications Framework<sup>11</sup> has been established to guide communications associated with Your Health - Our Priority strategy including organisational change, changes to services, community and staff expectations and disruptions during construction. The framework provides guidance on and governance around the delivery of communications associated with Your Health - Our Priority and identifies a range of key communication activities. The purpose of the CADP Communications Framework is to enable ACT Health to communicate effectively with its stakeholders by means of consultation and information dissemination.

### **1.5.4 Workforce Planning Strategy**

The ACT Health Workforce Plan sets out the issues, evidence and strategies required to deliver a sustainable ACT Health workforce capable of continuing to deliver high quality care to the people of the ACT, and the surrounding region.

ACT Health's human resources is currently reviewing the workforce plan, assisted by the other health portfolios and the project director (Thinc Health), to work through the planning processes of the CADP that lead to defining the workforce required to deliver the health services into the future, as defined in this PDP.

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<sup>10</sup> ACTH Change Management Guide

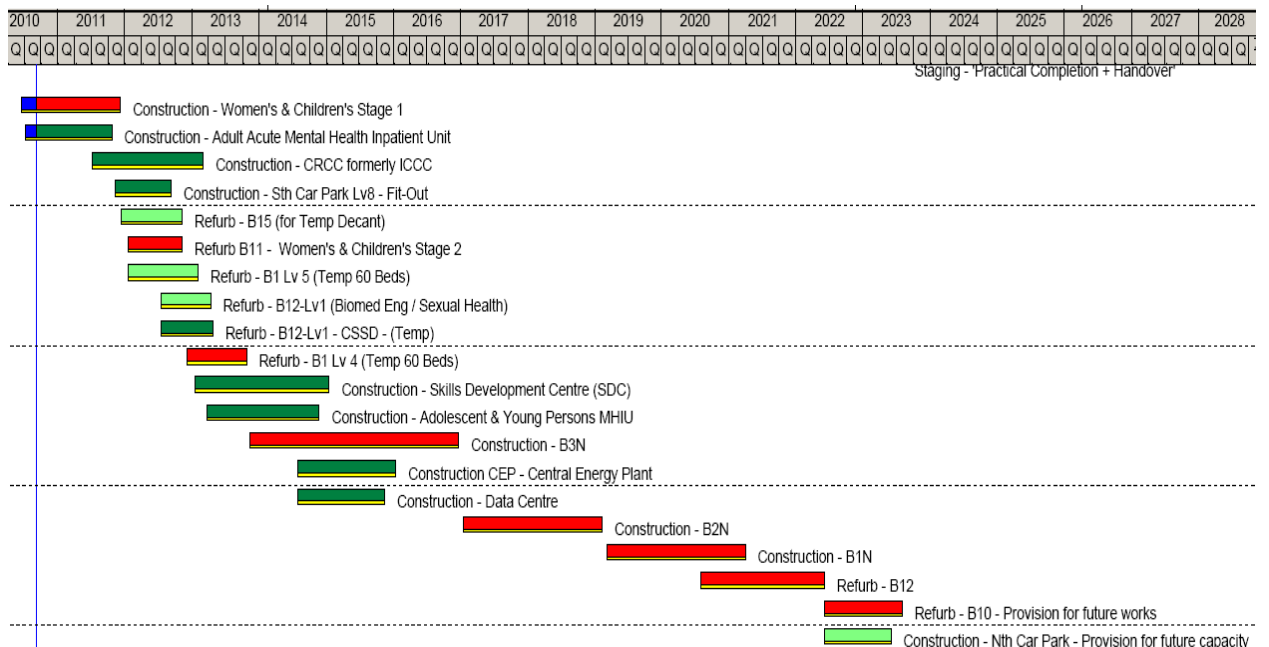
<sup>11</sup> CADP Communications Framework, "Your health - Our Priority", ACT Health, 12 May 2009

## 1.6 Master Programme

A fully integrated master programme has been developed for the CADP, which presents the project timeline requirements for the TCH campus redevelopment, the mental health projects and the community based services projects.

The construction timeframes for the major components required for the TCH campus redevelopment are shown in Figure 1.1 below.

**Figure 1.1 The Canberra Hospital Campus Redevelopment Master Programme (Major Elements)**

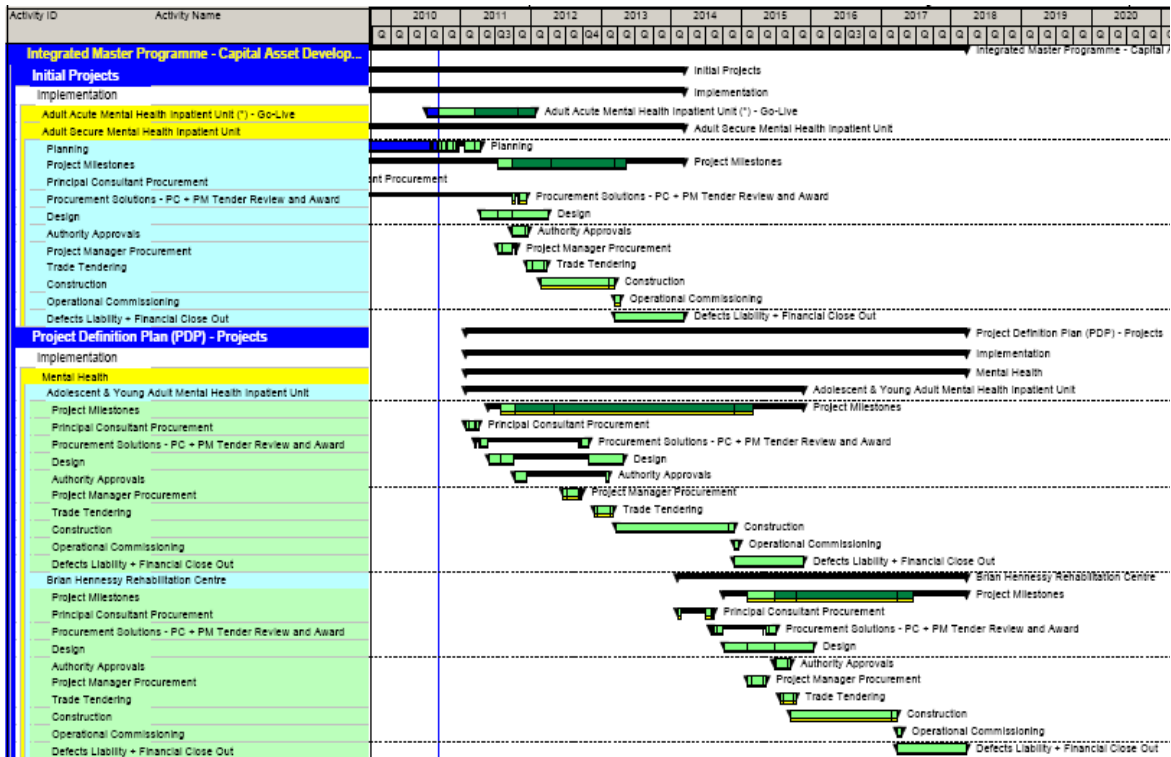


Each of the TCH project components are interlinked by requisite predecessor and successor activities that are mostly driven by the proposed staging and decanting strategy. That strategy has been developed through a continuity of services plan that ensures that the demand for health services is met throughout the duration of the CADP, insofar as that is possible.

Alternative approaches to the redevelopment of the major components of the hospital are being considered, with the objective of reducing overall timeframes and costs.

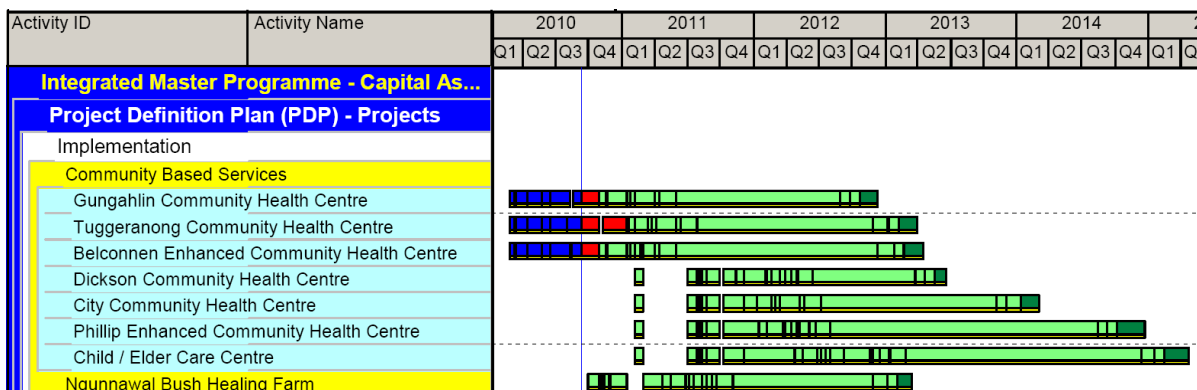
The timeframes for the mental health facilities projects are indicated in Figure 1.2 below. These projects do not relate to each other, however some inter-relationships exist for the Adult Acute Mental Health Inpatient Unit and the Adolescent and Young Adult Mental Health Inpatient Unit in context of the decanting plan for the TCH campus redevelopment.

Figure 1.2 Mental Health Projects Master Programme



The timelines for the community based services projects are indicated in Figure 1.3 below. These projects in the main do not relate to each other or the other components of the CADP, except through the changing models of care that seek to reduce health service demand in the major hospital settings and to distribute the community based services to where they are needed in the local context. These projects have been brought forward in context of CADP stage 2 in recognition of the community needs and as a means to assist in reducing pressure on the TCH campus to better suit redevelopment, including the decanting needs.

Figure 1.3 Community Based Services Projects Master Programme



## **1.7 Strategic Procurement Strategy**

A Strategic Procurement Plan (SPP) has been developed to provide an overarching strategy for the procurement of all projects and sub-projects identified within the CADP. The procurement projects will include a range of projects including, but not limited to, feasibility studies, project definition plans, design, construction, furniture fittings and equipment (FF and E), information and communication technology (ICT) equipment and services.

The SPP considers both traditional methods, such as fixed lump sum and construction management delivery, and alternate procurement methods, such as alliance and public private partnerships delivery.

Each of the projects already in implementation have had specific procurement plans prepared and approved.

## **1.8 Master Cost Plan**

Summary cost estimates for CADP stage 3, together with a comparison against escalated cost estimates for CADP stage 2 for TCH campus projects and other CADP projects are outlined in Tables 1.4 and 1.5 below, respectively.



**Table 1.4 Capital Asset Development Plan Stage 2 and 3 Capital Cost Summary Comparison – TCH Campus**

		CADP Stage 2	CADP Stage 3 - Benchmarked (Jul '10)
The Canberra Hospital Campus		Capital Costs (escalated)	Capital Costs (escalated)
1.00	Main Hospital		
1.01	Capital Region Cancer Centre <sup>*2 &amp; *10</sup>	\$27,863,000	\$27,863,000
1.02	Fit-out to Levels 3 & 4 of last	\$0	\$3,780,000
1.03	Women's & Children's Hospital <sup>*1 &amp; *10</sup>	\$97,370,000	\$97,370,000
1.04	New buildings 1, 2, 3 and upgraded buildings 10 & 12 plus links, infrastructure works, landscaping, etc <sup>*6</sup>	\$764,167,000	\$1,315,150,000
1.05	Research Precinct	\$29,740,000	Excluded
	Sub-totals	<b>\$919,140,000</b>	<b>\$1,444,163,000</b>
2.00	Mental Health - On Campus		
2.01	AYAMHIPU <sup>*1</sup>	\$13,990,000	\$25,710,000
2.02	AAMHIU <sup>*1 &amp; *5 &amp; *10</sup>	\$25,920,000	\$25,920,000
	Sub-totals	<b>\$39,910,000</b>	<b>\$51,630,000</b>
3.00	Other - Clinical		
3.01	Skills Development Centre <sup>*1 &amp; *7</sup>	\$28,370,000	\$40,468,000
3.02	Interim WiC	\$2,157,000	\$2,157,000
3.03	Neurosurgery Operating theatre <sup>*10</sup>	\$12,937,000	\$12,937,000
3.04	SAPU	\$4,100,000	\$4,100,000
3.05	Enhanced Theatres <sup>*3</sup>	\$4,680,000	\$4,680,000
3.06	Interim MHAU <sup>*1</sup>	\$2,910,000	\$2,910,000
	Sub-totals	<b>\$55,154,000</b>	<b>\$67,252,000</b>
4.00	Other - Non-clinical		
4.01	Southern Carpark <sup>*1 &amp; *10</sup>	\$45,000,000	\$45,000,000
4.02	Temporary Carparks	\$0	\$2,100,000
4.03	Northern Precinct Enabling & Infrastructure Works	\$0	\$8,327,000
4.04	Southern Precinct Works	\$0	\$645,000
	Sub-totals	<b>\$45,000,000</b>	<b>\$56,072,000</b>
5.00	Associated Development Costs		
5.01	Provision for the CADP – includes Project Director fees, QS fees, ACTPS fees, feasibility studies, demountable buildings, ACT Health costs including change management, etc	\$69,430,000	\$111,600,000
5.02	Staging, Decanting & Relocation costs	\$31,280,000	\$109,000,000
	Sub-totals	<b>\$100,710,000</b>	<b>\$220,600,000</b>
	<b>TCH CAMPUS - TOTAL</b>	<b>\$1,159,914,000</b>	<b>\$1,839,717,000</b>

**Table 1.5 Capital Asset Development Plan Stage 2 and 3 Capital Cost Summary Comparison – Other Projects**

		CADP Stage 2	CADP Stage 3 - Benchmarked (Jul '10)
Other Areas		Capital Costs (escalated)	Capital Costs (escalated)
6.00	Mental Health - Off-Campus		
6.01	Brian Hennessy	\$12,360,000	\$22,072,000
6.02	Secure Unit <sup>*1 &amp; *5 &amp; *10</sup>	\$12,360,000	\$15,440,000
	Sub-totals	<b>\$24,720,000</b>	<b>\$37,512,000</b>
7.00	Community Based Services		
7.01	Gungahlin <sup>*5</sup>	\$18,480,000	\$18,000,000
7.02	Tuggeranong <sup>*10</sup>	\$19,000,000	\$19,000,000
7.03	Phillip	\$65,700,000	\$56,980,000
7.04	Belconnen <sup>*5 &amp; *10</sup>	\$51,344,000	\$51,344,000
7.05	Dickson <sup>*9</sup>	\$2,180,000	\$2,180,000
7.06	Civic <sup>*9</sup>	\$7,270,000	\$7,270,000
7.07	Walk-in-Centres (2 No)- Included with Civic & Phillip	Included	Included
7.08	Ngunnawal Bush Healing Farm <sup>*1 &amp; *5 &amp; *10</sup>	\$6,883,000	\$6,883,000
	Sub-totals	<b>\$170,857,000</b>	<b>\$161,657,000</b>
8.00	E-Health		
8.01	Shared Electronic Health Record	\$50,000,000	\$50,000,000
8.02	Other	\$25,000,000	\$145,000,000
	Sub-totals	<b>\$75,000,000</b>	<b>\$195,000,000</b>
	Sub-totals	<b>\$0</b>	<b>\$46,000,000</b>
9.00	Capital Upgrades and Plant & Equipment		
9.01	Capital upgrades	Excluded	Excluded
9.02	Plant & Equipment	Excluded	Excluded
	Sub-totals	<b>\$0</b>	<b>\$0</b>
	<b>OTHER AREAS - TOTAL</b>	<b>\$270,577,000</b>	<b>\$394,169,000</b>
	<b>TOTALS Options 1,2,&amp;3 (excluding Calvary)</b>	<b>\$1,430,491,000</b>	<b>\$2,233,886,000</b>

		CADP Stage 2	CADP Stage 3 - Benchmarked (Jul '10)
Option 4 - CADP Benchmarked & Updated Activity Projections (July '10)		Capital Costs (escalated)	Capital Costs (escalated)
10.00	Additional bed numbers, OP Clinics, theatres, support services arising from revised AIM activity projections		
10.01	The Canberra Hospital		\$45,300,000
10.02	Mental Health		\$0
10.03	Community Health Centres (Additional areas to Civic and Dickson CHC's)		\$10,123,000
	Sub-totals		<b>\$55,423,000</b>
	<b>TOTALS Option 4 (Excluding Calvary)</b>		<b>\$2,289,309,000</b>

		CADP Stage 2	CADP Stage 3 - Benchmarked (Jul '10)
		Capital Costs (escalated)	Capital Costs (escalated)
	<b>Option 5 - CADP Benchmarked &amp; Updated Activity Projections &amp; Design Enhancements (July '10)</b>		
11.0	<b>5 Star Greenstar for the ACT Health System</b>		
11.01	The Canberra Hospital		\$182,000,000
11.02	Mental Health		\$8,000,000
11.03	Community Health Centres		\$14,000,000
	<b>Sub-totals</b>		<b>\$204,000,000</b>
12.00	<b>Digital Hospital Environment</b>		
12.01	The Canberra Hospital		\$91,400,000
12.02	Mental Health		\$5,400,000
12.03	Community Health Centres		\$14,200,000
	<b>Sub-totals</b>		<b>\$111,000,000</b>
13.00	<b>Patient Amenity Factors</b>		
13.01	The Canberra Hospital		\$62,000,000
13.02	Mental Health		\$4,000,000
13.03	Community Health Centres		\$14,000,000
	<b>Sub-totals</b>		<b>\$80,000,000</b>
14.00	<b>Additional Future Proofing</b>		
14.01	Additional 2 Linacs and Redundancy Sub-station		\$8,000,000
14.02	Third Pneumatic Tube and Increased Storage Capacity		\$15,000,000
14.03	Northern Carpark* <sup>8</sup>		\$29,820,000
14.04	Storage and Administration Records* <sup>4</sup>		\$46,000,000
	<b>Sub-totals</b>		<b>\$98,820,000</b>
	<b>TOTALS OPTION 5 (Excluding Calvary)</b>		<b>\$2,783,129,000</b>

- \*<sup>1</sup> Partially not included in original CADP Stage 2 report but subsequently all included as part of CADP
- \*<sup>2</sup> Partially funded by Commonwealth HHF funding (\$27.863m)
- \*<sup>3</sup> Funded by Commonwealth funding
- \*<sup>4</sup> Provisional Sum pending investigation of need and options for alternate provision
- \*<sup>5</sup> Approved budget only - excludes additional escalation, additional T&E provision and revised office accommodation policy
- \*<sup>6</sup> Includes PET CT
- \*<sup>7</sup> Step-down Accommodation and Auditorium previously included with Medi-Hotel
- \*<sup>8</sup> No sketches available - estimate based upon latest available Schedule of Accommodations only
- \*<sup>9</sup> Cost for additional area as shown on PDP sketches for Civic and Dickson CHC moved to Option 4
- \*<sup>10</sup> Stage 2 value adjusted by subsequent budget approvals

		CADP Stage 2	CADP Stage 3 - Benchmarked (Jul '10)
		Capital Costs (escalated)	Capital Costs (escalated)
	<b>Third Party Funded</b>		
15.00	<b>Yamba Drive Site (excluding EHCC) *<sup>8</sup></b>		
15.01	Child Care	\$0	\$22,820,000
15.02	Elder Care	\$0	\$8,570,000
15.03	Staff Gymnasium	\$0	\$3,560,000
15.04	Retail Space	Included	\$8,520,000
15.05	Parking and Podium	Included	\$11,920,000
15.06	30 Bed Step-down Accommodation* <sup>7</sup>	\$0	\$19,490,000
15.07	Medi-Hotel - Accommodation	\$129,000,000	\$148,840,000
	<b>TOTALS - Third Party Funded</b>	<b>\$129,000,000</b>	<b>\$223,720,000</b>

## 1.9 Risk Management Strategy

A rigorous Risk Management Strategy has been developed in collaboration with ACT Health to assess, monitor and mitigate risks across the series of projects that come under the CADP.

The Risk Management Strategy uses a risk management framework which considers risk at a programme direction (strategic) level, such as risks associated with project planning and the delivery of the overall CADP programme, and at an individual project level to address the risks specific to the design and delivery of each project. The strategy involves identifying risks, providing responses to risks, and developing mitigation plans and methods to monitor and control risks.

## 1.10 Next Steps

It is recommended that a half day workshop be convened with key ACT Health representatives and Thinc Health staff to identify and prioritise the next steps required to progress the CADP including:

- Completion of all outstanding planning phase work
- Feasibility studies
- Business cases
- Detailed continuity of services and staging and decanting planning
- Change management planning
- Identification of goals for the short, medium and long term.

It will also be essential that models of care development continues as the major driving force for all major service platforms and system wide approaches to service delivery. The models of care work will need to closely articulate with and respond to workforce planning, integration of the digital health enterprise (DHE)/ICT planning and technology drivers.