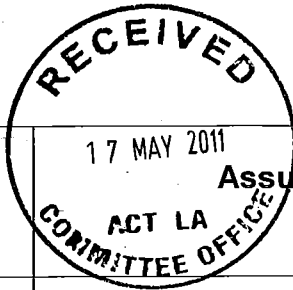


QTON 51



Benefits	Assumptions	Estimated Cost Saving (Per Annum)
Operating/Running Costs		
Potential Rental Savings	Reduction /abolishment of rental payments on currently leased building	\$12.7m
Workforce Efficiencies	1.2 % workforce reduction (admin, shopfront services, security, facilities management , mail, etc) = 42 staff x \$110,000 = \$4.6m	\$4.6m
Churn – moving staff between buildings	Estimated at \$2m + per annum based on current Property Group costs over past five years.	\$2.0m
Total Operational Savings		\$19.3m

Benefits	Assumptions	Estimated Cost Saving (Per Annum)
Efficiencies/Productivity		
Workplace Efficiencies		
Office Consumables	10% of Office consumable budget	\$0.2m
IT Savings	5% of IT Budget	\$1.1m
Inter-Agency Travel Costs	80% of local travel costs	\$0.4m
Reduction in electricity/water/gas costs.	Differential between current energy / water costs and that associated with larger 5 NABERS Government Office Building	\$2.0m
Reduced in Attrition	1% per annum (from 10% to 9%) = \$13,600 per person not lost	\$0.5m
Efficiencies (Sub-Total)		\$4.2m
Workforce Productivity		
Reduction in unexplained absenteeism due to improved workplace amenity and morale.	1% productivity benefit = estimated at 1day per annum	\$4m
Increased coordination across workgroups / business areas.	1% productivity benefit = 20 mins per day	\$4m
Better technology utilisation	0.5% productivity benefit = 20 mins per day	\$2.0m
Reduced inter-agency travel time	0.25% productivity benefit = 20 mins per day	\$1.0m
Productivity (Sub-Total)		\$11.0m
Total Efficiency / Productivity Savings		\$15.2m

Total Productivity across 3,500 employees = \$15.2m / (\$110,000 x 3,500) = 3.95%

Employee costs, including superannuation / entitlements = \$110,000 per employee.



LEGISLATIVE ASSEMBLY FOR THE AUSTRALIAN CAPITAL TERRITORY

SELECT COMMITTEE ON ESTIMATES 2011-2012

ANSWER TO QUESTION TAKEN ON NOTICE DURING PUBLIC HEARINGS

Asked by Mr Seselja on 17 May 2011 : Mr Andrew Cappie-Wood took on notice the following question(s):

Ref: Hansard Transcript 17 May 2011 Page 252

In relation to The new office building/staff turnover:

Mr Seselja - (The proposed Government Office Block) What can be stated is that a consolidated office building may well lead to reduced staff turnover. But it does not actually say why. Is there anywhere where the documents actually say why and how?

Katy Gallagher : The answer to the Member's question is as follows:—

The project team met several times with Peter Ward, the then Head of People and Change at SA Water Corporation. At those meetings he stated that the new SA Headquarters has reduced sick leave by 1 day per person per annum, and reduced employee turnover by 2%, and this has been confirmed in a number of subsequent SA Water presentations. The team has also met with Jonathan Tanner, Program Director for the ANZ Banking Group who has provided information, that is commercial in confidence, supporting productivity improvements at the new Docklands Headquarters.

Approved for circulation to the Standing Committee on Estimates 2011-2012

Signature: 

Date: 17.6.11

By the Chief Minister, Katy Gallagher MLA



LEGISLATIVE ASSEMBLY FOR THE AUSTRALIAN CAPITAL TERRITORY

SELECT COMMITTEE ON ESTIMATES 2011-2012

ANSWER TO QUESTION TAKEN ON NOTICE DURING PUBLIC HEARINGS

Asked by Mr Seselja on 17 May 2011 : Mr Cappie-Wood took on notice the following question(s):

Hansard 17 May 2011 Page 253

In relation to :

How many square metres per person of office space does Chief Minister's occupy? So what is the average rate?

And your cost per square metre?

Ms Gallagher : The answer to the Member's question is as follows:-

Chief Minister and Cabinet staff occupy approximately 17.9 square metres per person in the Canberra Nara Centre. This calculation includes the desk and immediate area occupied by each staff member, space for walkways, photocopiers and printers, storage areas, informal meeting areas, and areas around fire exits and telecommunications cabinets. There are also limitations on how area is utilised due to constraints imposed by the building configuration,

The cost is \$391.55 per square metre.

Approved for circulation to the Standing Committee on Estimates 2011-2012

Signature: *K. Gallagher*

Date: 26/11

By the Chief Minister, Ms Gallagher



LEGISLATIVE ASSEMBLY FOR THE AUSTRALIAN CAPITAL TERRITORY

SELECT COMMITTEE ON ESTIMATES 2011-2012

ANSWER TO QUESTION TAKEN ON NOTICE DURING PUBLIC HEARINGS

Asked by Mr Seselja on 17 May 2011 : Ms Gallagher took on notice the following question:

Hansard 17 May 2011 Page 261

In relation to :

Is the arboretum insured and, if so, for how much?

Ms Gallagher : The answer to the Member's question is as follows:—

All works and improvements at the National Arboretum site are insured under a “Principal Controlled Contract Works” policy. The policy provides material damage cover of \$22.6m.

Standing timber and growing trees are normally specifically excluded under commercial insurance covers. An option to insure the arboretum planted trees under a “Standing Timber Plantation” insurance cover for fire and storm damage is presently being considered on a value for money basis.

Approved for circulation to the Standing Committee on Estimates 2011-2012

Signature: *H. Gallagher*

Date: 7.6.11

By the Chief Minister, Ms Gallagher



LEGISLATIVE ASSEMBLY FOR THE AUSTRALIAN CAPITAL TERRITORY

SELECT COMMITTEE ON ESTIMATES 2011-2012

QUESTION ON NOTICE



Meredith Hunter : To ask the Treasurer

[Ref: Treasury]

In relation to: Asset revaluations

There have been significant and what appears to be somewhat inconsistent asset revaluations across agencies.

- 1) AASB 116 states that assets that are not subject to volatility should be revalued every 3 – 5 years. Given this could Treasury you please advise why:
 - a) The Legislative Assembly, the ACT Executive, Chief Minister's Directorate, ACTION, Treasury Directorate, Shared Services Centre, Health Directorate, Justice and Community Safety Directorate and Community Services Directorate are not undertaking any revaluations during the period 2010-11 to 2014-15;
 - b) The Auditor-General, Territory and Municipal Services and Economic Development Directorate are not undertaking a revaluation of assets in 2014-15;
 - c) Education and Training Directorate are not revaluing assets in 2013-14.
- 2) In accordance with AASB 116 are Directorates undertaking an annual review of impairment and if so are impairment losses recorded in depreciation in the Operating Statements of Directorates?

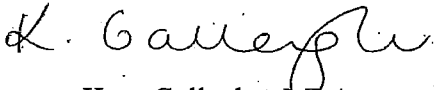
TREASURER: The answer to the Member's question is as follows:

- 1) Revaluations are undertaken on a regular basis as required by accounting standards, apart from Housing ACT which undertakes revaluations annually due to the nature of assets.

Revaluations of assets are difficult to estimate across the forward estimates. Agencies rely on advice from independent expert valuers to determine the current value of each asset class. It is not practicable to employ independent valuers to estimate values 3 years into the future. Revaluations are conducted by agencies on a regular basis as required by Accounting Standards and detailed in their annual financial statements.

- 2) Directorates would be undertaking an annual review of impairment during the completion of the annual financial statements. Directorates would be recording the impairment either under impairment losses or depreciation, both of which are in the Operating Statement.

Approved for circulation to the Standing Committee on Estimates 2011-2012

Signature: 

Date: 6.6.11

By the Treasurer, Katy Gallagher MLA



LEGISLATIVE ASSEMBLY FOR THE AUSTRALIAN CAPITAL TERRITORY

SELECT COMMITTEE ON ESTIMATES 2011-2012

QUESTION ON NOTICE

Meredith Hunter : To ask the Treasurer

[Ref: Treasury]

In relation to: Operating leases

Operating leases have risen very significantly across departments.

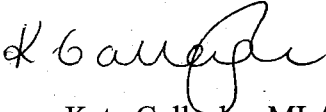
- 1) What was the reason for the 91.5% increase in operating lease commitments between 2008-09 and 2009-10?
- 2) What are the expected operating lease commitments (broken into those due within one year, later than one year but not later than five years and later than five years) for the budget year (2011-12) and forward estimate years?
- 3) Given the significant additional borrowings announced in the budget, will the ACT Government be holding operating lease commitments steady, increasing commitments over time or reducing commitments over time?

TREASURER: The answer to the Member's question is as follows:

1. Operating lease commitments increased from 2008-09 to 2009-10 due to renewed and additional leases for computer equipment and motor vehicles and the renegotiation of leasing arrangements for accommodation by the Legal Aid Commission.
2. Operating lease commitments are not budgeted for, therefore, no data is available, this information is outlined in each agencies Annual Report.
3. It is difficult to align operating lease commitments with borrowings when the two types of financing arrangements are undertaken for different purposes.

Borrowings undertaken for the Territory are largely undertaken for the provision of capital works and large infrastructure projects, whereas operating leases are generally undertaken for infrastructure with shorter useful lives and maintenance requirements, such as computer and office equipment, motor vehicles or in the case of Legal Aid the provision of office accommodation.

Approved for circulation to the Standing Committee on Estimates 2011-2012

Signature: 
By the Treasurer, Katy Gallagher MLA

Date: 6. 6. 11



LEGISLATIVE ASSEMBLY FOR THE AUSTRALIAN CAPITAL TERRITORY

SELECT COMMITTEE ON ESTIMATES 2011-2012

ANSWER TO QUESTION ON NOTICE

Meredith Hunter : To ask the Treasurer

[Ref: Treasury, ACT Insurance Authority, Statement of Intent page 3]

In relation to: Risk management Standards

ACTIA's Statement of Intent outlines its risks. It states, "*The Authority has developed and implemented a risk management plan in accordance with the Australian/New Zealand Standard on risk management AS/NZS 4630-2004 and the ACT Government's "Enterprise Wide Risk Management Framework". The Authority's plan identifies and details risks and control measures and treatment action plans for risks in the financial, business and information technology dependencies.*"

Given that the ACTIA intends to implement a revised ACT Government Risk Management Policy based on ISO 31000:2009 – Risk Management and industry best practice in the next financial year and this revised standard has been in place for over six months, why has ACTIA not updated its own risk management plan to comply with the new standard?

Katy Gallagher: The answer to the Member's question is as follows:–

ACTIA's risk management plan complies with the current ACT Government Enterprise Wide Risk Management Framework based on AS/NZS 4360:2004 Risk Management Standard.

ACTIA will seek Government approval of a revised ACT Government Risk Management Framework and Policy based on ISO 31000:2009 in early 2011-2012. ACTIA will update its risk management plan to comply with a revised ACT Government Risk Management Framework and Policy, when endorsed by Government.

PLEASE NOTE

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LEGISLATIVE ASSEMBLY FOR THE AUSTRALIAN CAPITAL TERRITORY

SELECT COMMITTEE ON ESTIMATES 2011-2012

ANSWER TO QUESTION ON NOTICE

Meredith Hunter: To ask the Treasurer

[Ref: Treasury, ACT Insurance Authority, Budget Paper 4 p407, Statement of Intent p4]

In relation to: Increases in asset values

Priority 2 is for ACTIA is to take out insurance of Territory risks with other entities and one of the key performance indicators is to review the Territory property assets register to ensure that values provided by agencies reflect insurance replacement costs.

- 1) In light of the significant revaluations that have been undertaken could you please provide a listing of the insurance replacement costs of property, plant and equipment by Directorate.

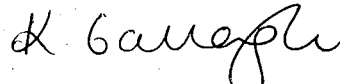
Katy Gallagher: The answer to the Member's question is as follows:-

ACTIA collects asset value information from Agencies during the first three months of the calendar year for inclusion in a reinsurance renewal submission to the Australian and London insurance markets.

The total asset value for the Territory, for insurance purposes, at 31 March 2011 was \$20,551,000,000.

This is summarised by Directorate in the attached table.

Approved for circulation to the Standing Committee on Estimates 2011-2012

Signature: 

Date: 6.6.11

By the Treasurer, Katy Gallagher

ACTIA 2011-2012 – Reinsurance Renewal – Property Asset Schedule Summary

Directorate/Other	Building	Plant	Fixed Contents	Other Contents	Stock	Vehicles	Ground Improvements	Other	Total
Chief Ministers	175,503,762	6,000,000	6,143,913	7,471,713	20,000	0	2,228,000	10,632,826	208,000,214
Community Services	2,425,334,592	1,425,191	35,906,607	2,095,824	0	0	26,372,487	198,388	2,491,333,089
Economic Development	85,934,595	19,546,187	11,653,707	13,265,939	0	45,654	7,362,690	13,150,836	150,959,608
Education & Training	2,256,045,157	23,096,275	5,698,833	23,894,531	28,206,500	0	179,594,636	46,299,178	2,562,835,110
Health	1,384,725,162	79,276,242	92,177,316	307,091,954	9,434,070	0	0	30,000	1,872,734,744
Justice and Community Safety	541,601,584	40,715,061	33,251,514	39,856,001	1,377,139	48,749,272	0	48,212,969	753,763,541
Sustainable Development	0	8,400	124,950	1,072,770	3,000	0	0	0	1,209,120
Territory and Municipal Services	876,903,543	56,487,313	232,965,841	33,213,198	41,515,673	269,857,965	39,287,734	10,327,184,140	11,877,415,407
Treasury	8,905,000	35,000	7,756,065	43,451,584	361,330	0	0	11,045,000	71,553,979
ACT Legislative Assembly	37,320,340	0	3,515,365	2,366,516	116,485	0	89,343	6,289,921	49,697,970
Canberra Institute of Technology	347,842,588	14,659,629	5,274,195	23,903,147	7,470,845	1,315,021	14,730,597	1,524,625	416,720,647
Independent Statutory Authorities	80,865,000	3,360,000	4,536,865	2,675,670	16,000	0	205,000	3,063,000	94,721,535
Territory Total	8,220,981,323	244,609,298	439,005,172	500,358,847	88,521,042	319,967,913	269,870,487	10,467,630,883	20,550,944,964

Notes:

Buildings include built assets

Plant includes equipment such as medical, air conditioning and process machinery

Fixed Contents can include office partitions and leasehold improvements

Other Contents includes IT equipment under lease from InTACT

Stock can include parts and consumables such as used by ACTION or library book stocks for example

Vehicles includes owned specialist vehicles such as fire brigade, ambulance and ACTION Bus vehicles

Ground Improvements can include landscaping, paths, walls etc around built assets.

Other can include various items not particularly listed under another heading and can include bridges, dams, roadways, etc.



LEGISLATIVE ASSEMBLY FOR THE AUSTRALIAN CAPITAL TERRITORY

SELECT COMMITTEE ON ESTIMATES 2011-2012

ANSWER TO QUESTION ON NOTICE

Meredith Hunter : To ask the Treasurer

[Ref: Treasury, ACT Insurance Authority, Budget Paper 4 pages 409 and 412]

In relation to: Increased user charges

Notes relevant to the Operating Statement state that the increase of \$3.611 million in the 2011-12 budget from the 2010-11 estimated outcome is due to an increase in the annual insurance premium charged to agencies. The premiums recognise a slight increase in the net expected cost of future claims, predominantly in the medical malpractice class.

- 1) What has caused the increase in medical malpractice claims?
- 2) What is the net exposure to the Territory in terms of current claims? i.e. are all potential losses insured, or would there be a situation where the Territory would have to contribute money on top of potential insurance payouts from litigated claims?

Treasurer - The answer to the Member's question is as follows:

- 1) Medical malpractice premiums for 2011-12 have increased as ACTIA's actuaries estimate that the net cost of claims occurring in 2011-12 will increase. The factors influencing this estimate are –
 - Actuaries have adjusted economic indicators that have increased the size of all claims and costs.
 - Actuaries forecast that the average size of non-catastrophic claims will increase from \$131,000 to \$250,000, consistent with actual experience in 2010-11. The effect of this increase is partially offset by an anticipated reduction in the forecast number of non-catastrophic claims, to reflect the levels actually experienced in 2010-11.
- 2) The net estimated exposure for the Territory from medical malpractice claims at 30 June 2011 is forecast to be \$151.159 million plus margins.

PLEASE NOTE

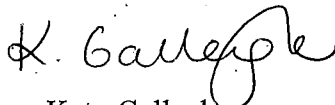
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ACTIA has purchased insurance to protect the Territory against the risk of a significant number of catastrophic claims occurring in the same financial year. These arrangements are structured so that:

- ACTIA pays the first \$350,000 of all claims;
- Any balance over \$350,000 contributes to an annual self-insured retention of \$17,500,000;
- Once the self-insured retention is exceeded, the balance of each claim over \$350,000 will be paid by the insurers.

Approved for circulation to the Standing Committee on Estimates 2011-2012

Signature:



Date: 6.6.11

By the Treasurer, Katy Gallagher



LEGISLATIVE ASSEMBLY FOR THE AUSTRALIAN CAPITAL TERRITORY

SELECT COMMITTEE ON ESTIMATES 2011-2012

ANSWER TO QUESTION ON NOTICE

Meredith Hunter: To ask the Treasurer

[Ref: Treasury, Superannuation Provision Account]

In relation to: Portfolio Management Contracts

- 1) When contracting out the management of the portfolio, to give effect to the overall portfolio strategy, do all the contracts have a clause that ensures that Treasury has the final discretion over what equities or other investments will or will not be invested in?
- 2) Under the existing contracts would it be possible for treasury to exclude a particular class of assets or a particular industry from the portfolio.
- 3) What is the current total cost for external managers of the portfolio?

Katy Gallagher : The answer to the Member's question is as follows:—

- 1). Current equity mandates (both directly-owned and pooled-trusts) restrict investment managers to the selection of stocks that are listed on global stock exchanges and included in the S&P/ASX 300, S&P/ASX small ordinaries, and the MSCI World ex-Australia indices. In regard to directly owned investment mandates, Treasury is able to specify the exclusion or inclusion of specific stocks.
- 2). Yes, but only in relation to directly-owned equity mandates.
- 3). Refer to the 2009-10 Treasury Annual Report Volume 1 page 80.

Approved for circulation to the Standing Committee on Estimates 2011-2012

Signature:

Date: 6.6.11

By the Treasurer, Ms Katy Gallagher MLA

PLEASE NOTE

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LEGISLATIVE ASSEMBLY FOR THE AUSTRALIAN CAPITAL TERRITORY

SELECT COMMITTEE ON ESTIMATES 2011-2012

ANSWER TO QUESTION ON NOTICE

Meredith Hunter : To ask the Treasurer

[Ref: Treasury, Superannuation Provision Account]

In relation to : Portfolio holdings and voting on shareholder resolutions

During the hearings officials indicated that 25% of the portfolio is in direct equity ownership that enables us to vote on shareholder resolutions.

- 1) Could you please provide a breakdown of what portion of that 25% are in Australian equities and what portion are in international equities?
- 2) In exercising that right what factors are taken into account when deciding how to vote?
- 3) What percentage of the superannuation account portfolio is held in trusts subject to a mandate and within that class how often has our capacity to instruct on resolutions been exercised in the last 12 months?

Katy Gallagher : The answer to the Member's question is as follows:—

- 1). Australian Equities; 14.5 per cent
International Equities: 10.5 per cent
- 2). Every voting item is researched and analysed, on its merits, by the respective investment manager before coming to an approved voting position. Due to the broad nature and extent of company voting items (over 5,900 independent voting items during 2009-10) it is difficult to generalise on every voting factor considered. By way of example, types of factors considered will include, the cost versus benefit of implementing the proposed action, the regulatory environment, the extent to which policies or actions are already in place in practise notwithstanding they may not be explicitly stated or required by the companies legal

PLEASE NOTE

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framework. A key objective is to ensure that any resolution proposed and supported, will provide a benefit to shareholders and the long-term value of the company.

Investment managers receive information from the specific company in relation to upcoming voting items for consideration, as well as having extensive in-house research on each company and their operations. Investment managers also utilise independent third party advice from companies that specialise in providing specific proxy voting research and advice.

3). Australian Equities: 7.1 per cent
International Equities: 24.3 per cent

Investments in units in unlisted, equity trusts are subject to the relevant trust deed and constitution. The ACT has approximately 31.4 per cent in passively-managed equity index unit trusts. The Territory, along with all investors in such a product, has no capacity to instruct on voting resolutions.

Approved for circulation to the Standing Committee on Estimates 2011-2012

Signature: 

Date: 9.6.11

By the Treasurer, Ms Katy Gallagher MLA



LEGISLATIVE ASSEMBLY FOR THE AUSTRALIAN CAPITAL TERRITORY

SELECT COMMITTEE ON ESTIMATES 2011-2012

QUESTION ON NOTICE

Meredith Hunter : To ask the Treasurer

[Ref: Treasury, output class 1.2]

In relation to: The First Home Owner's Grant

- 1) Minister during the hearings you said 'I think the general acceptance is that it [the First Home Owner's grant] increased prices by the amount of subsidy available' (Transcript of evidence 16 May 2011 p42). Given that the Minister holds this view and that it has been supported by amongst others the Productivity Commission could you please explain what value there is to first home buyers and to the community more generally in spending in excess of \$8 Million per annum to inflate house prices?
- 2) Could you also please provide the total amount of ACT funds spent on the grants?

Treasurer, Katy Gallagher MLA: The answer to the Member's question is as follows:—

- 1) The First Home Owner Grant (FHOG) was introduced in 2000-01 as part of the *Intergovernmental Agreement on the reform of Commonwealth-State financial Relations* (IGA) and was to offset the impact of the introduction of the Goods and Service Tax (GST) on first home buyers. The FHOG is a national scheme administered under uniform legislation by the relevant State and Territory Revenue Offices.

Under the *Intergovernmental Agreement on Federal Financial Relations*, which amongst other things provides for the ongoing provision of Goods and Services Tax (GST) payments to the States and Territories, the States and Territories are required to assist first home buyers through the funding and administration of a uniform First Home Owners Scheme. Removing the FHOG would breach this agreement and could potentially put at risk GST payments made to the ACT.

Conceptually, it can be argued that in a supply constrained environment, a demand side subsidy will place upward pressure on prices. However, due to the large number of factors impacting on the housing market, it is difficult to quantify such effect. A

review of the Commonwealth policies is currently being undertaken across State and Territory and Commonwealth Governments through the Housing Supply and Affordability Reform (HSAR) Working Party.

The HSAR Working Party comprises officials from First Ministers' Departments and Treasuries and will report to Council of Australian Governments (COAG) through the Ministerial Council on Federal Financial Relations by mid-2011.

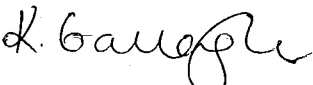
- 2) Under the IGA the Commonwealth provided the States and Territories with additional funding to offset any shortfall between its entitlement to GST revenue grants and the total amount of funding to ensure that the budgetary position of a State or Territory was not worse off during the transition period, the "Guaranteed Minimum Amount" (GMA). The amount of any payments made by the States and Territories for the FHOG was included in the calculation of the GMA.

The ACT was funded for the cost of the FHOG by the Commonwealth from 2000-01 to 2003-04 by way of the GMA. From 2004-05, when the ACT's GST payments exceeded the GMA, the ACT has fully funded the cost of the FHOG.

The table below shows that from 2004-05 to 2009-10 the ACT Government has spent \$110.8 million on FHOG.

FHOG	\$m
2004-05	14.2
2005-06	16.8
2006-07	19.5
2007-08	16.5
2008-09	20.5
2009-10	23.3
TOTAL	110.8

Approved for circulation to the Standing Committee on Estimates 2011-2012

Signature: 

Date: 9.6.11

By the Treasurer, Katy Gallagher MLA



LEGISLATIVE ASSEMBLY FOR THE AUSTRALIAN CAPITAL TERRITORY

SELECT COMMITTEE ON ESTIMATES 2011-2012

ANSWER TO QUESTION ON NOTICE



MS HUNTER: To ask the Minister for Education and Training

Education and Training Directorate, Budget Paper 4 page 332

In relation to: Asset revaluations

The Education and Training Directorate has revalued its property, plant and equipment by almost \$258m during this financial year and is not intending to revalue again during next four years. Could you please advise:

1. The effective date of the revaluation during this financial year;
2. Whether an independent valuer was involved, if so who this was and how they were chosen;
3. The extent to which the revalued items' fair values were determined directly by reference to observable prices in an active market or recent market transactions on arm's length terms or were estimated using other valuation techniques;
4. Why the Education and Training Directorate will not undertake any further revaluations during the next four years.

MR BARR : The answer to the Member's question is as follows:—

1. The effective date of the revaluation is 30 June 2011.
2. An independent valuer, Colliers International, was engaged to conduct the revaluation for the Directorate. This valuer was chosen from the ACT Government Valuation Services Panel after three quotes were sought from suppliers on that panel.
3. The revaluation was completed in accordance with ACT Accounting Policy for Property, Plant and Equipment, and the Directorate's accounting policies (refer to page 234 of the 2009-10 ACT Department of Education and Training Annual Report) which states:
'Fair value is the amount for which an asset could be exchanged between knowledgeable, willing parties in an arm's length transaction. Fair value is measured using a market price in an active market where a market price is available for that asset (or similar asset), as this is the best evidence of an asset's fair value. Where the market price for an asset cannot be obtained because the asset is specialised and is rarely sold, and where the asset would be replaced if the Directorate were to be deprived of the asset, depreciated replacement cost is used as fair value.'

4. The Directorate will conduct the next revaluation of land and building assets in three years time, which is consistent with ACT Accounting Policy for Property Plant and Equipment (Section 2.1.10), and the relevant accounting standard (AASB 116). The next valuation will be reflected in the 2014-15 financial year.

Approved for circulation to the Standing Committee on Estimates 2011-2012

Signature: *Andrew Barr*

Date: 26.5.11

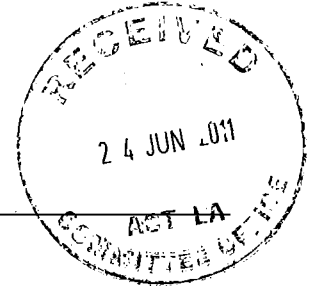
By the Minister for Education and Training, Andrew Barr MLA



LEGISLATIVE ASSEMBLY FOR THE AUSTRALIAN CAPITAL TERRITORY

SELECT COMMITTEE ON ESTIMATES 2011-2012

QUESTION ON NOTICE



MS BRESNAN: To ask the Minister for Economic Development

Ref: Economic Development, BP 3, p 89, Output 1.1

In relation to: the Affordable Housing Action Plan

- (1) Can additional information please be provided with regard to what the \$350 000 per annum will be spent on under the title 'Affordable Housing'?
- (2) At what stage of development is the ACT Government at in regards to creating a new or revised Action Plan?
- (3) When will revised Action Plan be released?
- (4) In the ACT Auditor General's report on 'Residential Land Supply and Development' of February 2011, the Auditor General expresses concern that the Government does not have any targets that it is measuring itself against. What targets has the Government now set which it is measuring itself against?
- (5) What progress has the Government made on new or other measures regarding the state of housing affordability, including the 30/40 rule (what proportion of bottom 40% of households by income are paying more than 30% of income on housing), rather than just relying on the measurements of averages and medians? And if new measurements are being used, what are those measurements showing?

ANDREW BARR MLA : The answer to the Member's question is as follows:—

- (1) Recurrent funding under the ACT Budget for 2011/12 will facilitate the continued delivery of the initiatives of the Government's *Affordable Housing Action Plan*. Deliver of the Action Plan includes (but is not limited to) action on the following initiatives:
 - establishment of a pilot Homeshare program to provide accommodation for low income people, and to allow older Canberrans to stay in their homes (\$100,000);
 - development and implementation of universal design guidelines, including consultation with stakeholders (\$20,000 for development, printing and distribution of the guidelines);
 - benchmarking of land development costs through a private consultancy (\$50,000);

- liaison with other Directorates within the ACT Government on the delivery of affordable housing programs, including programs to reduce homelessness;
 - ongoing employment of a SOG A to coordinate the delivery of the Government's affordable housing policies; and
 - ongoing funding for administrative operating expenses, including publications and advertising as required; maintenance of the affordable housing website; reports, planning studies and consultancies as required; delivery of land rent information sessions, maintenance of land rent public documentation, and support for the excellence in affordable housing design and construction awards.
- (2) Consistent with the Government's ongoing commitment to affordable housing, the Economic Development Directorate, in consultation with other Directorates, the Commonwealth Government, and relevant stakeholders, will continue to evaluate policy to ensure ongoing delivery against the existing affordable housing initiatives, and to develop new policy as appropriate.
- (3) Please see answer to question 2 above. A summary of the Government's action against the current *Affordable Housing Action Plan*, Phases I and II, will be released in mid-2011.
- (4) As part of the ACT Budget process, the Government has set specific accountability indicators for 2011/12. These include the following targets:
- Provision of affordable residential dwellings across 20 per cent of greenfield releases;
 - Achieving a median house price / income multiple of 7.0;
 - Achieving a median unit price / income multiple of 5.2; and
 - Release of 5,500 dwellings sites.
- (5) No new measure have been used because data on income distribution is not available outside of survey periods (the most recent being 2007-08). We are therefore not able to accurately determine the precise income thresholds for the lowest 40 per cent of households. Although crude estimates could be calculated, they would not be suitable for measuring affordability on an ongoing basis.

Therefore the only measures of affordability that the ACT Government currently use are still based on averages and medians and are:

- The Real Estate Institute of Australia Affordability Index which has shown improvements over 2010; and
- The ratio of house price to average annualised weekly earnings in the ACT which has decreased since the launch of the Affordable Housing Action Plan, down from 8.88 to 8.59.

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Signature: 

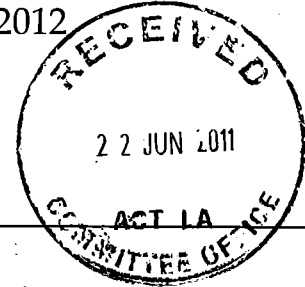
Date: 22.6.11

By the Minister for Economic Development, Andrew Barr MLA

**LEGISLATIVE ASSEMBLY FOR THE AUSTRALIAN CAPITAL TERRITORY**

SELECT COMMITTEE ON ESTIMATES 2011-2012

QUESTION ON NOTICE



MS BRESNAN: To ask the Minister for Economic Development

Ref: Economic Development, BP 4, p 125, Output 1.1

In relation to: OwnPlace

- (1) In the ACT Auditor General's report on 'Residential Land Supply and Development' of February 2011, it states that over the two years since the introduction of the OwnPlace Program and June 2010, 247 OwnPlace blocks have been sold to builders, and only 112 of these blocks have since been released to eligible purchasers.
 - (a) Why had less than 50% of been released to eligible purchasers?
 - (b) Is the Government also concerned by these figures?
- (2) The Auditor General recommended that LAPS in conjunction with ACTPLA develop more robust mechanisms for compiling and monitoring the developers' and builders' pipelines. What is being done to achieve this?
- (3) What are the updated figures for the total number of OwnPlace blocks sold to builders, and total number of those blocks that have since been released to eligible purchasers?
- (4) Can a breakdown of data please be provided which outlines how many blocks have been sold and released to eligible purchasers:
 - (a) At different levels of price [say \$200 000 - \$225 000, \$225 001 - \$250 000 (etc)]
 - (b) With how many bedrooms [1, 2, 3 or 4]
 - (c) As stand alone housing or as apartments
- (5) Can a breakdown of data please be provided which outlines:
 - (a) the household income levels of eligible purchasers [say \$65 000 to \$75 001, \$75 000 to \$85 000, \$85 001 to \$95 000 (etc)]
 - (b) the household make up of the eligible purchasers [1 adult, 2 adults, 2 adults and 1 child etc]

- (6) Does the Government have any other data that it can provide with regard to proving the affordability of the OwnPlace properties for purchasers? And can that data please be provided?

MINISTER FOR ECONOMIC DEVELOPMENT: The answer to the Member's question is as follows:—

- (1) a) The question inadvertently misrepresents the Auditor-General's comments. OwnPlace blocks are not sold to builders, but are allocated to individual builders who are participating in the scheme to enable appropriate dwellings to be designed and then offered to eligible purchasers as house and land packages. The OwnPlace process is outlined in Paragraph 5.45 of the Auditor-General's Report. The report notes the number of blocks that had been supplied to builders at the time of the Audit Office field work. At the time the Auditor-General's report was issued in February 2011, 257 blocks had been allocated to builders and in turn, all 257 blocks had been offered to eligible purchasers. At the time of the Audit Office field work, more than 112 blocks had been offered to eligible purchasers and this is the number of OwnPlace homes that had been completed at that time.
- (b) No, noting the information above.
- (2) New, more robust mechanisms have been put in place to compile data in order to monitor the builders and developers pipeline. Land and Housing settlement data is now cross checked against lease and land turnoff data and checked again through the examination of aerial imagery. The output from these data collections and checks have been compiled into a regular quarterly report titled "Residential Land and Building Activity" which now provides a quantitative measure of the Builders and Developers pipeline.
- The report has been reviewed by the ACT Construction industry through the Residential Advisory Committee and is to be presented to ACT Chief Executives before being released on the ACT Economic Development Directorate website in June.
- (3) As at 24 May 2011 the LDA has offered 454 blocks to builders under the OwnPlace scheme. Of this number, 404 have been offered to eligible purchasers, with the remaining 50 to be offered to eligible purchasers later this year.
- (4) All OwnPlace blocks are offered to eligible purchasers only. Before people are offered the opportunity to purchase OwnPlace house and land packages, they must satisfy the ACT Revenue Office that they meet the income test that is part of the eligibility criteria.
- a. All OwnPlace house and land packages have been sold within the affordable housing threshold, which has increased from \$300,000 to \$328,000 over the life of the program. The block component has been less than \$120,000 in all cases.
- b. There have been no 4 bedroom houses released under the program. Of those released to date, seventy four per cent have been three bedroom homes, with 25 per cent two bedroom and one per cent released as single bedroom homes.
- c. No apartments have been released under the scheme. All blocks offered under the scheme are for separately titled homes, with a range of terraces, duplex and detached housing.

- (5) This data is not able to be supplied. The LDA do not assess individual applicants and hence do not have this information. The ACT Revenue Office undertake assessment of applicants to ascertain whether they meet the eligibility criteria for the Home Buyer Concession scheme. The information you seek is provided on the application form, but not recorded into a database. The ACT Revenue Office is therefore not able to generate the information. It should also be noted that the Revenue Office is unable to provide copies of the applications to the LDA for privacy reasons.
- (6) Analysis undertaken by the Economic Development Directorate indicates that households on incomes of \$46,000 per annum or above are able to afford to purchase Own Place properties with land rent. Households in this income bracket fall into the second lowest income quintile in the ACT.

Approved for circulation to the Standing Committee on Estimates 2011-2012

Signature: 

Date: 22.6.11

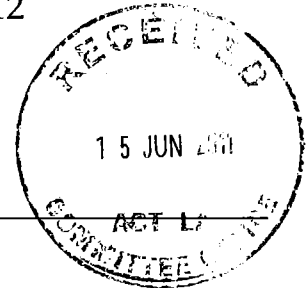
By the Minister for Economic Development, Andrew Barr MLA



LEGISLATIVE ASSEMBLY FOR THE AUSTRALIAN CAPITAL TERRITORY

SELECT COMMITTEE ON ESTIMATES 2011-2012

ANSWER TO QUESTION ON NOTICE



MS BRESNAN MLA: To ask the Minister for Economic Development

Ref: Economic Development, BP 3, p 161, Output 1.1

In relation to: Narrabundah Long Stay Caravan Park

- (1) As a result of the 6 week period for compliance assessment that began on 21 February 2011, how many dwellings have been assessed as:
 - (a) safe for habitation?
 - (b) unsafe for habitation?
 - (i) are requiring to be demolished?
 - (ii) can be upgraded to become safe?
- (2) How much will each of the 25 new mobile homes cost to be developed? And what is the timeline for making them available for current residents or future purchasers?
- (3) What progress has the ACT Government made on drafting new legislation to clarify the rights of residents in mobile home parks more generally across the ACT? And when does the ACT Government plan to table that legislation?
- (4) What timelines does the ACT Government have for providing a final response to the consultancy reports on the Narrabundah Long Stay Caravan Park?

MINISTER BARR MLA: The answer to the Member's question is as follows:—

- (1) The detailed compliance assessment process has been completed and advice to Government on the assessment outcomes and options to address any health and safety concerns is being prepared. Following the Government's consideration of the advice / options, the outcomes of the compliance assessment process will need to be discussed individually with residents of the Narrabundah Long Stay Park.
- (2) The 2011-2012 Budget includes an amount of \$5.0m for capital works at the Narrabundah Long Stay Park. This includes funding for up to 25 mobile homes and associated infrastructure / essential works. The number of mobile homes to be constructed will be determined following the individual discussions with Park residents. The Government anticipates that any new mobile homes constructed would be ready for occupation by June 2012.

- (3) The Government's first priority has been the health, safety and welfare of Narrabundah Long Stay Park residents and we have undertaken the compliance assessment process to that end. Consideration of other issues raised in the *Narrabundah Park – Options Paper*, such as legislative changes, will occur once the immediate health and safety concerns have been addressed.
- (4) Once the immediate health and safety concerns have been addressed, other matters raised in the consultancy reports will be considered. The Government anticipates that a final response to the consultancy reports on the Narrabundah Long Stay Park will be provided within six months.

Approved for circulation to the Standing Committee on Estimates 2011-2012

Signature: 

Date: 12.6.11

By the Minister for Economic Development, Andrew Barr MLA

Evaluation of the ACT Nurse Led Walk in Clinic
APCHRI, The Australian National University



Reference Group

Terms of Reference and Meetings Schedule

Project description

The ACT Government has engaged the Australian Primary Health Care Research Institute (APCHRI) to conduct an independent evaluation of the first Nurse Led Walk in Clinic (WiC) in the Australian Capital Territory (ACT).

The project will include a comprehensive national and international literature review and an evaluation based on:

- 1) An audit of service
- 2) Patients' perspectives and experiences of attending the WiC
- 3) Practitioners' perspectives and experiences of providing care at the WiC
- 4) Other health care providers' perspectives
- 5) Evaluation of the cost effectiveness of the WiC

Ethics approval for the study will be sought from the Australian National University and ACT Health.

Reference Group Membership

- Associate Professor Rhian Parker (Chair)
- Mr Ian Thompson (ACT Health)
- Debbie Hagen (Australian College of Nurse Practitioners)
- Mr Shane Lenson (Royal College of Nursing Australia)
- Ms Marion Reilly Health Care Consumer's Association (ACT),
- Dr Tanya Robertson (GP)
- Associate Professor Kelsey Hegarty (GP)

Observers

Veronica Croome, Ian McRae, Laura Forrest, Jane Desborough

Terms of Reference for Reference Group

- 1. Provide input on project methodology
- 2. Provide support for the study through dissemination of information when necessary
- 3. Provide critical advice throughout the term of the project

Framework for the evaluation of the ACT Health Walk-In Centre

ACT Health (policy/strategy)	ACT Health Walk-In Centre (operational)	
	Assessment of efficiency – relationships between costs and intermediate health outcomes	
	Assessment of Equity – “Is it the same for everyone?”	
1. Stewardship	2. Organisational structures and processes	3. Processes of care received by patients, families and communities
<u>Background</u> Policy development Financing and funding Implementation. Workforce Development Research & Development	<u>Nursing staff satisfaction</u> - satisfaction survey - face-to-face interviews <u>Stakeholder (Clinical Advisory Group) satisfaction</u> - face-to-face interviews	<u>Clinical Audit</u> <u>Costs</u> <u>Satisfaction with care in client populations</u> - client satisfaction survey

Adapted from *A Conceptual Framework for Performance Assessment in Primary Health Care, 2007* (Sibthorpe Beverley and Gardner Karen 2007)



LEGISLATIVE ASSEMBLY FOR THE AUSTRALIAN CAPITAL TERRITORY

SELECT COMMITTEE ON ESTIMATES 2011-2012

ANSWER TO QUESTION TAKEN ON NOTICE DURING PUBLIC HEARINGS

Asked by Mr Hanson MLA on Wednesday 18 May 2011:

Ms Gallagher MLA took on notice the following question(s):

Hansard Transcript – Wednesday 18 May 2011 – Page 115 / 116

In relation to :

Information relating to costings - Inquiry into Calvary Hospital



Ms Gallagher: Well, we have written to - treasury have written to Deloittes clarifying a number of inaccuracies in their report. They have had some correspondence back, as I understand it, and there has been some further correspondence entered into. I have also written to the chair of the Little Company of Mary about some significant areas in their report as well so it does - it does sort of stand as an outstanding issue to be resolved.

But, you know, I did not - I think this was - you know, this should not be battle of the consultants. You know, we - Deloittes were hired to do a job, I understand that, indeed I asked that my officials meet with Deloittes as part of that work. Mr Thompson and Mr Ahmed met Deloittes and I was prepared to give them, with the signing of a confidentiality access to the data that we had used for our costings, until it became very clear that they had been hired to do a particular job. You know, the feedback I was given from the meeting was it was aggressive and hostile. And I took the decision then that I was not going to provide them with that additional information.

MR HANSON: Will you provide us with that additional information?

MS GALLAGHER MLA : The answer to the Member's question is as follows:-

The ACT Government will be providing an official Government response to the Calvary Health Care ACT submission and I have no hesitation in providing this response to the Committee.

ACT Health is in the process of seeking permission from those who submitted feedback as part of the consultation process and should Calvary Health Care ACT agree to their information being released, I have no hesitation in providing it to the Committee.

In relation to the costings associated with the development of the five options for delivery of additional beds throughout the Territory, I have attached the Treasury Basis for Capital Costing document.

Approved for circulation to the Standing Committee on Estimates 2011-2012

Signature: *K. Gallagher*

Date: 29.5.11

By the Minister for Health, Ms Katy Gallagher MLA



ACT Public Hospital Services: Delivery of Additional Hospital Beds

Basis for the Capital Costing of Options

ACT Department of Treasury
March 2011

BASIS FOR THE CAPITAL COSTING OF OPTIONS

Background

On 25 February 2011 the Government released its public consultation and discussion papers on the delivery of additional hospital beds in ACT public health care system. These papers identified the need for a minimum of 400 additional beds over the next 15 years, and presented five costed options for delivering this increase.

This paper provides the details of cost estimates outlined in those papers.

Approach and Methodology

The construction costs for all options were derived through a two step process. First, design and planning consultants Thinc Health were engaged to determine the space required to deliver additional beds at existing facilities and potential new sites. The space requirements were estimated from benchmarks, established as part the Canberra Hospital Project Definition Plan, based on comparable tertiary hospital developments in New South Wales, Queensland and Western Australia. These requirements were then tested and refined using the Hospital Capital Planning Module (developed by Victoria's Department of Human Services) where it was difficult to establish a suitable benchmark from developments in other states.

The second step involved cost consultants, Rider Levett Bucknall, developing preliminary cost estimates. This involved estimating the unit cost per square meter for the space required, as well as considering other associated development costs, such as project management, design, site works, contingencies and staging and decanting.

The cost estimates in this paper are not final budget estimates as the analysis is differential in nature. This means costs relevant to all options have been excluded as they are not required for comparison purposes. Depending upon the option adopted, detailed design work and project sketches will need to be undertaken prior to costs being finalised. Notwithstanding this, Treasury considers the cost estimates to be fit for the purposes of consultation and comparison.

External Review

The options analysis paper and associated costings have been subject to two independent reviews by experts in the field of Health policy and costings, namely Ernst and Young, and Macroeconomics. Following the review, Ernst and Young confirmed that the processes used to develop the construction costs were reasonable and robust. Similarly, Dr Lesley Russell of Macroeconomics indicated that the options analysis provided a sound basis for the commencement of public consultation.

Attachments

Attachment A – Space Requirements – Thinc Health

Attachment B – Detailed Cost Estimates – Rider Levett Bucknall

Attachment A

Space Requirements **Thinc Health**

CADP Single Acute Facility Option
Health Service Planning information

Health Planning information provided by HSPU ACTH.

THA-110213

	FUTURE REQUIREMENTS LESS EXISTING									
	Option A		Option B		Option C		Option D		Option E	
	TCH 200	CH 200	TCH 400	TCH 200	NS 200	NS 400	CH 200	New Rehab		
Inpatient Beds										
Critical Care	9	0	9	0	9	8	9	9		
CCU	0	0	0	0	0	0	0	0		
Medical / Surgical	134	200	334	143	191	385	184	184		
A&D	7	0	7	7	0	7	7	7		
Speciality Day Spaces	0	0	0	0	0	0	0	0		
Dialysis	3	0	3	3	0	3	3	3		
sleep Lab	0	0	0	0	0	0	0	0		
MHAU	0	0	0	0	0	0	0	0		
Emergency	24	12	37	15	22	37	37	37		
Bays/spaces										
Interventional / Procedural										
Theatres	3	3	6	2	4	6	6	6		
Procedure Rooms - Endoscopy	2	0	2	1	1	3	3	3		
Procedure Rooms - Cardiac Cath Labs	1	0	1	1	0	0	1	1		
Rad Onc - Lin accs	2	2	2	2	2	2	2	2		
Ambulatory Care Consult Rooms	26	14	40	20	20	40	40	40		
Medical Day Treatment spaces	6	3	9	5	4	9	9	9		
Sub acute & non acute	50	0	50	50	0	0	0	0		
Older peoples mental health										200
	200	200	400	200	200	400	200	200		200

Notes:

Medical /Surgical beds includes:- All overnight beds includes all medical/surgical specialties, cancer, acute aged care, EDSU & EMU
 Table excludes women's & children's beds, day oncology treatment spaces as existing capacity is sufficient
 Existing consult rooms at have been estimated to develop a working baseline
 Assumed hydrotherapy pool existing at TCH (except it is moved for Option E - sub acute)

ACT HEALTH
Option A - Additional 200 beds on the Calvary Hospital site
Additional beds 200
THA 110208

CALVARY HOSPITAL Location/ HPU	Additional spaces			Total Space required m ²	Comments
	FPU's	BM m ²	Total m ²		
INPATIENT BEDS					
Medical surgical units	200	43	8,600	8,600	Includes acute geriatric, Q/N Cancer overnight beds.
Mental health, sub acute and non acute	-	66	-	-	-
ICU - HDU	-	71	-	-	Assumed that the newly built ICU/CCU will be retained and meet future requirement
Coronary Care Unit	-	42	-	-	-
EDSU	-	38	-	-	Included in medical/surgical overnight beds
Obstetrics & Gynaecology	-	50	-	-	-
Special Care Nursery	-	22	-	-	Included in medical surgical numbers
Delivery rooms (LDR)	-	89	-	-	-
AMBULATORY CARE					
Ambulatory care centre	14	55	770	770	TCH BM. Assumed 8 existing rooms
Medical Day Unit	3	26	78	78	Assumes 12 MD treatment spaces from Northside project
Capital Region Cancer Centre	-	38	-	-	Chairs increase, consult rooms remain unchanged at 38 rooms
Allied health	-	-	250	250	Estimate only. Benchmark for inpatients includes some gym space.
INTERVENTIONAL / PROCEDURAL					
Operating rooms	3	325	975	975	Additional rooms, DHSV BM
Interventional Suite - EDSU	0	-	-	-	See above
Procedural Suite	0	195	-	-	Only includes Endoscopy procedure rooms
EMERGENCY SERVICES					
Emergency Department	12	71	852	852	TCH BM
EMU	0	28	-	-	Included in medical/surgical overnight beds
PATHOLOGY					
Pathology - Main dept	200	1.7	340	340	DHVS BM
Pathology - Mortuary etc	200	0.57	114	114	DHVS BM
Pathology - specimen collection	2	26	52	52	-
MEDICAL IMAGING					
Medical imaging	2	170	340	340	Current dept has 1 CT, 3 XR, 3 US. Assume extra 2 modalities
PHARMACY					
	200	2	400	400	TCH BM
CLINICAL SUPPORT					
Admissions / Patient accounts / Office	200	0.3	60	60	TCH BM
Clinical Engineering, Biomedical Engineering	200	1.5	300	300	TCH BM
CSSD	200	1.6	320	320	TCH BM
Discharge Lounge	8	14	112	112	Estimate of numbers needed.
CELS	200	0.4	80	80	TCH BM
Equipment Loan Pool	200	0.1	20	20	TCH BM
Family Resource Areas	200	1.2	240	240	TCH BM
Medical Physics	-	-	-	-	Tertiary service
Medical records	-	1.4	-	-	Assumes no additional space as eMR in place
Medical Technology Systems	-	-	-	-	Tertiary service
Pastoral Care	200	0	40	40	-
Secure entrance for prisoners	-	-	-	-	TCH only
NON-CLINICAL SUPPORT					
Cafeteria	200	1	200	200	TCH BM
Food Services Unit	-	1	420	420	Finishing kitchen only. Assumes 600 patient meals per day. DHSV BM
Main Entry / Reception	200	1.5	300	300	TCH BM
Property Management and Maintenance	200	1.1	220	220	TCH BM
Receiving / Dispatch / Loading Dock	200	1.1	220	220	TCH BM
Records Management Unit	200	0.3	60	60	TCH BM
Retail	200	1	100	100	DHVS BM
Security Unit	200	0.2	40	40	TCH BM
Switch and Mail Room	200	0.2	40	40	TCH BM
Volunteers and Funding	200	0.3	60	60	TCH BM
Staff Amenities	200	1.6	320	320	TCH BM
Storage Areas	200	0.0	-	-	TCH specific
Veterans' Lounge	200	0.0	-	-	Assumed only at TCH
Ward Services	200	0.2	40	40	TCH BM
Waste, Cleaning and Linen Services	200	0.7	140	140	TCH BM
Bike parking etc	-	-	-	-	Included in staff amenities
OFFICES					
Offices - all additional spaces	-	-	1,170	1,170	5% GFA - DHSV BM
RESEARCH					
Clinical research	-	-	185	185	Assumes 0.75% of total extra GFA. DHSV BM
EDUCATION					
Education space	-	-	245	245	Assumes 1% of total GFA. DHSV BM but modified as SOC is a ACT wide resource.
Totals			17,703	17,703	
Travel and engineering 35%			6,196	6,196	
Total GFA			23,899	23,899	

Description of scope: Space per bed 119.50

Calvary Hospital will retain existing beds but be supplemented by an additional 200 acute beds. Only the clinical and non clinical support space required for additional services is included in estimates (approx 470 bed Hospital).

Notes:

TCH BM = The Canberra Hospital Benchmarks
DHSV BM = Department of Human Services Victoria Capital Benchmarks
200 additional beds provided. Where they already exist extras were added to bring totals up to 2021-22 requirements (e.g. an additional 3 Ors have been provided to add to existing 4 bringing Numbers assume that new ICU/CCU unit has opened and can accommodate a total of 16 beds

Exclusions:

1. SOC
2. Mental Health services (Adult & Young persons)
3. Current Women's & Childrens services capital project
4. Car parking - new facility and additional requirements
5. Staff & visitor amenities such as accommodation, childcare etc
6. Community Health Services
7. Major subacute / non-acute services including hydrotherapy pool
8. Data centre & other site infrastructure requirements

ACT HEALTH
Oplion A - Additional 200 beds on the Canberra Hospital site
Additional beds 200
THA 110213

CANBERRA HOSPITAL Location/HPU	Additional spaces			Total Space required m ²	Cab Sub Review Comments
	FJUs	BM m ²	Total m ²		
INPATIENT BEDS					
Medical surgical units	134	43	5,762	5,762	Includes acute geriatric, ON Cancer overnight beds
Sub acute	50	66	3,300	3,300	Treated as a med/surg bed
MAPU	-	45	-	-	Treated as a med/surg bed
SAPU	-	42	-	-	Treated as a med/surg bed
ICU - HDU	9	71	639	639	
Coronary Care Unit	-	42	-	-	
Withdrawal management	7	70	490	490	Treated as a med/surg bed
EDSU	-	-	-	-	
Sleep studies	3	48	144	144	DHSV BM
Obstetrics & Gynaecology	-	-	-	-	Assumes construction of W&C beds underway
Special Care Nursery	-	-	-	-	Assumes construction of W&C beds underway
Paediatrics	-	-	-	-	Assumes construction of W&C beds underway
NICU	-	-	-	-	Assumes construction of W&C beds underway
Delivery rooms (LDR)	-	-	-	-	Assumes construction of W&C beds underway
AMBULATORY CARE					
Ambulatory care centre	26	55	1,430	1,430	TCH BM. We have assumed for this analysis that there are 40 existing rooms.
Allied Health	-	-	410	410	Space allocation for new development
Medical Day Unit	6	26	156	156	HTH BEDS
Acute Renal Dialysis	-	-	-	-	No change
Child at Risk Health Unit	-	-	-	-	No change
Opied Clinic	-	-	-	-	No change
Sexual Health & Clinical Forensics	-	-	-	-	No change
Capital Region Cancer Centre	-	0	-	-	Assumes project is under construction
Hydrotherapy pool	-	-	-	-	
INTERVENTIONAL/ PROCEDURAL					
Operating rooms	3	325	975	975	Additional rooms. DHSV BM
Interventional Suite - EDSU	-	-	-	-	See above
Procedural Suite - endoscopy	2	195	390	390	DHSV BM
Procedure suite - cath labs	1	260	260	260	DHSV BM
EMERGENCY SERVICES					
Emergency Department	24	71	1,704	1,704	Includes ED Imaging & MAHU
EMU	0	28	-	-	Included in medical/surgical overnight beds
PATHOLOGY					
Pathology - Main dept	200	3.6	720	720	DHSV BM
Pathology - Mortuary etc	200	0.625	125	125	DHSV BM
Pathology - specimen collection	2	26	52	52	Current is estimate only. Now done in Pathology. TCH BM
MEDICAL IMAGING					
Medical Imaging Level 1	4	160	640	640	Current no.s MRI 2, CT 2, PET 1, 4 Xray, 1 screening, 4 US, 4 NM, 2 angio, 1 BD, 1 mammo. Assumes 1 CT, 2 US, 1 MRI - DHSV BM
PHARMACY					
	200	2	400	400	TCH BM
RADIATION ONCOLOGY					
Additional Linear Accelerators	2	500	1,000	1,000	
CLINICAL SUPPORT					
Admissions / Patient accounts / Office	200	0.0	-	-	TCH BM
Clinical Engineering, Biomedical Engineering	200	1.5	300	300	TCH BM
CSSD	200	1.6	320	320	TCH BM
Discharge Lounge	3	14	42	42	Estimate of current only.
CELS	200	0.4	80	80	TCH BM
Equipment Loan Pool	200	0.1	20	20	TCH BM
Family Resource Areas - general	200	1.2	240	240	TCH BM
Family Resource - ATSI	200	0.1	20	20	TCH BM
Medical Physics	200	0.3	60	60	No change
Medical records	-	-	-	-	Assumes no additional space as eMR in place
Medical Technology Systems	200	0.2	40	40	No change
Pastoral Care	200	-	50	50	Estimate only
Secure entrance for prisoners	-	-	-	-	Included in main entry space
NON-CLINICAL SUPPORT					
Cafeteria	200	1	200	200	TCH BM
Food Services Unit	-	-	300	300	Stage 3 full production; additional space of 300m2 for trolley storage etc.
Main Entry / Reception	200	1.5	300	300	TCH BM
Property Management and Maintenance	200	1.1	220	220	TCH BM
Receiving / Dispatch / Loading Dock	200	1.1	220	220	TCH BM
Records Management Unit	200	0.3	60	60	TCH BM
Retail	200	0.8	160	160	DHSV BM
Security Unit	200	0.2	40	40	TCH BM
Switch and Mail Room	200	0.2	40	40	TCH BM
Volunteers and Funding	200	0.3	60	60	TCH BM
Staff Amenities	200	1.6	320	320	TCH BM
Storage Areas	200	0.0	20	20	Estimate only
Veterans' Lounge	200	0.0	20	20	Estimate only
Ward Services	200	0.2	40	40	TCH BM
Waste, Cleaning and Linen Services	200	0.7	140	140	TCH BM
Bike parking etc	-	-	-	-	Included in staff amenities
OFFICES					
Offices - all additional spaces	-	-	1,324	1,324	DHSV BM - 5% of GFA
RESEARCH					
Research - Animal House	-	-	1,000	1,000	Estimate only wet and dry
EDUCATION					
Education space	-	-	320	320	To supplement existing services provided in SDC
Totals			24,553	24,553	
Travel and engineering 35%			8,594	8,594	
Total GFA			33,147	33,147	

Description of scope: Space / bed 165.73
TCH provides a tertiary hospital for the ACT. Significant clinical and non clinical support services are included. An additional 200 beds have been included and the clinical and non clinical support requirements to support these beds.
Assumes that current beds exist but are already supported by associated space.

- Notes:
TCH BM - The Canberra Hospital Benchmarks
DHSV BM - Department of Human Services Victoria Capital Benchmarks
- Exclusions:
1. SDC
2. Mental Health services (Adult & Young persons)
3. Current Women's & Childrens services capital project
4. Car parking - new facility and additional requirements
5. Staff & visitor amenities such as accommodation, childcare etc
6. Community Health Services
7. Major subacute / non-acute services
8. Data centre & other site infrastructure requirements
- Additional beds, which are planned in addition to full CADP scope for the TCH site are made up of 50 sub acute and 150 acute.

ACT HEALTH
Option B - Additional 400 beds on the Canberra Hospital site
Additional beds 400
THA 110213

CANNBERRA HOSPITAL Location/ HPU	Additional spaces			Total Space required m ²	Cab Sub Review Comments
	FPU's	BM m ²	Total m ²		
INPATIENT BEDS					
Medical surgical units	334	43	14,362	14,362	Includes acute geriatric, ON Cancer overnight beds
Sub acute	50	66	3,300	3,300	
MAFU	-	45	-	-	Treated as a med/surg bed
SAPU	-	42	-	-	Treated as a med/surg bed
ICU - HDU	9	71	639	639	
Coronary Care Unit	-	42	-	-	
Withdrawal management	7	70	490	490	
EDSU	-	-	-	-	Included in medical/surgical overnight beds
Sleep studies	3	48	144	144	DHSV BM
Obstetrics & Gynaecology	-	-	-	-	Assumes construction of W&C beds underway
Special Care Nursery	-	-	-	-	Assumes construction of W&C beds underway
Paediatrics	-	-	-	-	Assumes construction of W&C beds underway
NICU	-	-	-	-	Assumes construction of W&C beds underway
Delivery rooms (LDR)	-	-	-	-	Assumes construction of W&C beds underway
AMBULATORY CARE					
Ambulatory care centre	40	55	2,200	2,200	TCH BM. We have assumed for this analysis that there are 40 existing room
Allied Health	-	-	410	410	Space allocation for new development
Medical Day Unit	9	26	234	234	HITH BEDS
Acute Renal Dialysis	-	-	-	-	No change
Child at Risk Health Unit	-	-	-	-	No change
Optical Clinic	-	-	-	-	No change
Sexual Health & Clinical Forensics	-	-	-	-	No change
Capital Region Cancer Centre	-	0	-	-	Assumes project is under construction
Hydrotherapy pool	-	-	-	-	
INTERVENTIONAL/ PROCEDURAL					
Operating rooms	6	325	1,950	1,950	Additional rooms, DHSV BM
Interventional Suite - EDSU	-	-	-	-	See above
Procedural Suite - endoscopy	2	195	390	390	DHSV BM
Procedure suite - cath labs	1	260	260	260	DHSV BM
EMERGENCY SERVICES					
Emergency Department	37	71	2,627	2,627	Includes ED Imaging & MAHU
EMU	0	28	-	-	Included in medical/surgical overnight beds
PATHOLOGY					
Pathology - Main dept	400	3.6	1,440	1,440	DHSV BM
Pathology - Mortuary etc	400	0.825	250	250	DHSV BM
Pathology - specimen collection	4	26	104	104	Current is estimate only. Now done in Pathology, TCH BM
MEDICAL IMAGING					
Medical Imaging Level 1	8	160	1,280	1,280	Current no.s MRI 2, CT 2, PET 1, 4 Xray, 1 screening, 4 US, 4 NM, 2 angio, 1 BD, 1 mammo Assumes 1 CT, 2 US, 1 MRI - DHSV BM
PHARMACY					
	400	2	800	800	TCH BM
RADIATION ONCOLOGY					
Additional Linear Accelerators	2	500	1,000	1,000	
CLINICAL SUPPORT					
Admissions / Patient accounts / Office	400	0.0	-	-	TCH BM
Clinical Engineering, Biomedical Engineering	400	1.5	600	600	TCH BM
CSSD	400	1.5	600	600	TCH BM
Discharge Lounge	8	14	112	112	Estimate of current only.
CELS	400	0.4	160	160	TCH BM
Equipment Loan Pool	400	0.1	40	40	TCH BM
Family Resource Areas - general	400	1.2	480	480	TCH BM
Family Resource - ATSI	400	0.1	40	40	TCH BM
Medical Physics	400	0.3	120	120	No change
Medical records	-	-	-	-	Assumes no additional space as eMR in place
Medical Technology Systems	400	0.2	80	80	No change
Pastoral Care	400	-	50	50	Estimate only
Secure entrance for prisoners	-	-	-	-	Included in main entry space
NON-CLINICAL SUPPORT					
Cafeteria	400	1	400	400	TCH BM
Food Services Unit	-	-	450	450	Stage 3 full production, additional space of 450m2 for trolley storage etc
Main Entry / Reception	400	1.5	600	600	TCH BM
Property Management and Maintenance	400	1.1	440	440	TCH BM
Receiving / Dispatch / Loading Dock	400	1.1	440	440	TCH BM
Records Management Unit	400	0.3	120	120	TCH BM
Retail	400	0.8	320	320	DHSV BM
Security Unit	400	0.2	80	80	TCH BM
Switch and Mail Room	400	0.2	80	80	TCH BM
Volunteers and Funding	400	0.3	120	120	TCH BM
Staff Amenities	400	1.5	320	320	TCH BM
Storage Areas	400	0.0	20	20	Estimate only
Veterans' Lounge	400	0.0	20	20	Estimate only
Ward Services	400	0.2	80	80	TCH BM
Waste, Cleaning and Linen Services	400	0.7	280	280	TCH BM
Bike parking etc	-	-	-	-	Included in staff amenities
OFFICES					
Offices - all additional spaces	-	-	2,515	2,515	DHSV BM - 5% of GFA
RESEARCH					
Research - Animal House	-	-	1,500	1,500	Estimate only wet and dry
EDUCATION					
Education space	-	-	640	640	To supplement existing services provided in SDC
Total			42,627	42,627	
Travel and engineering 35%			14,919	14,919	
Total GFA			57,546	57,546	

Description of scope: Space / bed 143.87
TCH provides a tertiary hospital for the ACT. Significant clinical and non clinical support services are included. An additional 200 beds have been included and the clinical and non clinical support requirements to support these beds. Assumes that current beds exist but are already supported by associated space.

Notes:
TCH BM - The Canberra Hospital Benchmarks
DHSV BM - Department of Human Services Victoria Capital Benchmarks
Additional beds, which are planned in addition to full CADD scope

- Exclusions:
- SDC
 - Mental Health services (Adult & Young persons)
 - Current Women's & Childrens services capital project
 - Car parking - new facility and additional requirements
 - Staff & visitor amenities such as accommodation, childcare etc
 - Community Health Services
 - Major subacute / non-acute services
 - Data centre & other site infrastructure requirements

ACT HEALTH
Option C - Additional 200 beds on the Canberra Hospital site
Additional beds 200
THA 110213

CAMBERRA HOSPITAL Location/ HPU	Additional spaces			Total Space required m ²	Cab Sub Review Comments
	FPU's	BM m ²	Total m ²		
INPATIENT BEDS					
Medical surgical units	143	43	6,149	6,149	Includes acute geriatric, O/N Cancer overnight beds
Sub acute	50	66	3,300	3,300	
MAPU	-	45	-	-	Treated as a med/surg bed
SAPU	-	42	-	-	Treated as a med/surg bed
ICU - HDU	-	71	-	-	
Coronary Care Unit	-	42	-	-	
Withdrawal management	7	70	490	490	
EDSU	-	-	-	-	Included in medical/surgical overnight beds
Sleep studies	3	48	144	144	DHSV BM
Gynaecology & Obstetrics	-	-	-	-	Assumes construction of W&C beds underway
Special Care Nursery	-	-	-	-	Assumes construction of W&C beds underway
Paediatrics	-	-	-	-	Assumes construction of W&C beds underway
NICU	-	-	-	-	Assumes construction of W&C beds underway
Delivery rooms (LDR)	-	-	-	-	Assumes construction of W&C beds underway
AMBULATORY CARE					
Ambulatory care centre	20	55	1,100	1,100	TCH BM. We have assumed for this analysis that there are 40 existing room
Allied Health	-	-	410	410	Space allocation for new development
Medical Day Unit	5	26	130	130	
Acute Renal Dialysis	-	-	-	-	No change
Child at Risk Health Unit	-	-	-	-	No change
Optical Clinic	-	-	-	-	No change
Sexual Health & Clinical Forensics	-	-	-	-	No change
Capital Region Cancer Centre	-	0	-	-	Assumes project is under construction
Hydrotherapy pool	-	-	-	-	Updated as it is assumed to be existing
INTERVENTIONAL/ PROCEDURAL					
Operating rooms	2	325	650	650	Additional rooms, DHSV BM
Interventional Suite - EDSU	-	-	-	-	See above
Procedural Suite - endoscopy	1	195	195	195	DHSV BM
Procedure suite - cath labs	1	260	260	260	DHSV BM
EMERGENCY SERVICES					
Emergency Department	15	71	1,065	1,065	Includes ED imaging & MAHU
EMU	0	28	-	-	Included in medical/surgical overnight beds
PATHOLOGY					
Pathology - Main dept	200	3.6	720	720	DHSV BM
Pathology - Mortuary etc	200	0.625	125	125	DHSV BM
Pathology - specimen collection	2	26	52	52	Current estimate only. Now done in Pathology. TCH BM
MEDICAL IMAGING					
Medical Imaging Level 1	4	160	640	640	Current no s MRI 2, CT 2, PET 1, 4 Xray, 1 screening, 4 US, 4 NM, 2 angio, 1 BD, 1 mammo Assumes 1 CT, 2 US, 1 MRI - DHSV BM
PHARMACY					
	200	2	400	400	TCH BM
RADIATION ONCOLOGY					
Additional Linear Accelerators	2	500	1,000	1,000	
CLINICAL SUPPORT					
Admissions / Patient accounts / Office	200	0.0	-	-	TCH BM
Clinical Engineering, Biomedical Engineering	200	1.5	300	300	TCH BM
CSSD	200	1.6	320	320	TCH BM
Discharge Lounge	3	14	42	42	Estimate of current only.
CELS	200	0.4	80	80	TCH BM
Equipment Loan Pool	200	0.1	20	20	TCH BM
Family Resource Areas - general	200	1.2	240	240	TCH BM
Family Resource - ATSI	200	0.1	20	20	TCH BM
Medical Physics	200	0.3	60	60	No change
Medical records	200	0.2	40	40	Assumes no additional space as eMR in place
Medical Technology Systems	200	-	-	-	No change
Pastoral Care	200	-	50	50	Estimate only
Secure entrance for prisoners	-	-	-	-	Included in main entry space
NON-CLINICAL SUPPORT					
Cafeteria	200	1	200	200	TCH BM
Food Services Unit	1	300	300	300	Stage 3 full production, additional space of 300m ² for trolley storage etc
Main Entry / Reception	200	1.5	300	300	TCH BM
Property Management and Maintenance	200	1.1	220	220	TCH BM
Receiving / Dispatch / Loading Dock	200	1.1	220	220	TCH BM
Records Management Unit	200	0.3	60	60	TCH BM
Retail	200	0.8	160	160	DHSV BM
Security Unit	200	0.2	40	40	TCH BM
Switch and Mail Room	200	0.2	40	40	TCH BM
Volunteers and Funding	200	0.3	60	60	TCH BM
Staff Amenities	200	1.6	320	320	TCH BM
Storage Areas	200	0.0	20	20	Estimate only
Veterans Lounge	200	0.0	20	20	Estimate only
Ward Services	200	0.2	40	40	TCH BM
Waste, Cleaning and Linen Services	200	0.7	140	140	TCH BM
Bike parking etc	-	-	-	-	Included in staff amenities
OFFICES					
Offices - all additional spaces	-	-	1,430	1,430	DHSV BM - 5% of GFA
RESEARCH					
Research - Animal House	-	-	1,000	1,000	Estimate only wet and dry
EDUCATION					
Education space	-	-	320	320	To supplement existing services provided in SDC
Totals					
Travel and engineering 35%	-	-	22,892	22,892	
Total GFA			30,904	30,904	

Description of scope: Space / bed 154.52
TCH provides a tertiary hospital for the ACT. Significant clinical and non clinical support services are included. An additional 200 beds have been included and the clinical and non clinical support requirements to support these beds. Assumes that current beds exist but are already supported by associated space.

Notes:
TCH BM = The Canberra Hospital Benchmarks
DHSV BM - Department of Human Services Victoria Capital Benchmarks

Additional beds, which are planned in addition to full CADP scope for the TCH site are made up of 50 sub acute and 150 acute.

Exclusions:
1. SDC
2. Mental Health services (Adult & Young persons)

3. Current Women's & Childrens services capital project
4. Car parking - new facility and additional requirements
5. Staff & visitor amenities such as accommodation, childcare etc
6. Community Health Services
7. Major subacute / non-acute services
8. Data centre & other site infrastructure requirements

ACT HEALTH
Option C - New acute Northside Hospital on a greenfield site with 200 acute beds
Additional beds
THA 110208

NORTHSIDE HOSPITAL				Total Space required m ²	
Location/ HPU	FPU's	BM m ²	Total m ²		Comments
INPATIENT BEDS					
Medical surgical units	191	43	8,213	8,213	includes acute geriatric, ON Cancer overnight beds (these beds have been reduced from the 272 bed option)
Sub acute	-	66	-	-	
ICU - HDU	9	71	639	639	
Coronary Care Unit	-	42	-	-	
EDSU	-	38	-	-	Included in medical/surgical overnight beds
Obstetrics & Gynaecology	-	50	-	-	
Special Care Nursery	-	22	-	-	Additional beds only - DHSV BM, L5 facility
Delivery rooms (LDR)	-	89	-	-	DHSV BM - Number of rooms advised by ACTH for a previous option.
AMBULATORY CARE					
Ambulatory care centre	20	55	1,100	1,100	TCH BM
Medical Day Unit	4	26	104	104	
Capital Region Cancer Service	-	36	-	-	Treatment spaces only
Allied health	-	-	250	250	Estimate only. Benchmark for inpatient includes some inpatient gym space
INTERVENTIONAL/ PROCEDURAL					
Operating rooms	4	325	1,300	1,300	Additional rooms. DHSV BM
Interventional Suite - EDSU	-	-	-	-	See above (inpatient areas)
Procedural Suite	1	195	195	195	
EMERGENCY SERVICES					
Emergency Department	22	71	1,562	1,562	TCH BM
EMU	0	28	-	-	Included in medical/surgical overnight beds
PATHOLOGY					
Pathology - Main dept	200	1.7	340	340	DHSV BM - Pathology L4 facility
Pathology - Mortuary etc	200	0.57	114	114	
Pathology - specimen collection	2	26	52	52	As per medical day treatment space
MEDICAL IMAGING					
	8	175	1,400	1,400	Assumes CT 1, US 3, XR 3, MRI 1, DHSV BM L4 service
PHARMACY					
	200	2	400	400	TCH BM
RADIATION ONCOLOGY					
	0	-	-	-	
CLINICAL SUPPORT					
Admissions / Patient accounts / Office	200	0.3	60	60	TCH BM
Clinical Engineering, Biomedical Engineering	200	1.5	300	300	TCH BM
CSSD	200	1.6	320	320	TCH BM
Discharge Lounge	8	14	112	112	Estimate of requirements - TCH BM
CELS	200	0.4	80	80	TCH BM
Equipment Loan Pool	200	0.1	20	20	TCH BM
Family Resource Areas - general	200	1.2	240	240	TCH BM
Family Resource - ATSI	200	0.1	20	20	TCH BM
Medical Physics	-	-	-	-	Tertiary service
Medical records	200	1.4	280	280	estimate.
Medical Technology Systems	-	-	-	-	Tertiary service
Pastoral Care	200	0.2	40	40	DHSV BM
Secure entrance for prisoners	-	-	-	-	Assume provided at TCH only
NON-CLINICAL SUPPORT					
Cafeteria	200	1	200	200	TCH BM
Food Services Unit	-	0.7	420	420	DHSV BM - Assumes 600 meals per day
Main Entry / Reception	200	1.5	300	300	TCH BM
Property Management and Maintenance	200	1.1	220	220	TCH BM
Receiving / Dispatch / Loading Dock	200	1.1	220	220	TCH BM
Records Management Unit	200	0.3	60	60	TCH BM
Retail - original	200	0.5	100	100	DHSV BM L5
Security Unit	200	0.2	40	40	TCH BM
Switch and Mail Room	200	0.2	40	40	TCH BM
Volunteers and Funding	200	0.3	60	60	TCH BM
Staff Amenities	200	1.6	320	320	TCH BM
Veterans' Lounge	0	0.0	-	-	Assumes that it is located at TCH only
Ward Services	200	0.2	40	40	TCH BM
Waste, Cleaning and Linen Services	200	0.7	140	140	TCH BM
Bike parking etc	-	-	-	-	Included in staff amenities
OFFICES					
Office - clinical and admin	-	-	1,292	1,292	DHSV BM is 5% of total GFA.
RESEARCH					
Clinical	-	-	200	200	DHSV BM 0.75% of total GFA
EDUCATION					
Education space	-	-	275	275	DHSV BM is 3.3% of total GFA. As an ACT wide DSDC is planned, 1% used
Totals			21,068	21,068	
Travel and engineering 35%			7,374	7,374	
Total GFA			28,442	28,442	

Description of scope: **Space / bed** 142.21
A stand alone acute hospital with 200 beds is provided on the Northside. Assume a level 4-5 role delineation.

Notes:
TCH BM = The Canberra Hospital Benchmarks
DHSV BM = Department of Human Services Victoria Capital Benchmarks

Exclusions:
1. Mental Health services
2. Car parking - new facility and additional requirements

3. Supplementary services for staff and visitors including accommodation, childcare etc
4. Community Health Services
5. Data centre & other site infrastructure requirements
6. Hydrotherapy pool

ACT HEALTH
Option D - Northside Hospital on a greenfield site with 400 acute beds
Additional beds 400
THA 110213

NORTHSIDE HOSPITAL				Total Space	
Location/ HPU	FPU's	BM m²	Total m²	required m²	Tab Sub Review Comments
INPATIENT BEDS					
Medical surgical units	385	43	16,555	16,555	Includes acute geriatric, O/N Cancer overnight beds
Sub acute		86			
ICU - HDU	8	71	568	568	
Coronary Care Unit		42			
EDSU		38			Included in medical/surgical overnight beds
Wound/trauma management	7	70	490	490	
Sleep studies	3	48	144	144	
Obstetrics & Gynaecology		50			
Special Care Nursery		22			
Delivery rooms (LDR)		89			
AMBULATORY CARE					
Ambulatory care centre	40	55	2,200	2,200	TCH BM
Medical Day Unit	9	26	234	234	
Capital Region Cancer Centre		36			Treatment spaces only
Allied health			400	400	Estimate only. Benchmark for inpatient beds includes some inpatient gym space
INTERVENTIONAL/ PROCEDURAL					
Operating rooms	6	325	1,950	1,950	Additional rooms, DHSV BM
Interventional Suite - EDSU	0				See above (inpatient areas)
Procedural Suite	3	195	585	585	
EMERGENCY SERVICES					
Emergency Department	37	71	2,627	2,627	TCH BM
EMU	0	29			Included in medical/surgical overnight beds
PATHOLOGY					
Pathology - Main dept	400	1.7	680	680	DHSV BM - Pathology L4 facility
Pathology - Mortuary etc	400	0.57	228	228	
Pathology - specimen collection	4	26	104	104	As per medical day treatment space
MEDICAL IMAGING					
	13	175	2,275	2,275	Assumes CT 2, US 5, XR 4, MRI 1, Screening 1. DHSV BM L4 service
PHARMACY					
	400	2	800	800	TCH BM
RADIATION ONCOLOGY					
	2	500	1,200	1,200	An additional 200m2 added for associated services such as moulds, physics etc
CLINICAL SUPPORT					
Admissions / Patient accounts / Office	400	0.3	120	120	TCH BM
Clinical Engineering, Biomedical Engineering	400	1.5	600	600	TCH BM
GSSD	400	1.6	640	640	TCH BM
Discharge Lounge	15	14	210	210	Estimate of requirements - TCH BM
CELS	400	0.4	160	160	TCH BM
Equipment Loan Pool	400	0.1	40	40	TCH BM
Family Resource Areas - general	400	1.2	480	480	TCH BM
Family Resource - ATSI	400	0.1	40	40	TCH BM
Medical Physics					Included in rad onc component
Medical records	400	1.4	560	560	estimate
Medical Technology Systems					Included in rad onc component
Pastoral Care	400	0	80	80	DHSV BM
Secure entrance for prisoners					Assume provided at TCH only
NON-CLINICAL SUPPORT					
Cafeteria	400	1	400	400	TCH BM
Food Services Unit		1	840	840	DHSV BM - Assumes 1200 meals per day
Main Entry / Reception	400	1.5	600	600	TCH BM
Property Management and Maintenance	400	1.1	440	440	TCH BM
Receiving / Dispatch / Loading Dock	400	1.1	440	440	TCH BM
Records Management Unit	400	0.3	120	120	TCH BM
Retail - original	400	0.5	200	200	DHSV BM L5
Security Unit	400	0.2	80	80	TCH BM
Switch and Mail Room	400	0.2	80	80	TCH BM
Volunteers and Funding	400	0.3	120	120	TCH BM
Staff Amenities	400	1.6	640	640	TCH BM
Veterans' Lounge	0	0.0			Assumes that it is located at TCH only
Ward Services	400	0.2	80	80	TCH BM
Waste, Cleaning and Linen Services	400	0.7	280	280	TCH BM
Bike parking etc					Included in staff amenities
OFFICES					
Office - clinical and admin			2,650	2,650	DHVS BM is 5% of total GFA
RESEARCH					
Clinical			425	425	DHSV BM 0.75% of total GFA
EDUCATION					
Education space			560	560	DHVS BM is 3.3% of total GFA. As an ACT wide DSDC is planned, 1% used
Totals			41,865	41,865	
Travel and engineering 35%			14,653	14,653	
Total GFA			56,518	56,518	

Description of scope: Space / bed 161.48
 A stand alone acute hospital with 400 beds is provided on the Northside. Assume a level 4-5 role delineation. This revised version includes the additional 2 radiation oncology bunkers from TCH

Notes:

TCH BM - The Canberra Hospital Benchmarks

DHSV BM - Department of Human Services Victoria Capital Benchmarks

Bed numbers based on HSPU data for Northern Hospital. Medical surgical beds increased from 167 to 245 beds
 Assumes all beds are new so all space should be costed

While 2 bunkers have been added, a service split between 2 sites (TCH and new Northside) is not recommended as a suitable or sustainable solution. It has been included so that each option is consistent

Exclusions:

1. Mental Health services
2. Car parking - new facility and additional requirements
3. Supplementary services for staff and visitors including accommodation, childcare etc
4. Community Health Services
5. Data centre & other site infrastructure requirements
6. Hydrotherapy pool
7. Helipad

ACT HEALTH
Option E - Additional 200 beds on the Calvary Hospital site
Additional beds 200
THA 110213

CALVARY HOSPITAL Location/ HPU	Additional spaces			Total Space required m ²	Comments
	FPU's	BM m ²	Total m ²		
INPATIENT BEDS					
Medical surgical units	191	43	8,213	8,213	Includes med. surg. cancer and acute periatrics, EDSU and withdrawal management requirements.
Mental health, sub acute and non acute	-	66	-	-	
ICU - HDU	9	71	639	639	Assumed that the newly built ICU/CCU will be retained and meet future requirement
Coronary Care Unit	-	42	-	-	
EDSU	-	38	-	-	Included in medical/surgical overnight beds
Obstetrics & Gynaecology	-	50	-	-	
Special Care Nursery	-	22	-	-	Included in medical surgical numbers
Delivery rooms (LDR)	-	89	-	-	
Sleep studies	3	48	144	144	
AMBULATORY CARE					
Ambulatory care centre	40	55	2,200	2,200	TCH BM, Assumed 8 existing rooms
Medical Day Unit	9	26	234	234	Assumes 12 MD treatment spaces from Northside project
Capital Region Cancer Centre	-	36	-	-	Chairs increase, consult rooms remain unchanged at 36 rooms
Allied health	-	-	250	250	Estimate only, Benchmark for inpatients includes some gym space.
INTERVENTIONAL/PROCEDURAL					
Operating rooms	6	325	1,950	1,950	Additional rooms, DHSV BM
Interventional Suite - EDSU	0	-	-	-	See above
Procedural Suite - endoscopy	3	195	585	585	Only includes Endoscopy procedure rooms
Procedural Suite - cath lab	1	260	260	260	
EMERGENCY SERVICES					
Emergency Department	37	71	2,627	2,627	TCH BM
EMU	0	28	-	-	Included in medical/surgical overnight beds
PATHOLOGY					
Pathology - Main dept	200	1.7	340	340	DHVS BM
Pathology - Mortuary etc	200	0.57	114	114	DHVS BM
Pathology - specimen collection	2	26	52	52	
MEDICAL IMAGING					
Medical imaging	2	170	340	340	Current dept has 1 CT, 3 XR, 3 US. Assume extra 2 modalities
PHARMACY					
	200	2	400	400	TCH BM
RADIATION ONCOLOGY					
	2	500	1,200	1,200	An additional 200m2 added for associated services such as moulds, physics etc.
CLINICAL SUPPORT					
Admissions / Patient accounts / Office	200	0.3	60	60	TCH BM
Clinical Engineering, Biomedical Engineering	200	1.5	300	300	TCH BM
CSSD	200	1.6	320	320	TCH benchmark
Discharge Lounge	8	14	112	112	Estimate of numbers needed.
CELS	200	0.4	80	80	TCH BM
Equipment Loan Pool	200	0.1	20	20	TCH BM
Family Resource Areas	200	1.2	240	240	TCH BM
Medical Physics	-	-	-	-	Tertiary service
Medical records	200	1.4	280	280	Assumes no additional space as eMR in place
Medical Technology Systems	-	-	-	-	Included in Rad Onc allocation
Palliative Care	200	0	40	40	
Secure entrance for prisoners	-	-	-	-	TCH only
NON-CLINICAL SUPPORT					
Cafeteria	200	1	200	200	TCH BM
Food Services Unit	-	-	420	420	Finishing kitchen only. Assumes 600 patient meals per day, DHSV BM
Main Entry / Reception	200	1.5	300	300	TCH BM
Property Management and Maintenance	200	1.1	220	220	TCH BM
Receiving / Dispatch / Loading Dock	200	1.1	220	220	Estimate only
Records Management Unit	200	0.3	60	60	TCH BM
Retail	200	1	100	100	DHVS BM
Security Unit	200	0.2	40	40	TCH BM
Switch and Mail Room	200	0.2	40	40	TCH BM
Volunteers and Funding	200	0.3	60	60	TCH BM
Staff Amenities	200	1.6	320	320	TCH BM
Storage Areas	200	0.0	-	-	TCH specific
Veterans Lounge	200	0.0	-	-	Assumed only at TCH
Ward Services	200	0.2	40	40	TCH BM
Waste, Cleaning and Linen Services	200	0.7	140	140	TCH BM
Bike parking etc	-	-	-	-	Included in staff amenities
OFFICES					
Offices - all additional spaces	-	-	1,575	1,575	5% GFA - DHSV BM
RESEARCH					
Clinical research	-	-	250	250	Assumes 0.75% of total extra GFA, DHSV BM
EDUCATION					
Education space	-	-	335	335	Assumes 1% of total GFA, DHSV BM but modified as SDC is a ACT wide resource.
Totals			25,320	25,320	
Travel and engineering 35%			8,862	8,862	
Total GFA			34,182	34,182	

Description of scope: Space per bed 170.91
 Calvary Hospital will retain existing beds but be supplemented by an additional 200 acute beds. Only the clinical and non clinical support space required for additional services is included in estimates.

Notes:
 TCH BM = The Canberra Hospital Benchmarks
 DHSV BM - Department of Human Services Victoria Capital Benchmarks
 200 additional beds provided. Where they already exist extras
 Numbers assume that new ICU/CCU unit has opened

- Exclusions:
1. SDC
 2. Mental Health services (Adult & Young persons)
 3. Current Women's & Childrens services capital project
 4. Car parking - new facility and additional requirements
 5. Staff & visitor amenities such as accommodation, childcare etc
 6. Community Health Services
 7. Major subacute / non-acute services including hydrotherapy pool
 8. Data centre & other site infrastructure requirements

ACT HEALTH
Option E - Additional 200 sub acute beds on a new site
Additional beds
THA 110213

REHABILITATION HOSPITAL Location/HPU	Additional spaces			Total Space required m ²	Comments
	FPU's	BM m ²	Total m ²		
INPATIENT BEDS					
Sub acute (rehab type)	100	66	11,880	11,880	Assumes sub acute rehab/ transitional/ non acute beds with significant shared support for therapies etc
Sub acute (mental health type eg older persons)	20	109	2,060	2,060	
AMBULATORY CARE					
Ambulatory care centre		55			Assumes follow up occurs in EHC/C CHCs
Medical Day Unit		26			Assumes occurs in acute hospitals
Allied health					Inpatient only. Allocated in benchmark for sub acute beds
INTERVENTIONAL/PROCEDURAL					
EMERGENCY SERVICES					
				0	None assumed
PATHOLOGY					
			75	75	Minimal space provided for collection staff from TCH campus. Estimate only
MEDICAL IMAGING					
				0	None assumed
PHARMACY					
			75	75	Central store and workspace for minimal staff. Estimate only
CLINICAL SUPPORT					
Admissions / Patient accounts / Office	200	0.3	60	60	TCH BM
Clinical Engineering, Biomedical Engineering	200	1.5	300	300	TCH BM
CSSD		1.6			TCH benchmark
Discharge Lounge		14			None assumed. Planned discharge planning
CELS	200	0.0	200	200	Estimate only. Large allocation owing to nature of business
Equipment Loan Pool	200	0.1	20	20	TCH BM. Assume main loan pool at Village Creek
Family Resource Areas	200	1.2	240	240	TCH BM
Medical Physics					Tertiary service
Medical records	200	1.4	280	280	
Medical Technology Systems					Tertiary service
Restoral Care	200	0	40	40	
Secure entrance for prisoners					TCH only
Hydrotherapy pool	1		350	350	
NON-CLINICAL SUPPORT					
Cafeteria	200	1	200	200	TCH BM
Food Services Unit	200	1	420	420	Finishing kitchen only. Assumes 600 patient meals per day. DHSV BM
Main Entry / Reception	200	1.5	300	300	TCH BM
Property Management and Maintenance	200	1.1	220	220	TCH BM
Receiving / Dispatch / Loading Dock	200		400	400	Estimate only
Records Management Unit	200	0.3	60	60	TCH BM
Retail	200	1	100	100	DHSV BM
Security Unit	200	0.2	40	40	TCH BM
Switch and Mail Room	200	0.2	40	40	TCH BM
Volunteers and Funding	200	0.3	60	60	TCH BM
Staff Amenities	200	1.6	320	320	TCH BM
Storage Areas - CELS	200	1.0	200	200	Rehab specific owing to amount of equipment
Veterans' Lounge	200	0.0	50	50	Estimate only. Assumed high use of this facility by veterans
Ward Services	200	0.2	40	40	TCH BM
Waste, Cleaning and Linen Services	200	0.7	140	140	TCH BM
Bike parking etc					Included in staff amenities
OFFICES					
Offices - all additional spaces			1,210	1,210	5% GFA - DHSV BM
RESEARCH					
Clinical research			185	185	Assumes 0.75% of total extra GFA. DHSV BM
EDUCATION					
Education space			250	250	Assumes 1% of total GFA. DHSV BM but modified as SDC is a ACT wide resource
Totals			19,815	19,815	
Travel and engineering 35%			6,935	6,935	Cost consultant to assign rate
Total GFA			26,750	26,750	

Description of scope: Space per bed 133.75
A new stand alone sub acute hospital of 200 beds. Lower rate per bed assumed as clinical support space (such as operating rooms etc) not included

Notes:

TCH BM - The Canberra Hospital Benchmarks
DHSV BM - Department of Human Services Victoria Capital Benchmarks

Exclusions:

1. SDC
2. Mental Health services (Adult & Young persons)
3. Current Women's & Childrens services capital project
4. Car parking - new facility
5. Staff & visitor amenities such as accommodation, childcare etc
6. Community Health Services
7. Data centre & other site infrastructure requirements
8. outdoor space. Should be assumed at 1,200m² minimum

Attachment B

Detailed Cost Estimates **Rider Levett Bucknall**

ACT TREASURY HOSPITAL OPTIONS - SUMMARY										RLB Rider Levett Bucknall		
OPTION	LOCATION	DESCRIPTION	GFA	BED NUMBERS	VALUE	TOTAL VALUE	PRICE PER M ²	PRICE PER BED				
A	The Canberra Hospital	Net additional 150 acute + 50 sub-acute beds	33,147 m2	200	\$437,640,000		\$13,203	\$2,188,200				
	Calvary Hospital	Net additional 200 acute beds	23,899 m2	200	\$350,820,000	\$788,460,000	\$14,679	\$1,754,100				
B	The Canberra Hospital	Net additional 350 acute + 50 sub-acute beds	57,546 m2	400	\$832,840,000	\$832,840,000	\$14,473	\$2,082,100				
	The Canberra Hospital	Net additional 150 acute + 50 sub-acute beds	30,904 m2	200	\$407,120,000		\$13,174	\$2,035,600				
C	New Northside Hospital	Net additional 200 acute beds	28,442 m2	200	\$323,690,000	\$730,810,000	\$11,381	\$1,618,450				
	New Northside Hospital	Net additional 400 acute beds	56,599 m2	400	\$687,650,000	\$687,650,000	\$12,150	\$1,719,125				
D	Calvary Hospital	Net additional 200 acute beds	34,182 m2	200	\$510,430,000		\$14,933	\$2,552,150				
	New Northside Hospital	Net additional 200 sub-acute beds	26,750 m2	200	\$281,890,000	\$792,320,000	\$10,538	\$1,409,450				

NOTES:

- 1.) Assumed all areas to be added will be new - no refurbishment
- 2.) Rates are based upon current benchmarked data for hospitals in the region
- 3.) NB The confidence interval on the estimates is -5% to 20%. This could in principle be reduced through further work and time
- 4.) Areas are from Thinc Health's Summary Schedule spreadsheet "110215_ACT Treasury Options A-Dv7"
- 5.) Areas include an allowance for Travel & Engineering - 35%
- 6.) Consultancy fees for design and supervision are added, including for Project Director and Master Cost Planner costs
- 7.) Other development costs include feasibility studies and site investigations
- 8.) ACT Health costs are excluded
- 9.) ACT Procurement Solutions fees are excluded
- 10.) Refurbishment and modification works to existing hospital departmental areas are excluded
- 11.) The costs of leased equipment such as IT&C and office machines are excluded
- 12.) Artworks and theming are excluded
- 13.) GST is excluded
- 14.) Land acquisition costs are excluded

OPTION A - THE CANBERRA HOSPITAL - ADDING 200 NET ADDITIONAL BEDS (150 ACUTE & 50 SUB-ACUTE)										
DEVELOPMENT NEED	EXIST (E) REFURB (R) NEW (N)	REFURBISHMENT AREA m ²	ADDITIONAL AREA m ²	REFURB. EXTENT	REFURBISHMENT CONSTRUCTION RATE	NEW CONSTRUCTION RATE	TOTAL CONSTRUCTION COST	FF&E RATE	FURNITURE & EQUIPMENT	DEPARTMENT COSTS
Ambulatory Care Centre	N	0	1,996		\$0	\$3,950	\$7,880,000	\$280	\$560,000	\$8,440,000
Clinical Support	N	0	852		\$0	\$3,950	\$3,370,000	\$370	\$320,000	\$3,690,000
Offices	N	0	1,324		\$0	\$2,620	\$3,470,000	\$160	\$210,000	\$3,680,000
Emergency Services	N	0	1,704		\$0	\$3,830	\$6,530,000	\$770	\$1,310,000	\$7,840,000
Non-clinical Support	N	0	2,140		\$0	\$3,230	\$6,910,000	\$250	\$640,000	\$7,450,000
Research and education	N	0	1,320		\$0	\$3,950	\$5,210,000	\$330	\$440,000	\$5,650,000
Inpatient Units - acute	N	0	7,035		\$0	\$4,280	\$30,110,000	\$510	\$3,590,000	\$33,700,000
Inpatient Units - sub-acute	N	0	3,300		\$0	\$3,720	\$12,280,000	\$490	\$1,620,000	\$13,900,000
Interventional Suite	N	0	1,625		\$0	\$3,950	\$6,420,000	\$1,940	\$3,150,000	\$9,570,000
Medical Imaging	N	0	640		\$0	\$3,830	\$2,450,000	\$5,490	\$3,510,000	\$5,960,000
Pathology	N	0	897		\$0	\$4,280	\$3,840,000	\$1,700	\$1,520,000	\$5,360,000
Pharmacy	N	0	400		\$0	\$3,950	\$1,580,000	\$520	\$210,000	\$1,790,000
CSSD	N	0	320		\$0	\$4,000	\$1,280,000	\$680	\$220,000	\$1,500,000
Radiation Oncology	N	0	1,000		\$0	\$6,760	\$6,760,000	\$1,730	\$1,730,000	\$8,490,000
Hydrotherapy Pool	N	0	0		\$0	\$8,280	\$0	\$530	\$0	\$0
Travel & Engineering	N	0	8,594		\$0	\$4,410	\$37,900,000	\$30	\$260,000	\$38,160,000
Other		0	33,147			<i>Sub-totals</i>	<i>\$135,990,000</i>		<i>\$19,190,000</i>	<i>\$155,180,000</i>
Multi-level car parking - Excluded	N	0	0			\$900	\$0	\$20	\$0	\$0
Site preparation & demolition							\$4,500,000			\$4,500,000
Site services							\$7,500,000			\$7,500,000
Plant and engineering upgrade							\$3,900,000			\$3,900,000
Roads & on-grade parking modifications							\$3,000,000			\$3,000,000
Landscaping							\$7,500,000			\$7,500,000
Active ITC installed by InTACT							\$5,100,000			\$5,100,000
Preliminaries & Supervision							\$41,070,000			\$41,070,000
Staging, decanting & relocation costs							\$27,330,000			\$27,330,000
Contingencies							\$51,020,000			\$51,020,000
Escalation (pre & post)							\$59,360,000			\$59,360,000
Consultancy design fees							\$21,990,000			\$21,990,000
ACT Procurement Solution fees										Excl.
E-Health costs - proportional by area										\$31,400,000
Support management costs										\$18,850,000
TOTALS - TCH HOSPITAL (OPTION A - ADDITIONAL 200 BEDS)		0	33,147				\$167,490,000		\$19,190,000	\$437,640,000

OPTION A - THE CANBERRA HOSPITAL - ADDING 200 NET ADDITIONAL BEDS (150 ACUTE & 50 SUB-ACUTE)

NOTES:

- 1.) Assumed all areas to be added will be new - no refurbishment
- 2.) Contingencies are 20% of all costs - due to limited time to determine planning and costs
- 3.) Rates are based upon current benchmarked data for hospitals in the region
- 4.) Areas are from Thinc Health's Summary Schedule spreadsheet "110215_ACT_Treasury Options A-Dv7"
- 5.) Total extra bed count is 200
- 6.) NB The confidence interval on the estimates is -5% to 20%. This could in principle be reduced through further work and time
- 7.) Areas include an allowance for Travel & Engineering - 35%
- 8.) It is assumed that all the new buildings can be accommodated on the existing The Canberra Hospital site
- 9.) Site Services include water, electrical, gas, sewer and stormwater site reticulation and diversions, signage and covered ways
- 10.) Furniture and equipment is based upon departmental allowances but excludes most major medical equipment
- 11.) Staging costs for decanting and temporary works plus relocations are allowed as 12% of all costs
- 12.) Consultancy fees for design and supervision are added, including for Project Director and Master Cost Planner costs
- 13.) Other development costs include feasibility studies and site investigations
- 14.) ACT Health costs are excluded
- 15.) ACT Procurement Solutions fees are excluded
- 16.) Escalation is included - based upon 2 years of pre-commencement period and 7 years construction
- 17.) Works to the new Women & Children's Hospital, the Southern Car-parking, Mental Health Services, Skills Development Centre and the Capital Region Cancer Centre, Data Centre are excluded
- 18.) Refurbishment and modification works to existing hospital departmental areas are excluded
- 19.) The costs of leased equipment such as IT&C and office machines are excluded
- 20.) Artworks and theming are excluded
- 21.) Five Star Greenstar costs are excluded
- 22.) Digital Hospital Environmental costs are excluded
- 23.) Enhanced patient amenity factor costs are excluded
- 24.) GST is excluded

Price per Bed =	\$2,188,200
Price per m ² GFA =	\$13,203

NB Car-parking areas excluded from calculations of rate per GFA

OPTION A - THE CALVARY HOSPITAL - ADDING 200 NET ADDITIONAL BEDS (200 ACUTE & 0 SUB-ACUTE)										
DEVELOPMENT NEED	EXIST (E) REFURB (R) NEW (N)	REFURBISHMENT AREA m ²	ADDITIONAL AREA m ²	REFURB. EXTENT	REFURBISHMENT CONSTRUCTION RATE	NEW CONSTRUCTION RATE	TOTAL CONSTRUCTION COST	FF&E RATE	FURNITURE & EQUIPMENT	DEPARTMENT COSTS
Ambulatory Care Centre	N	0	1,098		\$0	\$3,950	\$4,340,000	\$280	\$310,000	\$4,650,000
Clinical Support	N	0	852		\$0	\$3,950	\$3,370,000	\$370	\$320,000	\$3,690,000
Offices	N	0	1,170		\$0	\$2,620	\$3,070,000	\$160	\$190,000	\$3,260,000
Emergency Services	N	0	852		\$0	\$3,830	\$3,260,000	\$770	\$660,000	\$3,920,000
Non-clinical Support	N	0	2,160		\$0	\$3,230	\$6,980,000	\$250	\$540,000	\$7,520,000
Research and education	N	0	430		\$0	\$3,950	\$1,700,000	\$330	\$140,000	\$1,840,000
Inpatient Units - acute	N	0	8,600		\$0	\$4,280	\$36,810,000	\$510	\$4,390,000	\$41,200,000
Inpatient Units - sub-acute	N	0	0		\$0	\$3,720	\$0	\$490	\$0	\$0
Interventional Suite	N	0	975		\$0	\$3,950	\$3,850,000	\$1,940	\$1,890,000	\$5,740,000
Medical Imaging	N	0	340		\$0	\$3,830	\$1,300,000	\$5,490	\$1,870,000	\$3,170,000
Pathology	N	0	506		\$0	\$4,280	\$2,170,000	\$1,700	\$860,000	\$3,030,000
Pharmacy	N	0	400		\$0	\$3,950	\$1,580,000	\$520	\$210,000	\$1,790,000
CSSD	N	0	320		\$0	\$4,000	\$1,280,000	\$680	\$220,000	\$1,500,000
Hydrotherapy Pool	N	0	0		\$0	\$8,280	\$0	\$530	\$0	\$0
Travel & Engineering	N	0	6,196		\$0	\$4,410	\$27,320,000	\$30	\$190,000	\$27,510,000
Other		0	23,899			Sub-totals	\$97,030,000		\$11,790,000	\$108,820,000
Multi-level car parking 900 cars	N	0	27,000			\$900	\$24,300,000	\$20	\$540,000	\$24,840,000
Site preparation & demobilisation							\$2,700,000			\$2,700,000
Site services							\$5,400,000			\$5,400,000
Plant and engineering upgrade							\$5,400,000			\$5,400,000
Roads & on-grade parking modifications							\$4,100,000			\$4,100,000
Landscaping							\$2,700,000			\$2,700,000
Active ITC installed by InTACT							\$5,000,000			\$5,000,000
Preliminaries & Supervision							\$29,510,000			\$29,510,000
Staging, dewatering & relocation costs							\$22,620,000			\$22,620,000
Contingencies							\$42,220,000			\$42,220,000
Escalation (pre & post)							\$39,060,000			\$39,060,000
Consultancy design fees							\$17,540,000			\$17,540,000
ACT Procurement Solution fees							Excl.			
E-Health costs							\$25,800,000			\$25,800,000
Support management costs							\$15,110,000			\$15,110,000
TOTALS - CALVARY HOSPITAL (OPTION A - ADDITIONAL 200 BEDS)		0	50,899				\$146,630,000		\$12,330,000	\$350,820,000

OPTION A - THE CALVARY HOSPITAL - ADDING 200 NET ADDITIONAL BEDS (200 ACUTE & 0 SUB-ACUTE)

NOTES:

- 1.) Assumed all areas to be added will be new - no refurbishment
- 2.) Additional land acquisition costs are excluded
- 3.) Contingencies are 20% of all costs - due to limited time to determine planning and costs
- 4.) Rates are based upon current benchmarked data for hospitals in the region
- 5.) Areas are from Thinc Health's Summary Schedule spreadsheet "110215_ACT Treasury Options A-Dv7"
- 6.) Total extra bed count is 200
- 7.) NB The confidence interval on the estimates is -5% to 20%. This could in principle be reduced through further work and time
- 8.) Areas include an allowance for Travel & Engineering - 35%
- 9.) It is assumed that all the new buildings can be accommodated on the existing The Calvary Hospital site
- 10.) Site Services include water, electrical, gas, sewer and stormwater site reticulation and diversions, signage and covered ways
- 11.) Furniture and equipment is based upon departmental allowances but excludes most major medical equipment
- 12.) Staging costs for decanting and temporary works plus relocations are allowed as 12% of all costs
- 13.) Consultancy fees for design and supervision are added, including for Project Director and Master Cost Planner costs
- 14.) Other development costs include feasibility studies and site investigations
- 15.) ACT Health costs are excluded
- 16.) ACT Procurement Solutions fees are excluded
- 17.) Escalation is included - based upon 2 years of pre-commencement period and 5 years construction
- 18.) Refurbishment and modification works to existing hospital departmental areas are excluded
- 19.) The costs of leased equipment such as IT&C and office machines are excluded
- 20.) Artworks and theming are excluded
- 21.) Five Star Greenstar costs are excluded
- 22.) Digital Hospital Environmental costs are excluded
- 23.) Enhanced patient amenity factor costs are excluded
- 24.) GST is excluded

Price per Bed =	\$1,754,100
Price per m ² GFA =	\$14,679

NB Car-parking areas excluded from calculations of rate per GFA

OPTION B - THE CANBERRA HOSPITAL - ADDING 400 NET ADDITIONAL BEDS (350 ACUTE & 50 SUB-ACUTE)										
DEVELOPMENT NEED	EXIST (E) REFURB (R) NEW (N)	REFURBISH-MENT AREA m ²	ADDITIONAL AREA m ²	REFURB. EXTENT	REFURBISHMENT CONSTRUCTION RATE	NEW CONSTRUCTION RATE	TOTAL CONSTRUCTION COST	FF&E RATE	FURNITURE & EQUIPMENT	DEPARTMENT COSTS
Ambulatory Care Centre	N	0	2,844		\$0	\$3,950	\$11,230,000	\$280	\$800,000	\$12,030,000
Clinical Support	N	0	1,682		\$0	\$3,950	\$6,640,000	\$370	\$620,000	\$7,260,000
Offices	N	0	2,515		\$0	\$2,620	\$6,590,000	\$160	\$400,000	\$6,990,000
Emergency Services	N	0	2,627		\$0	\$3,830	\$10,060,000	\$770	\$2,020,000	\$12,080,000
Non-clinical Support	N	0	3,770		\$0	\$3,230	\$12,180,000	\$250	\$940,000	\$13,120,000
Research and education	N	0	2,140		\$0	\$3,950	\$8,450,000	\$330	\$710,000	\$9,160,000
Inpatient Units - acute	N	0	15,635		\$0	\$4,280	\$66,920,000	\$510	\$7,970,000	\$74,890,000
Inpatient Units - sub-acute	N	0	3,300		\$0	\$3,720	\$12,280,000	\$490	\$1,620,000	\$13,900,000
Interventional Suite	N	0	2,600		\$0	\$3,950	\$10,270,000	\$1,940	\$5,040,000	\$15,310,000
Medical Imaging	N	0	1,280		\$0	\$3,830	\$4,900,000	\$5,490	\$7,030,000	\$11,930,000
Pathology	N	0	1,794		\$0	\$4,280	\$7,680,000	\$1,700	\$3,050,000	\$10,730,000
Pharmacy	N	0	800		\$0	\$3,950	\$3,160,000	\$520	\$420,000	\$3,580,000
CSSD	N	0	640		\$0	\$4,000	\$2,560,000	\$680	\$440,000	\$3,000,000
Radiation Oncology	N	0	1,000		\$0	\$6,760	\$6,760,000	\$1,730	\$1,730,000	\$8,490,000
Hydrotherapy Pool	N	0	0		\$0	\$8,280	\$0	\$530	\$0	\$0
Travel & Engineering	N	0	14,919		\$0	\$4,410	\$65,790,000	\$30	\$450,000	\$66,240,000
Other			57,546			Sub-totals	\$235,470,000		\$33,240,000	\$268,710,000
Multi-level car parking 1,000 cars	N	0	30,000			\$900	\$27,000,000	\$20	\$600,000	\$27,600,000
Site preparation & demolition							\$7,800,000			\$7,800,000
Site services							\$13,000,000			\$13,000,000
Plant and engineering upgrade							\$6,800,000			\$6,800,000
Roads & on-grade parking modifications							\$5,200,000			\$5,200,000
Landscaping							\$13,000,000			\$13,000,000
Active ITC installed by InTACT							\$8,800,000			\$8,800,000
Preliminaries & Supervision							\$71,130,000			\$71,130,000
Staging, decanting & relocation costs							\$50,640,000			\$50,640,000
Contingencies							\$94,540,000			\$94,540,000
Escalation (pre & post)							\$133,330,000			\$133,330,000
Consultancy design fees							\$42,030,000			\$42,030,000
ACT Procurement Solution fees										Excl.
E-Health costs - proportional by area										\$54,400,000
Support management costs										\$35,860,000
TOTALS - TCH HOSPITAL (OPTION B - ADDITIONAL 400 BEDS)		0	87,546				\$317,070,000		\$33,840,000	\$632,840,000

OPTION B - THE CANBERRA HOSPITAL - ADDING 400 NET ADDITIONAL BEDS (350 ACUTE & 50 SUB-ACUTE)

NOTES:

- 1.) Assumed all areas to be added will be new - no refurbishment
- 2.) Contingencies are 20% of all costs - due to limited time to determine planning and costs
- 3.) Rates are based upon current benchmarked data for hospitals in the region
- 4.) Areas are from Thinc Health's Summary Schedule spreadsheet "110215_ACT Treasury Options A-Dv7"
- 5.) Total extra bed count is 400
- 6.) NB The confidence interval on the estimates is -5% to 20%. This could in principle be reduced through further work and time
- 7.) Areas include an allowance for Travel & Engineering - 35%
- 8.) It is assumed that all the new buildings can be accommodated on the existing The Canberra Hospital site
- 9.) Site Services include water, electrical, gas, sewer and stormwater site reticulation and diversions, signage and covered ways
- 10.) Furniture and equipment is based upon departmental allowances but excludes most major medical equipment
- 11.) Staging costs for decontaminating and temporary works plus relocations are allowed as 12% of all costs
- 12.) Consultancy fees for design and supervision are added, including for Project Director and Master Cost Planner costs
- 13.) Other development costs include feasibility studies and site investigations
- 14.) ACT Health costs are excluded
- 15.) ACT Procurement Solutions fees are excluded
- 16.) Escalation is included - based upon 2 years of pre-commencement period and 9 years construction
- 17.) Works to the new Women & Children's Hospital, the Southern Car-parking, Mental Health Services, Skills Development Centre and the Capital Region Cancer Centre, Data Centre are excluded
- 18.) Refurbishment and modification works to existing hospital departmental areas are excluded
- 19.) The costs of leased equipment such as IT&C and office machines are excluded
- 20.) Artworks and theming are excluded
- 21.) Five Star Greenstar costs are excluded
- 22.) Digital Hospital Environmental costs are excluded
- 23.) Enhanced patient amenity factor costs are excluded
- 24.) GST is excluded

Price per Bed =	\$2,082,100
Price per m ² GFA =	\$14,473

NB Car-parking areas excluded from calculations of rate per GFA

OPTION C - THE CANBERRA HOSPITAL - ADDING 200 NET ADDITIONAL BEDS (150 ACUTE & 50 SUB-ACUTE)										
DEVELOPMENT NEED	EXIST (E) REFURS (R) NEW (N)	REFURBISH-MENT AREA m ²	ADDITIONAL AREA m ²	REFURB. EXTENT	REFURBISHMENT CONSTRUCTION RATE	NEW CONSTRUCTION RATE	TOTAL CONSTRUCTION COST	FF&E RATE	FURNITURE & EQUIPMENT	DEPARTMENT COSTS
Ambulatory Care Centre	N	0	1,640		\$0	\$3,950	\$6,480,000	\$280	\$460,000	\$6,940,000
Clinical Support	N	0	852		\$0	\$3,950	\$3,370,000	\$370	\$320,000	\$3,690,000
Offices	N	0	1,430		\$0	\$2,620	\$3,750,000	\$160	\$230,000	\$3,980,000
Emergency Services	N	0	1,065		\$0	\$3,830	\$4,080,000	\$770	\$820,000	\$4,900,000
Non-clinical Support	N	0	2,140		\$0	\$3,230	\$6,910,000	\$250	\$540,000	\$7,450,000
Research and education	N	0	1,320		\$0	\$3,950	\$5,210,000	\$330	\$440,000	\$5,650,000
Inpatient Units - acute	N	0	6,783		\$0	\$4,280	\$29,030,000	\$510	\$3,460,000	\$32,490,000
Inpatient Units - sub-acute	N	0	3,300		\$0	\$3,720	\$12,280,000	\$490	\$1,620,000	\$13,900,000
Interventional Suite	N	0	1,105		\$0	\$3,950	\$4,360,000	\$1,940	\$2,140,000	\$6,500,000
Medical Imaging	N	0	640		\$0	\$3,830	\$2,450,000	\$5,490	\$3,510,000	\$5,960,000
Pathology	N	0	897		\$0	\$4,280	\$3,840,000	\$1,700	\$1,520,000	\$5,360,000
Pharmacy	N	0	400		\$0	\$3,950	\$1,580,000	\$520	\$210,000	\$1,790,000
CSSD	N	0	320		\$0	\$4,000	\$1,280,000	\$680	\$220,000	\$1,500,000
Radiation Oncology	N	0	1,000		\$0	\$6,760	\$6,760,000	\$1,730	\$1,730,000	\$8,490,000
Hydrotherapy Pool	N	0	0		\$0	\$8,280	\$0	\$530	\$0	\$0
Travel & Engineering	N	0	8,012		\$0	\$4,410	\$35,330,000	\$30	\$240,000	\$35,570,000
Other		0	30,904			Sub-totals	\$126,710,000		\$17,460,000	\$144,170,000
Multi-level car parking - Excluded	N	0	0			\$900	\$0	\$20	\$0	\$0
Site preparation & demolition							\$4,200,000			\$4,200,000
Site services							\$7,000,000			\$7,000,000
Plant and engineering upgrade							\$3,700,000			\$3,700,000
Roads & on-grade parking modifications							\$2,800,000			\$2,800,000
Landscaping							\$7,000,000			\$7,000,000
Active ITC installed by InTACT							\$4,800,000			\$4,800,000
Preliminaries & Supervision							\$38,210,000			\$38,210,000
Staging, decanting & relocation costs							\$25,430,000			\$25,430,000
Contingencies							\$47,460,000			\$47,460,000
Escalation (pre & post)							\$55,220,000			\$55,220,000
Consultancy design fees							\$20,400,000			\$20,400,000
ACT Procurement Solution fees										Excl.
E-Health costs - proportional by area										\$29,200,000
Support management costs										\$17,530,000
TOTALS - TCH HOSPITAL (OPTION C - ADDITIONAL 200 BEDS)		0	30,904				\$156,210,000		\$17,460,000	\$407,120,000

OPTION C - THE CANBERRA HOSPITAL - ADDING 200 NET ADDITIONAL BEDS (150 ACUTE & 50 SUB-ACUTE)

NOTES:

- 1.) Assumed all areas to be added will be new - no refurbishment
- 2.) Contingencies are 20% of all costs - due to limited time to determine planning and costs
- 3.) Rates are based upon current benchmarked data for hospitals in the region
- 4.) Areas are from Thinc Health's Summary Schedule spreadsheet "110215_ACT Treasury Options A-Dv7"
- 5.) Total extra bed count is 200
- 6.) Areas include an allowance for Travel & Engineering - 35%
- 7.) NB The confidence interval on the estimates is -5% to 20%. This could in principle be reduced through further work and time
- 8.) It is assumed that all the new buildings can be accommodated on the existing The Canberra Hospital site
- 9.) Site Services include water, electrical, gas, sewer and stormwater site reticulation and diversions, signage and covered ways
- 10.) Furniture and equipment is based upon departmental allowances but excludes most major medical equipment
- 11.) Staging costs for decanting and temporary works plus relocations are allowed as 12% of all costs
- 12.) Consultancy fees for design and supervision are added, including for Project Director and Master Cost Planner costs
- 13.) Other development costs include feasibility studies and site investigations
- 14.) ACT Health costs are excluded
- 15.) ACT Procurement Solutions fees are excluded
- 16.) Escalation is included - based upon 2 years of pre-commencement period and 7 years construction
- 17.) Works to the new Women & Children's Hospital, the Southern Car-parking, Mental Health Services, Skills Development Centre and the Capital Region Cancer Centre, Data Centre are excluded
- 18.) Refurbishment and modification works to existing hospital departmental areas are excluded
- 19.) The costs of leased equipment such as IT&C and office machines are excluded
- 20.) Artworks and theming are excluded
- 21.) Five Star Greenstar costs are excluded
- 22.) Digital Hospital Environmental costs are excluded
- 23.) Enhanced patient amenity factor costs are excluded
- 24.) GST is excluded

Price per Bed =	\$2,035,600
Price per m ² GFA =	\$13,174

NB Car-parking areas excluded from calculations of rate per GFA

OPTION C - NEW NORTHSIDE HOSPITAL - ADDING 200 NET ADDITIONAL BEDS (200 ACUTE & 0 SUB-ACUTE)										
DEVELOPMENT NEED	EXIST (E) REFURB (R) NEW (N)	REFURBISH-MENT AREA m ²	ADDITIONAL AREA m ²	REFURB. EXTENT	REFURBISHMENT CONSTRUCTION RATE	NEW CONSTRUCTION RATE	TOTAL CONSTRUCTION COST	FF&E RATE	FURNITURE & EQUIPMENT	DEPARTMENT COSTS
Ambulatory Care Centre	N	0	1,454		\$0	\$3,950	\$5,740,000	\$270	\$390,000	\$6,130,000
Clinical Support	N	0	1,152		\$0	\$3,950	\$4,550,000	\$370	\$430,000	\$4,980,000
Offices	N	0	1,292		\$0	\$2,620	\$3,390,000	\$160	\$210,000	\$3,600,000
Emergency Services	N	0	1,562		\$0	\$3,830	\$5,980,000	\$770	\$1,200,000	\$7,180,000
Non-clinical Support	N	0	2,160		\$0	\$3,230	\$6,980,000	\$250	\$540,000	\$7,520,000
Research and education	N	0	475		\$0	\$3,950	\$1,880,000	\$330	\$160,000	\$2,040,000
Inpatient Units - acute	N	0	8,852		\$0	\$4,280	\$37,890,000	\$510	\$4,510,000	\$42,400,000
Inpatient Units - sub-acute	N	0	0		\$0	\$3,720	\$0	\$490	\$0	\$0
Interventional Suite	N	0	1,495		\$0	\$3,950	\$5,910,000	\$1,810	\$2,710,000	\$8,620,000
Medical Imaging	N	0	1,400		\$0	\$3,830	\$5,360,000	\$5,490	\$7,690,000	\$13,050,000
Pathology	N	0	506		\$0	\$4,280	\$2,170,000	\$1,700	\$860,000	\$3,030,000
Pharmacy	N	0	400		\$0	\$3,950	\$1,580,000	\$520	\$210,000	\$1,790,000
CSSD	N	0	320		\$0	\$4,000	\$1,280,000	\$680	\$220,000	\$1,500,000
Hydrotherapy Pool	N	0	0		\$0	\$8,280	\$0	\$530	\$0	\$0
Travel & Engineering	N	0	7,374		\$0	\$4,410	\$32,520,000	\$30	\$220,000	\$32,740,000
Other		0	28,442			<i>Sub-totals</i>	<i>\$115,230,000</i>		<i>\$19,350,000</i>	<i>\$134,580,000</i>
Multi-level car parking 500 cars	N	0	15,000			\$900	\$13,500,000	\$20	\$300,000	\$13,800,000
Site preparation							\$2,800,000			\$2,800,000
Site services							\$5,900,000			\$5,900,000
Plant and engineering upgrade							Nil			\$0
Roads & on-grade parking (500 cars)							\$6,400,000			\$6,400,000
Landscaping							\$3,800,000			\$3,800,000
Active ITC installed by InTACT							\$3,600,000			\$3,600,000
Preliminaries & Supervision										\$4,560,000
Relocation costs										\$2,500,000
Contingencies										\$31,190,000
Escalation (pre & post)										\$27,710,000
Consultancy design fees										\$16,010,000
ACT Procurement Solution fees										Excl.
E-Health costs										\$26,900,000
Support management costs										\$13,940,000
TOTALS - NORTHSIDE HOSPITAL (OPTION C - ADDITIONAL 200 BEDS)		0	43,442				\$151,230,000		\$19,650,000	\$323,690,000

All values proportional to total value as estimated for 272 bed New Northside Hospital in August 2010

OPTION C - NEW NORTHSIDE HOSPITAL - ADDING 200 NET ADDITIONAL BEDS (200 ACUTE & 0 SUB-ACUTE)

NOTES:

- 1.) Based upon a 'greenfield' site - all new works
- 2.) Land acquisition costs are excluded
- 3.) Contingencies are 15% of all costs - less risks with a 'greenfield' development
- 4.) Rates are based upon current benchmarked data for hospitals in the region
- 5.) Areas are from Thinc Health's Summary Schedule spreadsheet "110215_ACT Treasury Options A-Dv7"
- 6.) Total bed count is 200
- 7.) NB The confidence interval on the estimates is -5% to 20%. This could in principle be reduced through further work and time
- 8.) Areas include an allowance for Travel & Engineering - 35%
- 9.) It is assumed that the site has adequate service connections at the boundary
- 10.) Site Services include water, electrical, gas, sewer and stormwater site reticulation and diversions, signage and covered ways
- 11.) Furniture and equipment is based upon departmental allowances but excludes most major medical equipment
- 12.) Relocations are allowed only for Greenfield Site
- 13.) Consultancy fees for design and supervision are added, including for Project Director and Master Cost Planner costs
- 14.) Other development costs include feasibility studies and site investigations
- 15.) ACT Health costs are excluded
- 16.) ACT Procurement Solutions fees are excluded
- 17.) Escalation is included - based upon 2 years of pre-commencement period and 3 years construction
- 18.) Site infrastructure costs have been assumed based upon a moderately level site without considerable rock requiring to be removed
- 19.) Demolition of existing structures, decontamination of the site or services diversions are excluded
- 20.) The costs of leased equipment such as IT&C and office machines are excluded
- 21.) Artworks and theming are excluded
- 22.) Five Star Greenstar costs are excluded
- 23.) Digital Hospital Environmental costs are excluded
- 24.) Enhanced patient amenity factor costs are excluded
- 25.) GST is excluded

Price per Bed =	\$1,618,450
Price per m ² GFA =	\$11,381

NB Car-parking areas excluded from calculations of rate per GFA

OPTION D - NEW NORTHSIDE HOSPITAL - ADDING 400 NET ADDITIONAL BEDS (400 ACUTE & 0 SUB-ACUTE)										
DEVELOPMENT NEED	EXIST (E) REFURB (R) NEW (N)	REFURBISH-MENT AREA m ²	ADDITIONAL AREA m ²	REFURB. EXTENT	REFURBISHMENT CONSTRUCTION RATE	NEW CONSTRUCTION RATE	TOTAL CONSTRUCTION COST	FF&E RATE	FURNITURE & EQUIPMENT	DEPARTMENT COSTS
Ambulatory Care Centre	N	0	2,834		\$0	\$3,950	\$11,190,000	\$280	\$790,000	\$11,980,000
Clinical Support	N	0	2,290		\$0	\$3,950	\$9,050,000	\$400	\$920,000	\$9,970,000
Offices	N	0	2,650		\$0	\$2,620	\$6,940,000	\$170	\$450,000	\$7,390,000
Emergency Services	N	0	2,627		\$0	\$3,830	\$10,060,000	\$820	\$2,150,000	\$12,210,000
Non-clinical Support	N	0	4,320		\$0	\$3,230	\$13,950,000	\$270	\$1,170,000	\$15,120,000
Research and education	N	0	985		\$0	\$3,950	\$3,890,000	\$350	\$340,000	\$4,230,000
Inpatient Units - acute	N	0	17,757		\$0	\$4,280	\$76,000,000	\$540	\$9,590,000	\$85,590,000
Inpatient Units - sub-acute	N	0	0		\$0	\$3,720	\$0	\$520	\$0	\$0
Interventional Suite	N	0	2,535		\$0	\$3,950	\$10,010,000	\$1,930	\$4,890,000	\$14,900,000
Medical Imaging	N	0	2,275		\$0	\$3,830	\$8,710,000	\$5,850	\$13,310,000	\$22,020,000
Pathology	N	0	1,012		\$0	\$4,280	\$4,330,000	\$1,810	\$1,830,000	\$6,160,000
Pharmacy	N	0	800		\$0	\$3,950	\$3,160,000	\$550	\$440,000	\$3,600,000
CSSD	N	0	640		\$0	\$4,000	\$2,560,000	\$720	\$460,000	\$3,020,000
Radiation Oncology	N	0	1,200		\$0	\$6,760	\$8,110,000	\$1,840	\$2,210,000	\$10,320,000
Hydrotherapy Pool	N	0	0		\$0	\$8,280	\$0	\$570	\$0	\$0
Travel & Engineering	N	0	14,674		\$0	\$4,410	\$64,710,000	\$40	\$590,000	\$65,300,000
Other			56,599			<i>Sub-totals</i>	<i>\$232,670,000</i>		<i>\$39,140,000</i>	<i>\$271,810,000</i>
Multi-level car parking 1,000 cars	N	0	30,000			\$900	\$27,000,000	\$20	\$600,000	\$27,600,000
Site preparation							\$5,500,000			\$5,500,000
Site services							\$11,600,000			\$11,600,000
Plant and engineering upgrade							Nil			\$0
Roads & on-grade parking (1,000 cars)							\$19,100,000			\$19,100,000
Landscaping							\$7,400,000			\$7,400,000
Active ITC installed by InTACT							\$7,100,000			\$7,100,000
Preliminaries & Supervision										\$70,950,000
Relocation costs										\$5,000,000
Contingencies										\$63,910,000
Escalation (pre & post)										\$80,350,000
Consultancy design fees										\$34,220,000
ACT Procurement Solution fees										Excl.
E-Health costs										\$53,500,000
Support management costs										\$29,610,000
TOTALS - NORTHSIDE HOSPITAL (OPTION D - ADDITIONAL 400 BEDS)		0	86,599				\$310,370,000		\$39,740,000	\$687,650,000

All values proportional to total value as estimated for 272 bed New Northside Hospital in August 2010

OPTION D - NEW NORTHSIDE HOSPITAL - ADDING 400 NET ADDITIONAL BEDS (400 ACUTE & 0 SUB-ACUTE)

NOTES:

- 1.) Based upon a 'greenfield' site - all new works
- 2.) Land acquisition costs are excluded
- 3.) Contingencies are 15% of all costs - less risks with a 'greenfield' development
- 4.) Rates are based upon current benchmarked data for hospitals in the region
- 5.) Areas are from Thinc Health's Summary Schedule spreadsheet "110215_ACT Treasury Options A-Dv7"
- 6.) Total bed count is 400
- 7.) NB The confidence interval on the estimates is -5% to 20%. This could in principle be reduced through further work and time
- 8.) Areas include an allowance for Travel & Engineering - 35%
- 9.) It is assumed that the site has adequate service connections at the boundary
- 10.) Site Services include water, electrical, gas, sewer and stormwater site reticulation and diversions, signage and covered ways
- 11.) Furniture and equipment is based upon departmental allowances but excludes most major medical equipment
- 12.) Relocations are allowed only for Greenfield Site
- 13.) Consultancy fees for design and supervision are added, including for Project Director and Master Cost Planner costs
- 14.) Other development costs include feasibility studies and site investigations
- 15.) ACT Health costs are excluded
- 16.) ACT Procurement Solutions fees are excluded
- 17.) Escalation is included - based upon 2 years of pre-commencement period and 5.5 years construction
- 18.) Site infrastructure costs have been assumed based upon a moderately level site without considerable rock requiring to be removed
- 19.) Demolition of existing structures, decontamination of the site or services diversions are excluded
- 20.) The costs of leased equipment such as IT&C and office machines are excluded
- 21.) Artworks and theming are excluded
- 21.) Radiation Oncology has been included as two new bunkers only
- 22.) Five Star Greenstar costs are excluded
- 23.) Digital Hospital Environmental costs are excluded
- 24.) Enhanced patient amenity factor costs are excluded
- 25.) GST is excluded

Price per Bed =	\$1,719,125
Price per m ² GFA =	\$12,150

NB Car-parking areas excluded from calculations of rate per GFA

OPTION E - THE CALVARY HOSPITAL - ADDING 200 NET ADDITIONAL BEDS (200 ACUTE & 0 SUB-ACUTE)										
DEVELOPMENT NEED	EXIST (E) REFURB (R) NEW (N)	REFURBISH-MENT AREA m ²	ADDITIONAL AREA m ²	REFURB. EXTENT	REFURBISHMENT CONSTRUCTION RATE	NEW CONSTRUCTION RATE	TOTAL CONSTRUCTION COST	FF&E RATE	FURNITURE & EQUIPMENT	DEPARTMENT COSTS
Ambulatory Care Centre	N	0	2,684		\$0	\$3,950	\$10,600,000	\$280	\$750,000	\$11,350,000
Clinical Support	N	0	1,132		\$0	\$3,950	\$4,470,000	\$370	\$420,000	\$4,890,000
Offices	N	0	1,575		\$0	\$2,620	\$4,130,000	\$160	\$250,000	\$4,380,000
Emergency Services	N	0	2,627		\$0	\$3,830	\$10,060,000	\$770	\$2,020,000	\$12,080,000
Non-clinical Support	N	0	2,160		\$0	\$3,230	\$6,980,000	\$250	\$540,000	\$7,520,000
Research and education	N	0	585		\$0	\$3,950	\$2,310,000	\$330	\$190,000	\$2,500,000
Inpatient Units - acute	N	0	8,996		\$0	\$4,280	\$38,500,000	\$510	\$4,590,000	\$43,090,000
Inpatient Units - sub-acute	N	0	0		\$0	\$3,720	\$0	\$490	\$0	\$0
Interventional Suite	N	0	2,795		\$0	\$3,950	\$11,040,000	\$1,940	\$5,420,000	\$16,460,000
Medical Imaging	N	0	340		\$0	\$3,830	\$1,300,000	\$5,490	\$1,870,000	\$3,170,000
Pathology	N	0	506		\$0	\$4,280	\$2,170,000	\$1,700	\$860,000	\$3,030,000
Pharmacy	N	0	400		\$0	\$3,950	\$1,580,000	\$520	\$210,000	\$1,790,000
CSSD	N	0	320		\$0	\$4,000	\$1,280,000	\$680	\$220,000	\$1,500,000
Radiation Oncology	N	0	1,200		\$0	\$6,760	\$8,110,000	\$1,730	\$2,080,000	\$10,190,000
Hydrotherapy Pool	N	0	0		\$0	\$8,280	\$0	\$530	\$0	\$0
Travel & Engineering	N	0	8,862		\$0	\$4,410	\$39,080,000	\$30	\$270,000	\$39,350,000
Other		0	34,182			Sub-totals	\$141,610,000		\$19,690,000	\$161,300,000
Multi-level car parking 1,000 cars	N	0	30,000			\$900	\$27,000,000	\$20	\$600,000	\$27,600,000
Site preparation & demolition							\$4,000,000			\$4,000,000
Site services							\$8,000,000			\$8,000,000
Plant and engineering upgrade							\$8,000,000			\$8,000,000
Roads & on-grade parking modifications							\$6,000,000			\$6,000,000
Landscaping							\$4,000,000			\$4,000,000
Active ITC installed by InTACT							\$7,400,000			\$7,400,000
Preliminaries & Supervision							\$43,710,000			\$43,710,000
Staging, decanting & relocation costs							\$32,400,000			\$32,400,000
Contingencies							\$60,480,000			\$60,480,000
Escalation (pre & post)							\$63,100,000			\$63,100,000
Consultancy design fees							\$25,560,000			\$25,560,000
ACT Procurement Solution fees										Excl.
E-Health costs										\$36,900,000
Support management costs										\$21,980,000
TOTALS - CALVARY HOSPITAL (OPTION E - ADDITIONAL 200 BEDS)		0	64,182				\$206,010,000		\$20,290,000	\$510,430,000

OPTION E - THE CALVARY HOSPITAL - ADDING 200 NET ADDITIONAL BEDS (200 ACUTE & 0 SUB-ACUTE)

NOTES:

- 1.) Assumed all areas to be added will be new - no refurbishment
- 2.) Additional land acquisition costs are excluded
- 3.) Contingencies are 20% of all costs - due to limited time to determine planning and costs
- 4.) Rates are based upon current benchmarked data for hospitals in the region
- 5.) Areas are from Thinc Health's Summary Schedule spreadsheet "110215_ACT Treasury Options A-Dv7"
- 6.) Total extra bed count is 200
- 7.) NB The confidence interval on the estimates is -5% to 20%. This could in principle be reduced through further work and time
- 8.) Areas include an allowance for Travel & Engineering - 35%
- 9.) It is assumed that all the new buildings can be accommodated on the existing The Calvary Hospital site
- 10.) Site Services include water, electrical, gas, sewer and stormwater site reticulation and diversions, signage and covered ways
- 11.) Furniture and equipment is based upon departmental allowances but excludes most major medical equipment
- 12.) Staging costs for decanting and temporary works plus relocations are allowed as 12% of all costs
- 13.) Consultancy fees for design and supervision are added, including for Project Director and Master Cost Planner costs
- 14.) Other development costs include feasibility studies and site investigations
- 15.) ACT Health costs are excluded
- 16.) ACT Procurement Solutions fees are excluded
- 17.) Escalation is included - based upon 2 years of pre-commencement period and 6 years construction
- 18.) Refurbishment and modification works to existing hospital departmental areas are excluded
- 19.) The costs of leased equipment such as IT&C and office machines are excluded
- 20.) Arworks and themeing are excluded
- 21.) Five Star Greenstar costs are excluded
- 22.) Digital Hospital Environmental costs are excluded
- 23.) Enhanced patient amenity factor costs are excluded
- 24.) GST is excluded

Price per Bed =	\$2,552,150
Price per m ² GFA =	\$14,933

NB Car-parking areas excluded from calculations of rate per GFA

OPTION E - NEW NORTHSIDE HOSPITAL - ADDING 200 NET ADDITIONAL BEDS (0 ACUTE & 200 SUB-ACUTE)										
DEVELOPMENT NEED	EXIST (E) REFURB (R) NEW (N)	REFURBISHMENT AREA m ²	ADDITIONAL AREA m ²	REFURB. EXTENT	REFURBISHMENT CONSTRUCTION RATE	NEW CONSTRUCTION RATE	TOTAL CONSTRUCTION COST	FF&E RATE	FURNITURE & EQUIPMENT	DEPARTMENT COSTS
Ambulatory Care Centre	N	0	0		\$0	\$3,950	\$0	\$270	\$0	\$0
Clinical Support	N	0	1,140		\$0	\$3,950	\$4,500,000	\$370	\$420,000	\$4,920,000
Offices	N	0	1,210		\$0	\$2,620	\$3,170,000	\$160	\$190,000	\$3,360,000
Emergency Services	N	0	0		\$0	\$3,830	\$0	\$770	\$0	\$0
Non-clinical Support	N	0	2,590		\$0	\$3,230	\$8,370,000	\$250	\$650,000	\$9,020,000
Research and education	N	0	435		\$0	\$3,950	\$1,720,000	\$330	\$140,000	\$1,860,000
Inpatient Units - acute	N	0	0		\$0	\$4,280	\$0	\$510	\$0	\$0
Inpatient Units - sub-acute	N	0	13,940		\$0	\$3,720	\$51,860,000	\$490	\$6,830,000	\$58,690,000
Interventional Suite	N	0	0		\$0	\$3,950	\$0	\$1,810	\$0	\$0
Medical Imaging	N	0	0		\$0	\$3,830	\$0	\$5,490	\$0	\$0
Pathology	N	0	75		\$0	\$4,280	\$320,000	\$1,700	\$130,000	\$450,000
Pharmacy	N	0	75		\$0	\$3,950	\$300,000	\$520	\$40,000	\$340,000
CSSD	N	0	0		\$0	\$4,000	\$0	\$680	\$0	\$0
Hydrotherapy Pool	N	0	350		\$0	\$8,280	\$2,900,000	\$530	\$190,000	\$3,090,000
Travel & Engineering	N	0	6,935		\$0	\$4,410	\$30,580,000	\$30	\$210,000	\$30,790,000
Other		0	26,750			Sub-totals	\$103,720,000		\$8,800,000	\$112,520,000
Multi-level car parking 500 cars	N	0	15,000			\$900	\$13,500,000	\$20	\$300,000	\$13,800,000
Site preparation							\$2,600,000			\$2,600,000
Site services							\$5,500,000			\$5,500,000
Plant and engineering upgrade										
Roads & on-grade parking (500 cars)										
Landscaping										
Active ITC installed by InTACT										
Preliminaries & Supervision										
Relocation costs										
Contingencies										
Escalation (pre & post)										
Consultancy design fees										
ACT Procurement Solution fees										
E-Health costs										
Support management costs										
TOTALS - NORTHSIDE HOSPITAL (OPTION E - ADDITIONAL 200 BEDS)		0	41,750				\$138,720,000		\$9,100,000	\$281,890,000

OPTION E - NEW NORTHSIDE HOSPITAL - ADDING 200 NET ADDITIONAL BEDS (0 ACUTE & 200 SUB-ACUTE)

NOTES:

- 1.) Based upon a 'greenfield' site - all new works
- 2.) Land acquisition costs are excluded
- 3.) Contingencies are 15% of all costs - less risks with a 'greenfield' development
- 4.) Rates are based upon current benchmarked data for hospitals in the region
- 5.) Areas are from Thinc Health's Summary Schedule spreadsheet "110215_ACT Treasury Options A-Dv7"
- 6.) Total bed count is 200
- 7.) NB The confidence interval on the estimates is -5% to 20%. This could in principle be reduced through further work and time
- 8.) Areas include an allowance for Travel & Engineering - 35%
- 9.) It is assumed that the site has adequate service connections at the boundary
- 10.) Site Services include water, electrical, gas, sewer and stormwater site reticulation and diversions, signage and covered ways
- 11.) Furniture and equipment is based upon departmental allowances but excludes most major medical equipment
- 12.) Relocations are allowed only for Greenfield Site
- 13.) Consultancy fees for design and supervision are added, including for Project Director and Master Cost Planner costs
- 14.) Other development costs include feasibility studies and site investigations
- 15.) ACT Health costs are excluded
- 16.) ACT Procurement Solutions fees are excluded
- 17.) Escalation is included - based upon 2 years of pre-commencement period and 3 years construction
- 18.) Site infrastructure costs have been assumed based upon a moderately level site without considerable rock requiring to be removed
- 19.) Demolition of existing structures, decontamination of the site or services diversions are excluded
- 20.) The costs of leased equipment such as IT&C and office machines are excluded
- 20.) Artworks and theming are excluded
- 21.) Five Star Greenstar costs are excluded
- 22.) Digital Hospital Environmental costs are excluded
- 23.) Enhanced patient amenity factor costs are excluded
- 24.) GST is excluded

Price per Bed =	\$1,409,450
Price per m ² GFA =	\$10,538

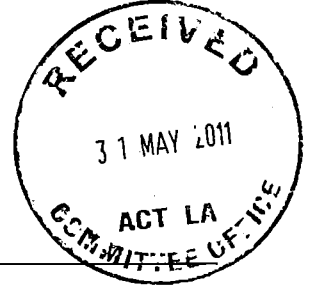
NB Car-parking areas excluded from calculations of rate per GFA



LEGISLATIVE ASSEMBLY FOR THE AUSTRALIAN CAPITAL TERRITORY

SELECT COMMITTEE ON ESTIMATES 2011-2012

ANSWER TO QUESTION TAKEN ON NOTICE
DURING PUBLIC HEARINGS



Asked by Ms Le Couteur MLA on Wednesday 18 May 2011:

Dr Brown took on notice the following question(s):

Hansard Transcript – Wednesday 18 May 2011 – Page 117

In relation to :

Strategic Indicator 19.2

MS LE COUTEUR: Have you looked at the break down in age of those people? Because I - of the ones who are being readmitted—

MS GALLAGHER MLA : The answer to the Member's question is as follows:—

Of the 169 people who returned to Calvary Hospital within 28 days, 33% were aged over 64 years.

This compares well with the total admissions for hospital care, where 38% are over 64 years.

Approved for circulation to the Standing Committee on Estimates 2011-2012

Signature: *K. Gallagher*

Date: *29.5.11*

By the Minister for Health, Katy Gallagher MLA

**LEGISLATIVE ASSEMBLY FOR THE AUSTRALIAN CAPITAL TERRITORY****SELECT COMMITTEE ON ESTIMATES 2011-2012**

ANSWER TO QUESTION TAKEN ON NOTICE
DURING PUBLIC HEARINGS

Asked by Mr Hanson MLA on Wednesday 18 May 2011:

Ms Gallagher MLA took on notice the following question(s):

Hansard Transcript – Wednesday 18 May 2011 – Page 125

In relation to :

Capital Program

THE CHAIR: All right. So we are talking about one sixth of that being rolled over. What is the reason for such a large percentage as a rollover?

Dr Brown: We can go through it project by project if that is how you would like to approach it?

THE CHAIR: Is there a document that can be tabled that details of each of the rollovers?

MR HANSON: But what would be very useful, if we could, for each of the capital works in the program at the moment would be, by phase, essentially, because the women and children's hospital has a number of phases—

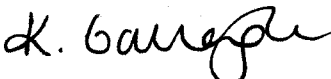
Ms Gallagher: Yes.

MR HANSON: When it was first put in the budget, what was the expected delivery date—September 2011 or whatever it might have been—what the anticipated cost was and then what is in the new budget.

MS GALLAGHER MLA : The answer to the Member's question is as follows:—

Attached is a table that provides the information requested.

Approved for circulation to the Standing Committee on Estimates 2011-2012

Signature: 

Date: 30.6.11

By the Minister for Health, Katy Gallagher MLA

Capital Works Projects - Progressive Status

Project Name	Project impacted by CADP Master Planning	Original Budget \$'000	Revised Budget \$'000	Original Completion Date	Current Completion Date	Reason
Clinical Services Redevelopment - Phase 2		15,000	9,800	June 2011	June 2012	This project was reviewed as part of an overall Engineering Services Masterplan for the Canberra Hospital Campus. The volume of infrastructure works involved meant that the project needed to be further defined and prioritised and separated into different elements. This process led to a delay in the procurement until September 2010 for the Principle Consultant and an overall change in the project completion until June 2012. Funds have been transferred to the W&CH project to deal with pressures that emerged for that project.
Tuggeranong Health Centre - Stage 2		14,000	14,000	Sept 2012	Sept 2012	
National Health Reform		15,098	15,098	June 2014	August 2012	These funds are governed through an Agreement with the Commonwealth. It has now been estimated that the capital funds will be used by August 2012.
Integrated Cancer Centre - Phase 1		27,900	27,900	Nov 2012	Nov 2012	
Enhanced Community Health Centre - Belconnen		51,344	51,344	Feb 2012	Dec 2012	Delay due to site selection issues.
Mental Health Young Persons Unit (Forward Design)		775	775	June 2009	June 2012	This project was delayed to undertake a detailed site selection study. The project was further delayed because of the need to receive advice from the Government Solicitor's Office on implications of the Child Protection Act on the facility, before

Project Name	Project impacted by CADP Master Planning	Original Budget \$'000	Revised Budget \$'000	Original Completion Date	Current Completion Date	Reason
ACT Health Skills Development Centre (Forward Design)	Project impacted by CADP	1,300	1,300	June 2009	Dec 2011	the Model of Care work could be completed. This advice has now been received and work is progressing. Project impacted/on hold by CADP Project Definition Planning. Project suspended until overall Master Plan agreed 2008/09. Design commenced and suspended due to site options impacted by staging and decanting planning 2010/11 indicating a double decant required. Detailed analysis of site selection underway.
Adult Mental Health Inpatient Facility	Project and scope impacted by CADP	23,630	23,630	Sept 2010	Dec 2011	Project suspended due to initial CADP planning in 2008. Further delays due to review of decision to co-locate with the Secure Mental Health Facility at the same site in 2009.
Secure Adult Mental Health Unit		11,160	NIL	Sept 2010	N/A	Project has been put on hold for further analysis.
Women and Children's Hospital (W&CH)	Project and scope impacted by CADP	90,000	111,060	June 2012	Sept 2012	Budget increased to \$97.37M to incorporate increases in scope and improvements in design. 2011/12 Further enhancements to design to include additional beds, additional NICU cots, and paediatric burns bath following stakeholder engagement in the development of models of care. Additional funding for completion of early works contractor complexities for moving underground diesel tanks and oxygen lines. Project has been affected by weather delays.

Project Name	Project impacted by CADP Master Planning	Original Budget \$'000	Revised Budget \$'000	Original Completion Date	Current Completion Date	Reason
New Gungahlin Health Centre		18,000	18,000	Dec 2010	Jun 2012	This project was delayed due to site issues requiring subdivision of the block at Gungahlin. Further delays were incurred to ensure all Health Centres could be planned simultaneously so as to deliver consistent functionality against new models of care.
Refurbishment of Health Centre		5,000	5,000	June 2010	Sept 2012	Delay due to need to plan for all three community health centres simultaneously and site selection processes.
Provision for Phase 1 CSR		57,000	26,630	June 2010	July 2012	A Stage 2 has been added to Tuggeranong. This budget was primarily to fund whole of campus works, together with a proportion set aside for unforeseen and emergent issues. Budget forwarded to other projects e.g. W&CH (\$7.37m), neurosurgery suite (\$5m), southern carpark (\$16m), and Calvary ICU/HDU/CCU (\$2m).
Provision for Project Definition Planning		63,800	61,090	June 2012	July 2013	Funds transferred to W&CH project. The original plan for spending was reviewed in light of emerging projects and it was determined that Project Director and other fees could be covered to 2012/13.
Aboriginal Torres Strait Islander Residential Alcohol & Other Drug Rehabilitation Facility		5,883	5,883	June 2010	June 2013	In 2008 a new site ('Miwera', Block 241 Paddy's River, Tharwa, ACT) was purchased due to the original site being inadequate to meet the Aboriginal and Torres Strait Islander criteria of: quality of land, meets cultural requirements (e.g. not a known man's sacred land). 2009/10 Model of care developed with Advisory Board.

Project Name	Project impacted by CADP Master Planning	Original Budget \$'000	Revised Budget \$'000	Original Completion Date	Current Completion Date	Reason
Linear Accelerator Procurement and Replacement		18,700	17,700	Jun 2010	Building operational July 2008 June 2012	Facility planning has commenced. This has been a phased programme of works, with the capital project (physical program of works) delivered under budget in 2008. There are delays in finalising the integrated ICT system, due to the complexity of integration of a single system across all Cancer services.
Multistorey Car Park TCH	Project impacted by CADP Master Planning. Original project time span 2011, revisited and planned to meet needs for 2016. New car park project agreed.	29,000		n/a	n/a	

Project Name	Project impacted by CADP Master Planning	Original Budget \$'000	Revised Budget \$'000	Original Completion Date	Current Completion Date	Reason
New Multistorey Carpark at TCH		45,000	42,720	Mar 2011		New multistorey car park located on southern end of the campus adjacent to what will be the new acute services tower block. This car park is substantially larger than previously planned and was designed to meet the car parking requirements to 2016 and allow progress of the planned works on campus. 7 levels of the car park were commissioned and handed over for operations Dec 2010. Final level (L8) of car park, incorporating a new roof, was commissioned and handed over for operations June 2011. Surplus funds transferred to W&CH Project.

Workplace Improvements		640	640	Jun 2011	Dec 2011	Delays associated with the relocation of staff and services have impacted on the program of works.
TCH Discharge Lounge Relocation		150	150	Jun 2009	Sep 2011	The initial site proposed for this service was no longer suitable and a new site needed to be identified. The preliminary sketch plans for the new site have been completed.



LEGISLATIVE ASSEMBLY FOR THE AUSTRALIAN CAPITAL TERRITORY

SELECT COMMITTEE ON ESTIMATES 2011-2012

ANSWER TO QUESTION TAKEN ON NOTICE DURING PUBLIC HEARINGS

Asked by Ms Hunter MLA on Wednesday 18 May 2011:

Dr Brown took on notice the following question(s):

Hansard Transcript – Wednesday 18 May 2011 – Page 134

In relation to :

Dental Waiting Lists – Two year comparison

MS HUNTER: Budget Paper No 4, page 231 it was around the dental waiting times and under the accountability indicators it shows that the mean waiting time for clients on the dental services waiting list is 12 months. It has got down to about nine months two or so years ago, but we seem to be creeping back up. So why have the dental waiting times increased? I guess another question I want to know is do these waiting times include children and what is happening around a dental school program?

MS GALLAGHER MLA : The answer to the Member's question is as follows:–

In 2007-08 the ACT Government provided an additional \$1.7 Million over 4 years to reduce Dental wait times. This injection of funds resulted in the mean Dental waiting time reducing to 12 months, consistent with a target of 12 months.

The wait time has been consistently around 12 months since that time. In 2011/12 the estimated outcome is also 12 months, in line with the target.

In 2008-09 the mean wait time dropped as low as 8.3 months in response to scheduling of large numbers of private referrals in the first quarter in anticipation of Commonwealth Dental Health Program funding. This funding did not eventuate as the Commonwealth redirected it to the Medicare Primary Enhanced Scheme. As such the wait time has reverted back to the target of 12 months.

Approved for circulation to the Standing Committee on Estimates 2011-2012

Signature: *K. Gallagher*

Date: *26.5.11*

By the Minister for Health, Katy Gallagher MLA





LEGISLATIVE ASSEMBLY FOR THE AUSTRALIAN CAPITAL TERRITORY

SELECT COMMITTEE ON ESTIMATES 2011-2012

ANSWER TO QUESTION TAKEN ON NOTICE
DURING PUBLIC HEARINGS

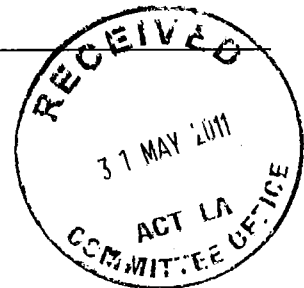
Asked by Ms Bresnan MLA on Wednesday 18 May 2011:

Dr Brown took on notice the following question(s):

Hansard Transcript – Wednesday 18 May 2011 – Page 145

In relation to :

National Health Reform – NPP related grants



MS BRESNAN: Thank you, Chair. My question is in relation to some commonwealth grant funds and I know quite a few of them are NPP related funding which are either ceasing or ending - you are probably expecting this question. I mean in Budget Paper 3 we have got the National Health Reform, I think it is round about 3.357 million listed as the saving as well, I am just wondering what is actually happening with some of those funds, why they are ceasing - I mean why in particular I guess that 3.357 is listed as a saving and what it actually involves.

MS GALLAGHER MLA: The answer to the Member’s question is as follows:–

The savings (in 2010-11) relate to reprofiling of the Commonwealth Funding. The ACT 2010-11 Budget assumed a certain cash profile for the receipt of National Health Reform funding (\$67m over four years from 2010-11 to 2013-14).

After the published ACT Budget, the Commonwealth paid funds late in the 2009-10 financial year, which were rolled over by Health (through the Section 16b FMA instrument) – see 2011-12 Budget Paper 4 page 236 (second last two items – Elective Surgery \$1.688m and Emergency Department \$1.669m). As a result of this rollover, it is not necessary to continue to provide the previously appropriated funds to Health in 2010-11 – hence the saving identified in Budget Paper 3 page 212.

Approved for circulation to the Standing Committee on Estimates 2011-2012

Signature: *K Gallagher* Date: 26.5.11

By the Minister for Health, Katy Gallagher MLA



LEGISLATIVE ASSEMBLY FOR THE AUSTRALIAN CAPITAL TERRITORY

SELECT COMMITTEE ON ESTIMATES 2011-2012

ANSWER TO QUESTION TAKEN ON NOTICE
DURING PUBLIC HEARINGS

Asked by Mr Smyth MLA on Wednesday 18 May 2011:

Dr Brown took on notice the following question(s):

Hansard Transcript – Wednesday 18 May 2011 – Page 149

In relation to :

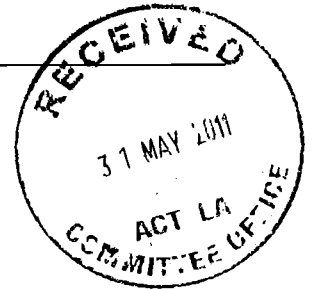
Number of bed equivalents

MR SMYTH: Can I just clarify something? You just used the term bed equivalent, how many bed equivalents do we currently have in the system?

MS GALLAGHER MLA : The answer to the Member's question is as follows:–

In its annual publication, *Australian Hospital Statistics*, The Australian Institute for Health and Welfare reported that in 2009-10, our public hospitals had access to 907 beds.

In addition to these beds, the hospital in the home service provided an average of an additional 17 beds per day of hospital level care within the community. This capacity is not included in total public hospital bed capacity, but is able to be used to manage acute care patients where clinically appropriate.



Approved for circulation to the Standing Committee on Estimates 2011-2012

Signature: *K. Gallagher*

Date: 26.5.11

By the Minister for Health, Ms Katy Gallagher MLA



LEGISLATIVE ASSEMBLY FOR THE AUSTRALIAN CAPITAL TERRITORY

SELECT COMMITTEE ON ESTIMATES 2011-2012

ANSWER TO QUESTION TAKEN ON NOTICE
DURING PUBLIC HEARINGS



Asked by Mr Smyth MLA on Thursday 19 May 2011:

Ms Gallagher MLA took on notice the following question(s):

Hansard Transcript – Thursday 19 May 2011 – Page 15 / 31

In relation to :

Standard Operating Procedures – Justice Health

THE CHAIR (page 15): So have there been any problems? And how many reviews of the procedures have you had to carry out?

THE CHAIR (page 31): —an incident has occurred and it has led to a change in procedure I would like to know what all the incidents were and then what procedures were changed to - or what the review said—

THE CHAIR: —and then whether or not those reviews have led to procedures for both AMC and Bimberi? Ms Le Couteur has a question and then Ms Bresnan.

MS GALLAGHER MLA : The answer to the Member's question is as follows:—

There have been 6 incidents that have resulted in recommendations to review standard operating procedures at AMC since 2008/2009.

Thirty nine standard operating procedures have also been developed and implemented for AMC, Bimberi and the Periodic Detention Centre as part of the governance processes for Justice Health. These have been initiated as a result of service development requirements, consumer feedback, operational requirements and external review.

Approved for circulation to the Standing Committee on Estimates 2011-2012

Signature: *K. Gallagher*

Date: *29.5.11*

By the Minister for Health, Katy Gallagher MLA



LEGISLATIVE ASSEMBLY FOR THE AUSTRALIAN CAPITAL TERRITORY

SELECT COMMITTEE ON ESTIMATES 2011-2012

ANSWER TO QUESTION TAKEN ON NOTICE
DURING PUBLIC HEARINGS

Asked by Mr Smyth MLA on Thursday 19 May 2011:

Ms Bracher took on notice the following question(s):

Hansard Transcript – Thursday 19 May 2011 – Page 25

In relation to :

Personal Duress Alarms at Bimberi

THE CHAIR: You are right. Before a staff member goes to either Bimberi or to the AMC are they - how are they inducted in regards to their personal safety? And are they issued a personal duress alarm?

MS GALLAGHER MLA : The answer to the Member’s question is as follows:–

All Justice Health and Mental Health staff undertake Security Awareness Training provided through ACT Corrective Services.

The use of personal duress alarms is also part of program level orientation for Justice Health and Mental Health staff.

All Mental Health and Justice Health staff at Bimberi and the Alexander Maconochie Centre are issued with a personal duress alarm.



Approved for circulation to the Standing Committee on Estimates 2011-2012

Signature: *K. Gallagher* Date: 26.5.11

By the Minister for Health, Katy Gallagher MLA



LEGISLATIVE ASSEMBLY FOR THE AUSTRALIAN CAPITAL TERRITORY

SELECT COMMITTEE ON ESTIMATES 2011-2012

ANSWER TO QUESTION TAKEN ON NOTICE
DURING PUBLIC HEARINGS

Asked by Mr Smyth MLA on Thursday 19 May 2011:

Ms Bracher took on notice the following question(s):

Hansard Transcript – Thursday 19 May May 2011 – Page 27

In relation to :

Number of Assessments at Bimberi



THE CHAIR: Okay. Could we - could we perhaps then have a breakdown on the quarter by quarter since Bimberi opened of the number of assessments?

MS GALLAGHER MLA: The answer to the Member’s question is as follows:-

The data for 2009/2010 was reported as a joint indicator with the assessments undertaken at the Alexander Maconochie Centre, therefore we are unable to provide a quarterly breakdown.

For 2010/2011 the breakdown for Bimberi is:

	1 st Qtr	2 nd Qtr	3 rd Qtr
No. of detainees assessed:	35	35	24
Total No. of detainees:	49	39	28
Quarterly results:	71%	90%	86%

Approved for circulation to the Standing Committee on Estimates 2011-2012

Signature: *K. Gallagher* Date: 26.5.11

By the Minister for Health, Katy Gallagher MLA



LEGISLATIVE ASSEMBLY FOR THE AUSTRALIAN CAPITAL TERRITORY

SELECT COMMITTEE ON ESTIMATES 2011-2012

ANSWER TO QUESTION TAKEN ON NOTICE DURING PUBLIC HEARINGS

Asked by several Committee members on Thursday 19 May 2011:

Ms Gallagher took on notice the following question(s):

Hansard Transcript – Thursday 19 May 2011 – Page 37

In relation to :

An error in reporting for Strategic Indicator 1.9.1 – BP4 – Page 232

Ms GALLAGHER MLA: The way that that note has been read had lead to the confusion around the data. So, because - because we - there was the staffing recruitment was not fully up then people were excluded due to staff unavailability and that is what has been fixed. So, we will write formally to the committee without questions on notice just saying that that is an error and giving the right figure, and the breakdown that Mr Smyth wanted, and the that the problem has been addressed in that people will not be excluded because the nurse was not there because of staff shortages.

MS GALLAGER MLA : The answer to the Member's question is as follows:–

ACT Health would formally like to notify the committee that there is an error in the reported Estimated Outcome in the Budget Papers (2010-11) for Accountability Indicator 1.2 (1) – page 232.

The correct result for the estimated outcome should read 84% - not 97%.

The error resulted from a misinterpretation of the exclusion parameters within the denominator figure for this indicator. Young people were incorrectly excluded from the counting methodology during times when staff were not rostered to attend Bimberi. This has been corrected so that young people are only excluded from the data collection if they are in Bimberi for less than 24 hours, as can happen if they are admitted late at night and then leave to attend court the following day.

Approved for circulation to the Standing Committee on Estimates 2011-2012

Signature: *K. Gallagher*

Date: 26.5.11

By the Minister for Health, Katy Gallagher MLA





LEGISLATIVE ASSEMBLY FOR THE AUSTRALIAN CAPITAL TERRITORY
SELECT COMMITTEE ON ESTIMATES 2011-2012

ANSWER TO QUESTION TAKEN ON NOTICE
DURING PUBLIC HEARINGS

Asked by Mr Smyth MLA on Thursday 19 May 2011:

Dr Brown took on notice the following question(s):

Hansard Transcript – Thursday 19 May 2011 – Page 38

In relation to :

Reporting methodology altered – Strategic Indicator 1.2.e

THE CHAIR: Could you provide a written account of the old methodology and the new methodology, please?

Dr Brown: I am not sure we actually will have that because when we enter it into the system in sort of real time—

THE CHAIR: No, no. Just an explanation of what has changed. So, under of the old system we got to 20,600 this manner but we are going to do it this way.

MS GALLAGHER MLA : The answer to the Member's question is as follows:—

In previous years when a consumer's care was discussed at a multidisciplinary team meeting, each individual staff member involved would report their involvement as a separate event.

The national definition for an occasion of service requires that only one event is reported for each consumer discussed at a multidisciplinary team meeting.

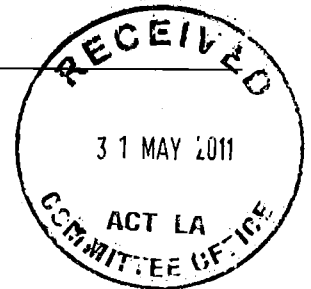
In 2010-11 the correction was made to reporting the occasion of service as one event in line with the national definition. The result has been a technical reduction in the reported occasions of service.

Approved for circulation to the Standing Committee on Estimates 2011-2012

Signature: *K. Gallagher*

Date: 26-5-11

By the Minister for Health, Katy Gallagher MLA

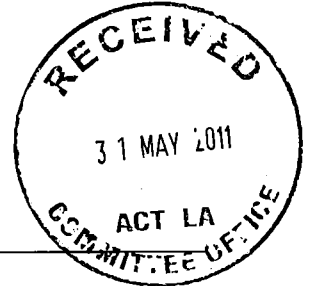




LEGISLATIVE ASSEMBLY FOR THE AUSTRALIAN CAPITAL TERRITORY

SELECT COMMITTEE ON ESTIMATES 2011-2012

**ANSWER TO QUESTION TAKEN ON NOTICE
DURING PUBLIC HEARINGS**



Asked by Ms Bresnan MLA on Thursday 19 May 2011:

Dr Kelly took on notice the following question(s):

Hansard Transcript – Thursday 19 May May 2011 – Page 50

In relation to :

Programs being run to target particular groups – Preventative Health

MS BRESNAN: Is it possible to get information on the actual programs that are being run to target those particular—

MS GALLAGHER MLA : The answer to the Member’s question is as follows:–

SmartStart for Kids

SmartStart for Kids aims to engage students in Kindergarten, Years 2 and 4 in behaviours that will improve their health and fitness. Increased participation in daily physical activity and healthy food choices are key messages of the SmartStart for Kids program. Support is targeted, in particular, at those children (and families) most at risk of being overweight or obese, and have sedentary lifestyle-related problems. The SmartStart for Kids program is offered at no cost to selected government schools in the ACT which have been identified by Department of Education as low socio-economic status school communities. Participation in the program is voluntary. The program includes a six-week after-school catch up and recovery program for children identified as being “at risk” of obesity and lifestyle-related illnesses.

Sustainability, Training, Education and Skills (STEPS)

The Sustainability, Training, Education, Participation, Skills (STEPS) program aims to educate, support and empower young pregnant and parenting women to develop their capacity and skills to improve the overall health and wellbeing of themselves and their children. The project is a joint partnership of ACT Health and the YWCA of Canberra.

Lifestyle Triple P (Positive Parenting Program)

Lifestyle Triple P (Positive Parenting Program) addresses lifestyle behaviour issues within families of overweight or obese children aged five to ten years old. The aim is to specifically improve children's nutritional intake and activity levels by increasing parents' skills and confidence to manage children's lifestyle behaviour in a community accessible setting. The program aims to prevent chronic weight problems in children by improving children's nutritional intake and activity levels, and increasing parents' skills and confidence in managing children's lifestyle behaviour. The program is explicitly trying to recruit families from low socio-economic status backgrounds.

Gugan Gulwin

Funding is provided to support the capacity of the Health Directorate, through a Deputy Director position, to develop partnerships within the ACT Community and support health promotion programs providing information, practical workshops, improved access to health services, support and training with a view to improving the health of Aboriginal and Torres Strait Islander Youth. The services will be delivered in the following programs/activities :

- Young Mum's Program
- School Holiday Program
- Lunch Program
- A Touch football Team

YWCA Getting Healthy

YWCA Getting Healthy in the Inner North supports residents in public housing in Inner North Canberra (predominately from the Bega, Allawah, and Currong flats, as well as the Ainslie Avenue flats and Northbourne flats) through referral services, a women's arts and drama group, walking groups, emergency food relief, weekly lunches, monthly community hubs – an outreach service of agencies working in the area e.g. Centrelink, a recently established work farm and herb garden (supported by ACT Health Community Care dietitians).

Red Cross FoodCENTS

Red Cross FoodCENTS is a healthy eating and healthy eating on a budget training provided to community workers within the Inner North area. The community workers become FoodCENTS facilitators and can then pass on the information they learn to their clients and provide appropriate referral pathways for those with more complex dietary needs. So far, 44 community workers have attended the training. 30% of the community workers who have completed the training are male.

RecLink

RecLink promotes Go for 2 & 5 and Find 30 every day health messages-, through a monthly Run, Roll or Walk. Between 40-60 community members attend the bridge to bridge walk which concludes with a healthy BBQ (supported by Red Cross). The walk caters for different levels of fitness/abilities.

Community chats

Community chats at Braddon, Reid, Kanangra Court and Ainslie Village link in with FoodCENTS as outlined above and also provides recreational activities such as bocce. A pilot program which provides gym memberships for men will be starting early June. This will allow 10 men to attend the gym at the Canberra Pool and Health Club twice a week for 12 weeks.

AustCycle training

AustCycle training delivered an 8 week training session in February focussing on bike skills and improving confidence while riding. Another two sessions are due to start shortly, with one for men and one for women.

Heartmoves

Heartmoves is gentle exercise group held at the Canberra Seniors Centre and the Boomerang Centre.

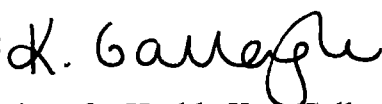
ACT Health Community Care

ACT Health Community Care is a dietetic services to support community workers and provide nutrition information and demonstrations such as one pot cooking for Canberra Seniors Centre. A nurse attends the Boomerang Centre monthly hub to provide advice and referral services as well as visits to the Northbourne flats and the Early Morning Centre.

Mini Health Checks

Mini Health Checks are delivered by ACT Health Community Care team to four sites (Boomerang Centre, Ainslie Village, Rainbow Room, Early Morning Centre). Checks include height, weight, and blood pressure, as well as referral to appropriate services. Vaccinations can also be provided through this service.

Approved for circulation to the Standing Committee on Estimates 2011-2012

Signature: 

Date: 29-5-11

By the Minister for Health, Katy Gallagher MLA



LEGISLATIVE ASSEMBLY FOR THE AUSTRALIAN CAPITAL TERRITORY

SELECT COMMITTEE ON ESTIMATES 2011-2012

ANSWER TO QUESTION TAKEN ON NOTICE
DURING PUBLIC HEARINGS



Asked by Ms Hunter MLA on Thursday 19 May 2011:

Dr Kelly took on notice the following question(s):

Hansard Transcript – Thursday 19 May May 2011 – Page 54

In relation to :

Aboriginal and Torres Strait Islander People – Life Expectancy

MS HUNTER: Could I also ask about Aboriginal and Torres Strait Islander people? How are we doing with life expectancy there as far as the ACT goes?

MS GALLAGHER MLA : The answer to the Member's question is as follows:–

Life expectancy estimates for Aboriginal and Torres Strait Islander people in the ACT are not available. The Australian Bureau of Statistics and the Australian Institute of Health and Welfare have assessed the feasibility of calculating estimates for the ACT and concluded that the number of deaths of Aboriginal and Torres Strait Islander people is too small for the construction of reliable life tables.

Deaths of Aboriginal and Torres Strait ACT residents are included in the calculation of life expectancy estimates for Australia. For Australia, estimated non-Aboriginal and Torres Strait Islander male life expectancy (78.7 years) is 11.5 years higher than for the male Aboriginal and Torres Strait Islander population (67.2 years). For females, estimated non-Aboriginal and Torres Strait Islander life expectancy (82.6 years) is 9.7 years higher than for Aboriginal and Torres Strait Islander (72.9 years).¹

Approved for circulation to the Standing Committee on Estimates 2011-2012

Signature: *K. Gallagher*

Date: *29.5.11*

By the Minister for Health, Katy Gallagher MLA

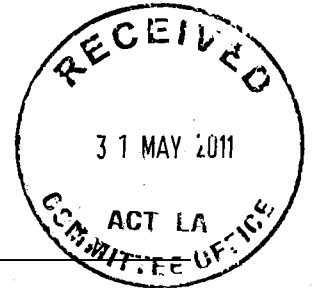
¹ Australian Institute of Health and Welfare 2011. Life expectancy and mortality of Aboriginal and Torres Strait Islander people. Cat. no. IHW 51. Canberra: AIHW. p.6.



LEGISLATIVE ASSEMBLY FOR THE AUSTRALIAN CAPITAL TERRITORY

SELECT COMMITTEE ON ESTIMATES 2011-2012

ANSWER TO QUESTION TAKEN ON NOTICE
DURING PUBLIC HEARINGS



Asked by Mr Hanson MLA on Thursday 19 May 2011:

Ms Gallagher MLA took on notice the following question(s):

Hansard Transcript – Thursday 19 May May 2011 – Page 55

In relation to :

Men's Health Programs

MR HANSON: I just get a sense that, I mean, there is obviously a lot of women's health issues that, you know, breast cancer and so on, and I think you can just see that, and I, you know, I think the minister is aware of this as well and we have probably had previous conversations over a sausage sizzle that there are, you know, comparison to breast cancer to prostate cancer, for example, it does seem that there is more awareness and more community support for breast cancer than prostate cancer. Do we have a - I know it is not just specifically in output 1.3 - but a list of the, I guess, the specific men's health programs? It would be interesting to have a look at what we are doing there. I am happy to take that on notice.

MS GALLAGHER MLA: The answer to the Member's question is as follows:-

Most ACT Health services and education initiatives are available to and include men and boys, even if not specifically targeting them as a consumer group. For example, Chronic and Primary Health Care promotes everyone to take action to prevent, or detect at an early stage, serious conditions. The 'Find Thirty' campaign suggests at least 30 minutes of physical activity on most days of the week. Also, a 'Get Healthy' website provides information and coaching on healthy eating and activity.

The following programs funded by ACT Health, are those specifically for males, or those that focus on males:

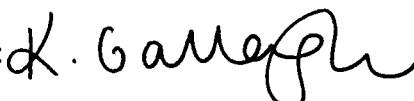
- Organisation: Menslink
- Program: Staff Training in Suicide Prevention and Mental Health Literacy
- Description: Develop annual workshops which aim to increase awareness of issues affecting men's access to services and enhance the skills of staff of service providers to engage and work with men.

- Organisation: The Gugan Gulwan Aboriginal Youth Corporation
Program: Staff Training in Suicide Prevention and Mental Health Literacy
Description: Provide Aboriginal and Torres Strait Islander mental health and wellbeing workers with culturally sensitive suicide prevention training; and culturally sensitive mental health literacy training to enhance their knowledge, skills and confidence in working with at-risk Aboriginal and Torres Strait Islander youth.
- Organisation: ACT Health, Mental Health Policy Unit, Policy Division
Program: Let's Talk Suicide Prevention Campaign
Description: A four week campaign leading up to World Suicide Prevention Day – 10 September 2010. The campaign aimed to raise awareness about suicide and suicide prevention for residents of the ACT; provide information about where residents of the ACT can obtain assistance if they, or someone they know, is at risk of suicide; and reduce the stigma associated with suicide. This is a universal campaign. However it is relevant to men, as men are identified as one of the at-risk population groups in the ACT Suicide Prevention Strategy *Managing the Risk of Suicide: A Suicide Prevention Strategy for the ACT2009-2014*.
- Organisation: OzHelp Foundation
Program: Tradies Tune Up
Description: Provides early intervention suicide prevention strategies specifically for apprentices on building sites and promotes social capacity building.
- Organisation: Northside Community Service
Program: Majura's Men's Group
Description: Providing older and younger men with disabilities to have access to basic maintenance and support services to optimise their capacity to live independently in the community with dignity. This group has an emphasis on social inclusion that focuses on community based activities to form lasting friendships. Members receive support in pursuing their interests in woodwork and has included the repairs of community child-care group puzzles and the construction of easels for a local playgroup.
- Organisation: Aged Care Rehabilitation Service
Program: Still Ticking
Description: Providing older and younger men with disabilities to have access to basic maintenance and support services to optimise their capacity to live independently in the community with dignity. This group is for active men diagnosed with dementia. Activities offered include excursions, entertainment and games.
- Organisation: Salvation Army
Program: Canberra Recovery Service
Description: This is a residential alcohol and other drug treatment and support program for over 18 year old males. The service also provides support and case management for men who exit the residential service.

- Organisation: Alcohol and Drug Foundation (ADFACT)
 Program: Nexus Program
 Description: A 9 bed residential support and case management program for men referred from the community and men discharged from residential treatment programs.
- Organisation: Alcohol and Drug Foundation (ADFACT)
 Program: Karralika Therapeutic Community
 Description: Specific support groups for men are held for those men participating in the Karralika Therapeutic Community.
- Organisation: St Vincent De Paul
 Program: Samaritan House
 Description: Provides support and accommodation to single men that prioritise support to men with complex and multiple needs.
- Organisation: Belconnen Community Service & Tuggeranong Community Service
 Program: Bungee Program
 Description: Encourages young people to look after and improve their mental health, including learning about anger management, by being physically active and connecting to the arts.
- Organisation: Post & Ante Natal Depression Support & Information Group (PANDSI)
 Program: Post & Ante Natal Depression Support & Information Group (PANDSI)
 Description: Provides support and information to families affected by post or antenatal depression. Services include telephone support, combined exercise and support groups, facilitated support groups with free childcare, pram walking group, video and book lending library, quarterly newsletter and information packs.
- Organisation: Health Promotion Branch, ACT Health & OzHelp Foundation
 Program: Healthy@Work Pilot
 Description: A 12 month pilot trialling a range of strategies to assist employees to address lifestyle changes and assist workplaces to be a health promoting environment. Physical activity, nutrition, smoking, alcohol and mental health and well-being are targeted. Of the five workplaces, two workplaces predominantly employ males; the construction industry and the IT industry.

Additionally, the Health Directorate in collaboration with Oz Help, Lifeline, Menslink, SupportLink, and the Mental health community coalition, are running a conference, *Let's talk: Putting men's health on the agenda*, on 15 June 2011 which will address men's physical and mental health.

Approved for circulation to the Standing Committee on Estimates 2011-2012

Signature: 

Date: 29.5.11

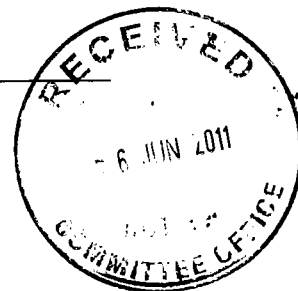
By the Minister for Health, Katy Gallagher MLA



LEGISLATIVE ASSEMBLY FOR THE AUSTRALIAN CAPITAL TERRITORY

SELECT COMMITTEE ON ESTIMATES 2011-12

QUESTION ON NOTICE (No E11 - 086)



ZED SESELJA MLA: To ask the Minister for Economic Development

Ref: LDA, Budget Paper 4, page 491

In relation to: Section 63

1. Can you provide an update on what is currently happening to the site at Section 63?
2. Is it still under a holding lease?
3. Do you know when development will commence?
4. Have any penalties been imposed on the owner of the site? If so, how much and what for?

Andrew Barr MLA : The answer to the Member's question is as follows:-

1. The developer has secured its statutory approvals and now seeks a major tenant for the buildings.
2. Yes.
3. The developer has advised that it will commence building immediately upon securing a major tenant for any of the four proposed buildings.
4. a) No.
b) N/A.

Approved for circulation to the Standing Committee on Estimates 2011-2012

Signature: *Andrew Barr*

Date: 3.6.2011

By the Minister for Economic Development Andrew Barr MLA



LEGISLATIVE ASSEMBLY FOR THE AUSTRALIAN CAPITAL TERRITORY

SELECT COMMITTEE ON ESTIMATES 2011-2012

ANSWER TO QUESTION ON NOTICE

ZED SESELJA : To ask the Chief Minister

Ref: CMD, BP3, pg84

In relation to : CIO and Web 2.0

1. What role will the new Chief Information Officer (CIO) play in the Government's initiative to be a single agency?
2. Is the \$1.2 million allocated over four years under the Government Information Office—Optimising ICT Investment, salary for the CIO position?
3. There has been an allocation for \$125,000 to scope Web 2.0 opportunities for the ACT Government, what other Web 2.0 initiatives were carried out prior to this?
 - a. Will this study take into consideration changes to the ACT Governments structure to Directorates?
 - b. In what way will it do so?

Ms Gallagher : The answer to the Member's question is as follows:—

1. The role of the Director of the Government Information Office in the Government's single agency will relate to across government ICT strategy; exploring opportunities for use of ICT in service delivery; and knowledge management policy. As an across government role, it will bring together agencies in stronger collaborative and aligned effort and support enhance strategic planning and prioritisation in ICT. As indicated at Estimates hearings, this is a strategic policy role, distinct from, but complementary to, the operational focus of Shared Services. This new role is appropriately located in Chief Minister and Cabinet Directorate to support the Head of Service role across the public service and to draw together across government strategic approaches.
2. Most of the funding relates to the position of Director of the Government Information Office, with provision for administration and related cost. Given the nature of the role, this is envisaged as a senior executive position, but it is still subject to job sizing.

3. If Web 2.0 is taken as using new collaborative tools and approaches provided by the internet, a number of initiatives have already used web-based tools to engage and involve the community, as well as provide information and support service access. The scoping study will look at this in a more structured way and identify where future activities might lie, including in improved service delivery options for a community with high computer use. The study will take into account the changes to the ACT's Government structure – obviously reflecting that some activities may have changed their location, but also acknowledging that new opportunities may come out of different alignment of activities.

Approved for circulation to the Standing Committee on Estimates 2011-2012

Signature: 

Date: 9.6.11

By the Chief Minister, Katy Gallagher

**LEGISLATIVE ASSEMBLY FOR THE AUSTRALIAN CAPITAL TERRITORY****SELECT COMMITTEE ON ESTIMATES 2011-2012****ANSWER TO QUESTION ON NOTICE**

Mr Seselja: To ask the Chief Minister

Ref: CMD, BP4, pg33-34, Output Class 1


In relation to: Government Office Block Tenants

1. Please provide a list of agencies that will be moving into the Government Office Block and corresponding numbers of staff for each agency.
2. Please provide a list of all Shared Services roles and staff numbers currently at Eclipse House.
3. Please provide a list of all agencies, functions, and staff numbers currently at Nara House.

Katy Gallagher: The answers to the Member's questions are as follows:-

1. A list of agencies proposed to move into the new Government Office Building is included at p120 of the Statement of Requirements released on 13 May 2011. As a result of the new ACT Government structure, the list will now be revised to account for changes in nomenclature and revised Administrative Arrangements.
2. In December 2010 there were 299 Shared Services Centre staff accommodated within Eclipse House. There has been no substantive change to this number since December 2010.
3. From the December 2010 staff count Nara House was populated with 187 Chief Minister's Department staff and 194 Treasury staff. Since this staff count, and following the restructure of the ACT Public Service, some of the staff have nominally transferred to the Economic Development, Community Services and Environment and Sustainable Development Directorates but are still currently located at Nara House.

Approved for circulation to the Standing Committee on Estimates 2011-2012

Signature: 
By the Chief Minister, Katy Gallagher

Date: 17.6.11



LEGISLATIVE ASSEMBLY FOR THE AUSTRALIAN CAPITAL TERRITORY

SELECT COMMITTEE ON ESTIMATES 2011-2012

ANSWER TO QUESTION ON NOTICE

Mr Seselja: To ask the Chief Minister

Ref: CMD, BP4, pg33-34, Output Class 1

In relation to: Government Office Block Reports

1. Of the 16 reports regarding the Government Office Block that were produced for the CMD and LAPS, please identify the report(s) and page(s) where the \$19.3 million in operational savings is mentioned.
2. Of the 16 reports regarding the Government Office Block that were produced for the CMD and LAPS, please identify the report(s) and page(s) where the \$15.2 million in Total Efficiency/Productivity Savings are mentioned.
3. How much will finance costs of the proposed building add to the project's overall cost per annum?
4. What does the Cox Financial Analysis report conclude about the five options considered?
 - a. Does the table on page 11 of that report refer to whole-of-life costs?
 - b. Does the table show a \$19.3m operational saving per annum? If not, what does it conclude about the net savings/costs of the various options over the life of the project and on a per annum basis?
5. What assumptions have been used by the Government regarding green energy in the cost modelling of the Government Office Block?
 - a. Please identify the report(s) and pages(s) that the Government has used in its calculations.

Ms Gallagher: The answers to the Member's questions are as follows:—

1. The financial analysis undertaken by CBRE is a 25 year net present value analysis from which it is not possible to derive annual savings. The annual savings calculated by the Economic Development Directorate cannot therefore be identified in the analysis.

The assumptions included in the 2009 financial analysis can be found in Appendix 1 of the CBRE report *Net Present Value Model Description* April 2009. The assumptions included in the 2010 financial analysis can be found in Appendix 2 of the CBRE Report *Cost Analysis* 20 October 2010.

2. The financial analysis undertaken by CBRE is a 25 year net present value analysis from which it is not possible to derive annual savings. The annual savings calculated by the Economic Development Directorate cannot therefore be identified in the analysis.

The assumptions included in the 2009 financial analysis can be found in Appendix 1 of the CBRE report *Net Present Value Model Description* April 2009. The assumptions included in the 2010 financial analysis can be found in Appendix 2 of the CBRE Report *Cost Analysis* 20 October 2010.

3. Please refer to the Budget Impact Analysis which provides an estimate of the costs of finance. This however, does not imply that the project will be financed by borrowings.

4. The conclusion is on page 40 of the report which states that:

“the results of the financial modelling undertaken show that co-located offices for ACT Government agencies in a new building complex offers the lowest cost office accommodation option. However, the cost advantage is marginal given complexities involved in both modelling and estimating the future cost streams for office accommodation”.

This conclusion was based on cost modelling that did not include the significant workforce efficiency and productivity gains that could also be derived through co-location.

- a. The table presents a Net Present Cost for each of the 5 scenarios based on a 25 year period.
 - b. Savings relating to rental, churn, improved utilisation and operating costs are embedded within the CBRE Financial Analysis.
5. At the time it was assumed that the ACT Government currently purchased 30% green power and will progressively move to 100% by the year 2016, in line with the commitment under the Parliamentary Agreement.
 - a. Refer to page 12 of CBRE report “Net Present Value Model Description”, April 2009. This report is presented at Appendix 1 to COX report “Financial Analysis”, May 2009.

Approved for circulation to the Standing Committee on Estimates 2011-2012

Signature: 

Date: 17.6.11

By the Chief Minister, Katy Gallagher



LEGISLATIVE ASSEMBLY FOR THE AUSTRALIAN CAPITAL TERRITORY

SELECT COMMITTEE ON ESTIMATES 2011-2012

QUESTION ON NOTICE

MR SESELJA MLA: To ask the Minister for Economic Development

Ref: Government Office Block Cost Savings Sheet

In relation to: Government Office Block Efficiency Savings

1. Of the 16 reports regarding the Government Office Block that were produced for the CMD and LAPS, please identify the report(s) and page(s) where the exact assumptions for the following are found:
 - a. 10% of Office consumable budget
 - b. 5% of IT Budget
 - c. 80% of local travel costs
 - d. Differential between current energy/water costs and that associated with larger 5 NABERS Government Office Building
 - e. 1% per annum (from 10% to 9%) = \$13,600 per person not lost
2. If not from the 16 reports, where were they extrapolated from?

Mr Andrew Barr MLA: The answer to the Member's questions are as follows:—

1. The CBRE cost model includes assumptions for travel cost savings, energy and water costs and costs associated with attrition however the cost analysis only includes the current energy / water costs and those associated with the larger 5 NABERS Government Office Building for the relevant options. The analysis still indicates that Scenario 1 (Office Complex) is the lowest cost option.
2. a) – c) The indicative benefits for a, b and c were based on information received from a number of Australian organisations who had recently relocated dispersed work places into a new single location.
 - d) Please refer to answer 1 above.
 - e) The estimated attrition cost of \$13,600 for the ACT is a conservative estimate based on the Australian National Audit Office Report No 31 2007-08, Management of Recruitment in the Australian Public Service which states that Human Management

Resource literature suggests that direct recruitment costs typically amount to 15 to 25 per cent of the salary of the position being filled. In addition the report states that the indirect costs of staff turnover may be of a similar magnitude.

Approved for circulation to the Standing Committee on Estimates 2011-2012

Signature: 

Date: 15.6.11

By the Minister for Economic Development, Andrew Barr MLA



LEGISLATIVE ASSEMBLY FOR THE AUSTRALIAN CAPITAL TERRITORY

SELECT COMMITTEE ON ESTIMATES 2011-2012

QUESTION ON NOTICE

MR SESELJA MLA : To ask the Minister for Economic Development

Ref: Government Office Block Cost Savings Sheet

In relation to : Government Office Block Operational Savings

1. Of the 16 reports regarding the Government Office Block that were produced for the CMD and LAPS, please identify the report(s) and page(s) where the exact assumptions for the following are found:
 - a. Reduction/abolishment of rental payments on currently leased building
 - b. 1.2% workforce reduction (admin, shopfront services, security, facilities management, mail, etc) = 42 staff x \$110,000 = \$4.6m
 - c. Estimated at \$2m + per annum based on current Property Group costs over past five years
2. If not from the 16 reports, where were they extrapolated from?

Mr Andrew Barr MLA: The answers to the Member's questions are as follows:—

1. The assumptions included in the 2009 financial analysis can be found in Appendix 1 of the CBRE report *Net Present Value Model Description* April 2009. The assumptions included in the 2010 financial analysis can be found in Appendix 2 of the CBRE Report *Cost Analysis* 20 October 2010. The financial analyses undertaken by CBRE are 25 year net present value analyses from which it is not possible to derive annual savings.
2. Please refer to answer 1 above.

Approved for circulation to the Standing Committee on Estimates 2011-2012

Signature: *Andrew Barr*

Date: 15.6.11

By the Minister for Economic Development, Andrew Barr MLA



LEGISLATIVE ASSEMBLY FOR THE AUSTRALIAN CAPITAL TERRITORY

SELECT COMMITTEE ON ESTIMATES 2011-2012

ANSWER TO QUESTION ON NOTICE

Mr Seselja: To ask the Chief Minister

Ref: Government Office Block Cost Saving Sheet

In relation to : Government Office Block Productivity Savings

1. Of the 16 reports regarding the Government Office Block that were produced for the CMD and LAPS, please identify the report(s) and page(s) where the exact assumptions for the following are found:
 - a. 1% productivity benefit = estimated at 1 day per annum
 - b. 1% productivity benefit = 20 mins per day
 - c. 0.5% productivity benefit = 20 mins per day
 - d. 0.25% productivity benefit = 20 mins per day

2. If not from the 16 reports, where were they extrapolated from?

Ms Gallagher: The answers to the Member's questions are as follows:—

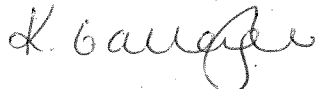
1. The assumptions included in the 2009 financial analysis can be found in Appendix 1 of the CBRE report *Net Present Value Model Description* April 2009. The assumptions included in the 2010 financial analysis can be found in Appendix 2 of the CBRE Report *Cost Analysis* 20 October 2010.

The financial analysis undertaken by CBRE are 25 year net present value analysis from which it is not possible to derive annual savings.

The research to support these assumptions was undertaken by the Economic Development Directorate, DEGW and ARUP. The CBRE model has the capacity to capture these productivity benefits in the NPV calculation.

2. These potential benefits were identified through research undertaken by the Economic Development Directorate, DEGW and ARUP as mentioned above.

Approved for circulation to the Standing Committee on Estimates 2011-2012

Signature: 

Date: 16.7.11

By the Chief Minister, Katy Gallagher



LEGISLATIVE ASSEMBLY FOR THE AUSTRALIAN CAPITAL TERRITORY

SELECT COMMITTEE ON ESTIMATES 2011-2012

ANSWER TO QUESTION ON NOTICE

ZED SESELJA : To ask the Chief Minister

Ref: CMD, BP4, pg33-34, Output Class 1

In relation to : Gungahlin Office

1. What are the 500 public service jobs that will be moving to Gungahlin?
2. Please provide a list of the agencies that will be moving to Gungahlin with corresponding number of public servants and job roles?
3. What were the criteria used in determining the number of public servants and job roles for the move?

Ms Gallagher : The answer to the Member's question is as follows:-

The proposed government office at Gungahlin is subject to a feasibility study that has budget funding of \$150,000 for 2010/2011. The study will investigate which ACT Government agencies are the most appropriate to be relocated to Gungahlin, including the provision of Canberra Connect shopfront services, the costs associated with the relocation of staff, the impact that such relocation might have on staff, and the consequences resulting from vacating existing office spaces.

The criteria used in determining the staff composition for the proposed government office at Gungahlin will be developed during the feasibility study.

Approved for circulation to the Standing Committee on Estimates 2011-2012

Signature: *K. Gallagher*

Date: 9.6.11

By the Chief Minister, Katy Gallagher



LEGISLATIVE ASSEMBLY FOR THE AUSTRALIAN CAPITAL TERRITORY

SELECT COMMITTEE ON ESTIMATES 2011-2012

ANSWER TO QUESTION ON NOTICE

ZED SESELJA : To ask the Chief Minister

Ref: CMD, BP4, pg33-34, Output Class 1

In relation to : Hawke Review and Staffing

1. Has the issue of a surplus staff been considered in the switch to the Directorate model?
 - a. How will the Government address this?
 - b. How many surplus staff does the government anticipate, and how much has been budgeted to maintain such staff?
 - c. Will they be retained in the Public Service at their ongoing salary grades?
2. Which Directorates has the Government identified as having the largest number of surplus staff?
 - a. How many does the Government anticipate in these Directorates?
3. Does the Government anticipate some Directorates as requiring more staff?
 - a. How many staff will be required to fill these positions and in Directorates?
 - b. How much has the Government allocated for staff training in redeployments to other agencies and/or functions?
4. What Government agency functions and programs have been discontinued as a result of the Government's implementation of the Hawke Review recommendations?
 - a. How many staff have been redeployed, made redundant, and/or warehoused?
 - b. For each of the three staffing elements above, how much is this costing the government per salary grade in FTE terms?

Ms Gallagher : The answer to the Member's question is as follows:-

1. The 2011-12 Budget provides for limited growth in FTE across the Service. Where efficiencies are to be achieved through changes in work practices this will involve the realignment of work and its allocation through normal staff turnover as far as possible

and for any excess staff, opportunities for transfer within the agency as well as across directorates. The option of offering voluntary redundancies will only be considered when all other opportunities are exhausted.

Directors-General will advise the Head of the Service in June on how they will achieve their 2011-12 efficiency and staffing objectives. That advice will include whether there is need for targeted redundancies, including executive redundancies.

Staff and unions will be fully informed and supported through any changes and all industrial requirements relating to redeployment and consultation over changes in the workplace will be properly observed by directorates.

2. See answer to Question 1.
3. See answer to Question 1.
4. See answer to Question 1.

Approved for circulation to the Standing Committee on Estimates 2011-2012

Signature:



Date: 9/6/11

By the Chief Minister, Katy Gallagher



LEGISLATIVE ASSEMBLY FOR THE AUSTRALIAN CAPITAL TERRITORY

SELECT COMMITTEE ON ESTIMATES 2011-2012

ANSWER TO QUESTION ON NOTICE

ZED SESELJA : To ask the Chief Minister

Ref: CMD, BP4, pg33, Output Class 1

In relation to : The Hawke Review Implementation Funding

1. How much money has the government allocated for the implementation of the Hawke review for 2011-12 and the following three years?
2. Please provide a breakdown of what this funding allocation will cover in the respective years, in addition to funding for: Performance and Accountability and Evaluation Implementation (BP3, pg83) and Strategic Board Secretariat (BP3, pg84)?
3. It has been mentioned by the government that circuit breaker teams will go into directorates to help facilitate changes underway, is this currently happening?
 - a. If yes, is this conducted internally or with external consultants?
 - b. How much is this costing?

Ms Gallagher : The answer to the Member's question is as follows:—

- 1; 2. Staffing costs for the implementation taskforce are being funded by the home agency of each staff member, and all tasks allocated to the taskforce to date have been carried out by internal resources. The government has allocated some funds for specific aspects of the move to One Government. These are:

Initiative	2011-12 \$'000	2012-13 \$'000	2013-14 \$'000	2014-15 \$'000
ACTGov 2.0	125	0	0	0
Government Information Office	297	302	306	311
Performance and Accountability and Evaluation Implementation	355	361	368	375
Strategic Board Secretariat	120	123	126	130

3. Discussions on appropriate "circuit breaker" teams , how they might operate, and their tasks are being undertaken with in government at the moment.
 - a. The work involved in devising a framework and implementation method for circuit breaker teams will be carried out by internal resources.
 - b. Internal resources on the taskforce and participants selected for circuit breaker teams will be funded by their home agencies. There are no additional costs that have been identified in setting up circuit breaker teams at this stage.

Approved for circulation to the Standing Committee on Estimates 2011-2012

Signature: 

Date: 14/6/11

By the Chief Minister, Katy Gallagher



LEGISLATIVE ASSEMBLY FOR THE AUSTRALIAN CAPITAL TERRITORY

SELECT COMMITTEE ON ESTIMATES 2011-2012

ANSWER TO QUESTION ON NOTICE

ZED SESELJA : To ask the Chief Minister

Ref: CMD, BP4, pg33-34, Output Class 1

In relation to : Staff Reductions

1. How much will the Government save through the announced 210 FTE redundancies identified by the treasurer?
2. What positions have been identified for these voluntary redundancies?
3. What positions have been identified for the hiring of 320 FTE staff?
 - a. How much money has been allocated for this?
4. When does the Government anticipate to conclude this round of redundancies and hiring?
5. Will this decrease the percentage of wages and staffing costs to the Budget?
 - a. What is the present percentage of wages and staffing costs to the Budget?
 - b. How did the Government calculate this?
 - c. By how much will this decrease the percentage of wages and staffing costs in the Budget with the proposed voluntary redundancies and hiring?

Ms Gallagher : The answer to the Member's question is as follows:-

1. The 2011-12 Budget provides for limited growth in FTE across the Service. Where efficiencies are to be achieved through changes in work practices this will involve the realignment of work and its allocation through normal staff turnover as far as possible and for any excess staff, opportunities for transfer within the agency as well as across directorates. The option of offering voluntary redundancies will only be considered when all other opportunities are exhausted.


Directors-General will advise the Head of the Service in June on how they will achieve their 2011-12 efficiency and staffing objectives. That advice will include whether there is need for targeted redundancies, including executive redundancies.

Staff and unions will be fully informed and supported through any changes and all industrial requirements relating to redeployment and consultation over changes in the workplace will be properly observed by directorates.

The Budget at page 18 Budget Paper 3 states the savings objectives contained in the budget.

2. See answer to Question 1.
3. See answer to Question 1.
4. See answer to Question 1.
5. See answer to Question 1.

Approved for circulation to the Standing Committee on Estimates 2011-2012

Signature: 
By the Chief Minister, Katy Gallagher

Date: 9.6.11



LEGISLATIVE ASSEMBLY FOR THE AUSTRALIAN CAPITAL TERRITORY

SELECT COMMITTEE ON ESTIMATES 2011-2012

ANSWER TO QUESTION ON NOTICE

ZED SESELJA : To ask the Chief Minister

Ref: CMD, BP4, pg33, Output Class 1

In relation to : Coordination of ICT and Unified Public Service Back Office Issues

1. What ICT and back office change are underway to facilitate the transition to a single government agency?
 - a. Please provide a cost breakdown of the components of this initiative and funding allocations to all Directorates.
2. Is the delivery of this initiative conducted on a Directorate-by-Directorate basis?
 - a. What is the Government's criteria in selecting Directorates for such transitional support?
 - b. What Directorates are currently receiving ICT and back office change support?
 - c. What kinds of support are being given?
 - d. How much will it cost to conduct this throughout the whole of the ACT public service?
 - e. Is this being conducted by internal or external consultants?

Ms Gallagher : The answer to the Member's question is as follows:—

1. The coordination of ICT and back office support is currently being targeted primarily at assisting the various elements of establishing Environment and Sustainable Development Directorate, and the Economic Development Directorate. All Directorates are working with the Head of the Service and the Commissioner of Public Administration to ensure that their structures are appropriate for any changes that have occurred as part of the changes to Administrative Arrangements.
 - a. No specific funds have been set aside for these purposes, and any costs incurred are being met from a Directorate's existing funding.

2. Yes.

- a. Directorates that require transitional assistance are identified through discussions between the Director-General and the Head of the Service.
- b. Economic Development Directorate; and Environment and Sustainable Development Directorate are receiving most support in this area.
- c. Support is in the form of subject matter expertise for the governance and organisational structure elements of back office arrangements. ICT support is limited at this time, however Shared Services ICT support is expected to grow as Directorates become more familiar with the variety of ICT elements involved in their newly established organisations, and seek to find ways to streamline processes.
- d. The support elements currently identified are considered to be at minimal cost. Any major expenditure in the nature of new ICT systems would need to be subject to usual budget processes, but have not been specifically identified or discussed at this stage.
- e. Internal resources are being used for assistance with back office support arrangements.

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Date: 9.6.11

By the Chief Minister, Katy Gallagher



LEGISLATIVE ASSEMBLY FOR THE AUSTRALIAN CAPITAL TERRITORY
SELECT COMMITTEE ON ESTIMATES 2011-2012

ANSWER TO QUESTION ON NOTICE

ZED SESELJA : To ask the Chief Minister

Ref: CMD, BP4, pg33, Output Class 1

In relation to : Logos and Rebranding

1. How much will funding allocations be for items such as stationery, and rebranding of the ACT government?
2. How much will the transition from existing stationery to new whole-of-government stationery and branding cost?
3. Has there been any analysis of the present value and equity of existing brands and logos?
4. Will organisations like the CIT be able to retain their recognised logo?
5. What is the criteria for allowing some agencies to keep their logos and others not?

Ms Gallagher : The answer to the Member's question is as follows:-

1. Directorates will be responsible for ordering stationery as required but as the new branding is to be phased in old stock will be run down first. However in many instances the public service uses online templates for letterhead and other documents which are printed as required.
2. Existing stationery will be utilised until depleted so costs will be minimal.
3. Some government agencies, that compete in market places conduct regular market research of their brand. As these elements of government will have co-branding or exemption from branding, there is no value diminution anticipated.
4. Yes, there will be opportunities for areas within government to retain their current brand where they meet the criteria. CIT is one such example.

5. To maintain a logo for co-branding or exemption the following criteria must be addressed;
- a. The brand is used in a commercial operation and essential for marketing activities.
 - b. Statutory Authorities that operate independently from the ACT Government.
 - c. Demonstrated brand equity within a particular community eg school community.
 - d. Destination marketing.
 - e. Reliance on charitable donations and currently on the Deductible Gifts Register.

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Signature:



Date: 9/6/11

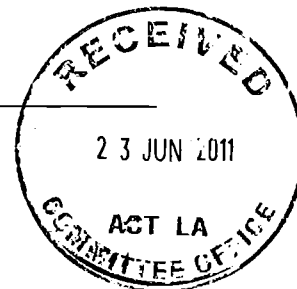
By the Chief Minister, Katy Gallagher



LEGISLATIVE ASSEMBLY FOR THE AUSTRALIAN CAPITAL TERRITORY

SELECT COMMITTEE ON ESTIMATES 2011-12

ANSWER TO QUESTION ON NOTICE (No E11-099)



BRENDAN SMYTH: To ask the Minister for Economic Development:

Reference: Economic Development, Business statistics

1. How many businesses existed in the ACT in 2010 and in each of the previous five years.
2. How many small and micro businesses existed in the ACT in 2010 and in each of the previous five years.
3. What was the survival rate for these businesses over the past six years.
4. What was the exit rate for these businesses over the past six years.

MR BARR MLA: The answer to the Member' question is as follows:

ABS Catalogue 8165.0 – *Counts of Australian Businesses, including Entries and Exits, Jun 2007 to Jun 2009*. Catalogue 8165.0 provides data pertinent to the Member's question.

8165.0 records movements in Australian Business Numbers (ABNs) that 'actively remit a GST role'. (It is not, therefore, a precise measure of a business population or related movements.)

8165.0 is a relatively new series with two data years so my answer is confined to that time period. The ABS advises that the counts presented in this publication are not comparable with those presented in previous releases, for example those based on survey techniques that have been used in earlier series. Accordingly, I have not referenced data from those sources in this response.

In relation to your specific question under (1), the ABS has not yet published 2009-10 data under 8165.0.

Data for the most recent period (2008-09) records 24,387 tax active ABNs in the ACT.

NOTE: The ABS point out in explanatory notes to this series that ABN exits do not automatically mean business failure. Selling businesses, mergers, and changing business structures can result in a reduction in ABN numbers, without necessarily any loss of economic activity.

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Signature: 

Date: 22. 6. 2011

By the Minister for Economic Development, Andrew Barr MLA



LEGISLATIVE ASSEMBLY FOR THE AUSTRALIAN CAPITAL TERRITORY
SELECT COMMITTEE ON ESTIMATES 2011-2012

ANSWER TO QUESTION ON NOTICE



BRENDAN SMYTH : To ask the Minister for Economic Development

Reference: Economic Development, Commonwealth Budget Paper 3, page 99

In relation to :

1. What is the ACT required to provide during 2010-11 in return for the provision of \$0.8 million from the Commonwealth Government for the National Partnership Program on the Standard Business Reporting (SBR) Program.
2. What has been achieved from the SBR Program to date.
3. What outcomes are still to be achieved in the SBR Program.
4. Will there be any follow-on activities once this SBR Program has been completed and, if so, what objectives will be sought.

Treasurer, Katy Gallagher MLA : The answer to the Member's question is as follows:—

1. SBR is a Commonwealth Government multi-jurisdictional initiative that is designed to simplify business-to-government reporting. The ACT together with all other jurisdictions agreed to be part of the Standard Business Reporting project managed by the Commonwealth Treasury. The ACT was fully funded by the Commonwealth for the implementation of SBR.

The \$0.8 million provided to the ACT for SBR in 2010-11 is comprised of a payment for development work completed in 2009-10 which had not yet been billed to the Commonwealth; the estimated maintenance and operation costs of SBR during 2010-11; and some residual development to be performed in 2010-11.

2. The ACT has fully implemented the required systems to allow companies wishing to use the SBR channel to lodge payroll tax returns from 1 July 2010.
3. The ACT has completed the required outcomes for SBR.

4. There are no follow-on activities in relation to SBR apart from the ongoing maintenance and operation of systems to allow companies to lodge payroll tax returns through the SBR channel.

Approved for circulation to the Standing Committee on Estimates 2011-2012

Signature: *K. Gallagher* Date: 29.5.11

By the Treasurer, Katy Gallagher MLA