HEALTH AND HOSPITALS FUND
(HHF)

Funding application

(ITA – 152/0809)

ACT
INTEGRATED CANCER CARE CENTRE

ACT HEALTH

ADVICE TO ORGANISATIONS SUBMITTING APPLICATIONS

1. Organisations are advised to familiarise themselves with the *Health and Hospitals Fund Funding Application and Assessment Guidelines* (the Guidelines) before completing the application.

2. All applications must be completed using this form. Attachments may be provided and should be clearly marked. Organisations are required to complete all parts of the application form. Please see section 4 of the Guidelines for more information.

3. The organisation's Chief Executive Officer or equivalent is required to complete and sign the declaration in Part Two. Please note that the declaration includes a statement of compliance and a statement of construction and OHS compliance as outlined in section 4 of the Guidelines.

4. Label clearly any confidential information and provide reasons for the request to claim confidentiality on this information so that the Department of Health and Ageing (DoHA) can assess your claim. The information will be provided to the Advisory Board but will be removed from any copies which may be sent to other agencies or officials. Please see section 6 of the Guidelines for more information.

5. Indicate clearly if known the names and roles of any proposed subcontractors.

6. Indicate clearly in the application where cost estimates are indicative or confirmed. Also include a source for the basis of cost estimates (eg. costing plan, industry benchmarks) and indicate whether this source document can be provided to the Advisory Board upon request. Please refer to section 5 of the Guidelines relating to GST when preparing financial information.

7. Applications must be submitted by 2.00 pm Australian Eastern Daylight Savings Time (AEDT) on Monday 19 January 2009 to: Tender Box, Department of Health and Ageing, Ground Floor, C Block, Penrhyn House, Bowes Street, WODEN ACT 2606.

8. Late applications will not be considered except in exceptional circumstances. Exceptional circumstances are considered to be beyond the control of the organisation, which includes where an application is late due solely to mishandling by DoHA. DoHA will provide eligible organisations with notification of receipt in the application stage.

9. Any further questions or queries should be directed in writing to hhf@health.gov.au. Please note that answers to de-identified questions may be made available on the Department of Health and Ageing website. DoHA and the Advisory Board will not be answering questions verbally nor those sent to any other email address.

CONTENTS

Australian Government

Department of Health and Ageing

REFERENCE NUMBER:

(For Department of Health and Ageing Use Only)

HEALTH AND HOSPITALS FUND

APPLICANT/ORGANISATION NAME

ACT Government (ACT Health)

PROJECT TITLE

ACT Integrated Cancer Care Centre (ICCC)

FUNDING AMOUNT REQUESTED

$27,863,000

Application submission instructions:

Number of copies:	**Ten *(10) hard copies (single sided) and 1 electronic copy on a compact disc.***
Please note:	**LATE, INCOMPLETE, OR FAXED APPLICATIONS WILL NOT BE ACCEPTED INTO THE ASSESSMENT PROCESS.** **Applications including attachments MUST be single sided, MUST NOT be bound or in a folder and NO staples are to be used.**
Due date:	**2pm AEDT Monday 19 January 2009.**
Deliver to:	**Tender Box** **Department of Health and Ageing** **Ground Floor** **C Block** **Bowes Street** **Woden ACT 2606**

PART TWO – CHIEF EXECUTIVE OFFICER'S DECLARATION

[*please tick*]

☐ I, Mark Cormack, confirm that this Application has been prepared in accordance with the HHF *Funding Application and Assessment Guidelines.*

☐ I confirm the ability of this organisation to comply with the National Code of Practice for the Construction Industry and the Australian Government Implementation Guidelines as well as the Australian Government Building and Construction OHS Accreditation Scheme.

☐ I confirm that this organisation will accept the terms and conditions of the draft funding agreement governing the conduct of the project. Where this organisation does not accept any of the terms or conditions, an explanation has been provided below.

☐ I confirm that I understand that HHF funding is available to fund items related to the creation and development of infrastructure, including capital items and/or research facilities and associated labour costs where required.

☐ I declare that I have checked this application and that to the best of my knowledge, all relevant details are correct at the time of lodgement.

..... / / 200*
(Signature of Chief Executive Officer and confirmation that I have authority to bind the organisation)

Name: Mark Cormack
Chief Executive Officer

(and, if applicable)

I declare that I have obtained the agreement of the partners and/or co-applicants to this application and have the authority to submit this proposal on their behalf.

..... / / 200*
(Signature of Chief Executive Officer)

Name:

PART THREE- OVERVIEW

Details of the institution that will contract with the Commonwealth:

Organisation Name:	**ACT Health**
Australian Business Number (ABN):	**82 049 056 234**
Contact Officer (name and position held):	**Megan Cahill** Executive Director, Government Relations Planning & Development
Phone number:	**02 6205 0877**
Fax number:	**020 6205 0866**
Email Address:	**Megan.Cahill@act.gov.au**
Website:	**www.health.act.gov.au**
Physical Address:	**Level 2** 11 Moore St Canberra ACT 2600
Postal Address for all correspondence:	**GPO Box 825** Canberra City ACT 2601

Details of other organisations that will contribute resources to this proposal.
(Add more boxes if necessary)

Organisation Name	
Type of Contribution (cash, in-kind, other – detail)	
Organisation Type	please select one of the following - ☐ State/Territory government or agency - ☐ Medical Research Institute - ☐ University - ☐ Other (Please state) .....
Contact Officer details (please include Name, Position, Phone Number and Email Address)	

Please include letters of commitment from all of the above organisations as **Attachment A**.

Executive Summary

Currently more than 38,000 Australians die each year from cancer. At current rates, one in three men and one in four women in Australia will develop cancer by the age of 75. Numbers of cancer cases are expected to increase by more than 30% in the next ten years as the population ages. In the ACT and SE NSW, the trends are similar with a projected annual increase of 3% in cancer incidence up to 2011.

Many people with cancer will die unnecessarily or suffer increased morbidity due to delays in diagnosis and inadequate treatment. The International Agency for Research in Cancer estimates a 10-15% difference in cancer outcomes by applying best practice knowledge at point of care. Currently however, cancer patient management is often not planned or in line with best available evidence. At least one in five people endure excessive waits for cancer treatment. Patients often see many specialists who may not work together in a cohesive, timely way compromising optimal care.

Regional based cancer facilities that are well linked to highly specialised larger cancer centres have the potential to improve access to optimal care and reduce the number of people reliant on patient assisted travel schemes.

The ACT draft *Cancer Services Plan* (2008-12) recognises the importance of prevention and screening and the integration of cancer research and teaching with clinical care, and proposes the establishment of a comprehensive cancer care centre. It is envisaged that as the centre is established and strengthens its research capacity, it would have the capacity to become a national Integrated Cancer Centre.

The proposed ACT Integrated Cancer Care Centre (ICCC) would be run by The Capital Region Cancer Service (CRCS) which is a joint initiative of ACT Health and the NSW Greater Southern Area Health Service. The CRCS provides a comprehensive range of screening, assessment, diagnostic, treatment and palliative care services to the metropolitan population of the ACT and patients within the surrounding region of NSW. Services are provided in inpatient, outpatient and community settings. It has a formal catchment population of approximately 500,000 drawn from the ACT and the surrounding rural and regional area of SE NSW.

The Centre will be built around the recently expanded and refurbished Radiation Oncology facility at the Canberra Hospital, and will provide the following services.

- Integrated multidisciplinary cancer care and research facilities.
    - Cancer patient information and support services.
    - Co-located ambulatory services providing formal multidisciplinary clinics, allowing patients to have their treatment program planned in one visit.
    - Radiation Oncology.
    - Medical Oncology.
    - Clinical Haematology.
    - Co-ordinated oncological surgical services.
    - Cancer psychosocial services.
    - Cancer rehabilitation services.
    - Clinical offices.
    - Cancer inpatient units.
    - Teaching & research facilities.
- A service delivery hub for rural and regional outreach and locally delivered cancer support services.
- Immunology.

The ACT has undertaken a comprehensive forward planning exercise to ready its health system for the challenges of an ageing population and changing disease profile. This planning process has resulted in the allocation by the ACT Government of $300 million as the first stage of the ACT Health Capital Asset Development Program (CADP) - a major 10 year investment in the expansion, renewal and reform of the ACT health system.

The CADP aims to transform the ACT health system to a high quality, integrated, efficient, accessible and safe network of tertiary, and intermediary inpatient facilities that are supported by multidisciplinary hospital and community based ambulatory care zones/centres, appropriate technology, strong primary care, teaching and research, and population based prevention.

The ACT health system currently serves a population of over 700,000 people drawn from both the ACT and (for tertiary services) the surrounding regional and rural areas of south eastern NSW. This population will grow and age significantly over the next 20 years.

This proposal relates to Stage 1 of the ICCC which involves the construction of the ambulatory multidisciplinary clinics, patient information services, and clinical, research and administrative space. The ACT Government has already funded the necessary radiotherapy services required for the ICCC, and will provide the funding for the day treatment (medical oncology and haematology) and inpatient units which comprise Stage 2 of the ICCC.

A full description of the proposed ICCC is provided in Part 5 below.

The ACT Integrated Cancer Care Centre is strongly consistent with the principles and evaluation criteria established under the Health and Hospitals Fund.

The ICCC addresses national infrastructure and reform priorities

Cancer care is a key priority of the Australian Better Health Initiative endorsed by the Council of Australian Governments (COAG) in 2006. The development of integrated cancer centres have also been identified by the Health and Ageing Working Group of COAG as a key reform strategy for health services in Australia. The Centre will also assist in redressing the uneven access and outcomes to quality cancer services of those living in regional and rural areas of south eastern NSW.

The ICCC is an appropriate and evidence based way to improve the quality and accessibility of cancer services

The incidence of cancer is growing in Australia generally, and in the ACT and surrounding rural and regional areas. There is strong evidence that timely access to best practice, interdisciplinary care will significantly increase cancer outcomes. Integrated Cancer Care Centres have been identified both internationally and in Australia as a cost effective approach to responding to these growing pressures.

A strategic and efficient approach to providing the ICCC has been developed

The ACT Government has conducted significant service planning and initial capital master planning in relation to the preferred location of the ICCC. The Centre is proposed to be built around the radiotherapy bunkers and inpatient units on the Canberra Hospital to allow full integration of the spectrum of cancer treatment services into a cancer care precinct.

The ACT Government has the capacity and commitment to effectively construct and run the Integrated Cancer Care Centre.

The ACT Government has estimated the future recurrent costs of the ICCC. Increased funding is built into ACT Health's forward funding estimates to cover growth in service needs. ACT Health is confident that any additional recurrent costs

associated with the proposed project can be readily absorbed within its recurrent funding envelope. ACT Health expenditure has been growing at an annual average of 10%.

The ACT Government has already put in place a strong capital works governance and management system for the overall Capital Asset Development Program. This system would be utilised to manage the HHF funds for the ICCC.

Proposal Timeframes

The ACT Government has completed a Capital Asset Development Plan for all ACT health facilities, which has identified the scope of an Integrated Cancer Care Centre. A significant enhancement and expansion of the Radiation Oncology Department has recently been completed. ACT Health has a contracted capital works Project Director (THINC Projects) already in place to facilitate the timely design, tendering and supervision of the construction of the Integrated Cancer Care Centre.

Estimated Start Year:	2009
Estimated Finish Year:	2012
Duration (years):	3
Operational Life (years):	20 +

Funding Summary

Please make explicit the proposed draw down of HHF funds.

Table 1: Outline of the overall funding (GST exclusive) for the proposal.

	2009-10 ($m) Year 1	2010-11 ($m) Year 2	2011-12 ($m) Year 3	2012-13 ($m) Year 4	2013-14 ($m) Year 5	Later Years	TOTAL ($m)
HHF cash contribution	1.367	13.357	13.139	0	0	N/A	27.863
Organisation cash contribution	ACT Health will contribute the cost of the Project Director and the preparation of the Project Definition Plan PDP ($0.60m) for this project. ACT Health will also fund Stage 2 of the ICCC. ACT Health has funded the recently completed expansion of the Radiation Oncology Department which will "plug in" to the ICCC and will fund the purchase of a second CT-Simulator , planning system upgrade and brachytherapy expansion in addition to a fourth linear accelerator (currently planned for 2011).						
Co-investor cash contribution	n/a						
SUB-TOTAL							
In-kind contribution and source	ACT Health is contributing the cost of the land on which the ICCC will be constructed						
TOTAL	1.367	13.357	13.139	0	0	N/A	27.863

These are indicative costs to be confirmed in Forward Design.

PART FOUR – SELF ASSESSMENT (LIMIT OF 5 PAGES)

Principle 1: Projects should address national infrastructure priorities

The ACT Integrated Cancer Care Centre (ICCC) addresses national infrastructure and reform priorities in two key areas.

Firstly it directly addresses many of the strategies identified in the Australian Better Health Initiative and the more recent Council Of Australian Governments (COAG) Health and Ageing Working Group recommendations related to the National Healthcare Agreement. Secondly, it contributes to the Commonwealth's desire to see balanced infrastructure investment across Australia, including for rural and regional areas.

National Reform Agenda

- The Australian Better Health Initiative endorsed by COAG in 2006 aims to promote good health and reduce the burden of chronic disease. Improved cancer care is a key priority of this initiative.

In addition, in preparation for the National Healthcare Agreement, COAG established a Health and Ageing Working Group (2008). This group identified better cancer care (including access, care coordination and outcomes) as a key priority. Key elements of the proposal to improve cancer services in Australia include:

- The development and promulgation of nationally agreed clinical referral protocols and cancer management guidelines for cancer tumour streams.
- Multi-disciplinary team assessments for all new cancer patients.
- Enhanced regional cancer centres.
- Improved patient access to cancer services.
- Expansion of Integrated Cancer Centres.

The ACT ICCC directly supports these national initiatives by:

- Establishing a single, unified "one stop ambulatory cancer care shop"/outpatient cancer clinic enabling patient centred care and multidisciplinary clinics.
- Facilitating innovation, discovery and translation of cancer research.
- Providing a local, regional and national teaching, research and information resource for clinicians, general practice, patients and their carers.
- Establishing a focus for collaboration with other service providers such as the private sector, non government and cancer support organisations.

Equitable Distribution of Infrastructure

The Capital Region Cancer Service (CRCS) was established as a clinical stream in August 2004 as a joint initiative between ACT Health and Greater Southern Area Health Service (GSAHS). The Service encompasses inpatient, outpatient, community health services and outreach services delivered by ACT Health to the ACT and the eastern (former Southern Area Health Service) part of the Greater Southern Area Health Service in NSW. This combined population is over 500,000.

According to the COAG Health and Ageing Working Group, although Australia has better overall cancer survival rates than comparable countries (eg UK and NZ), there

is considerable room for significant improvement. There is unacceptable variation for some disadvantaged patients, depending on the type of cancer and related to where they live, their socioeconomic status or ethnic origin. For example, people in the country do much worse than people in the city. With some cancers, patients from rural areas are up to three times more likely to die within five years of diagnosis than urban residents. For the 30% of Australians living in rural and remote areas, a diagnosis of cancer is made worse by distance. (HAWG 2008)

Compared with NSW as a whole, age-standardised incidence rates for all cancers were higher in the Greater Southern Area Health Service. (Cancer Institute of NSW, 2006).

The ICCC is a critical component of the CRCS ability to improve outcomes for both the ACT metropolitan population and the surrounding regional and rural population of SE NSW. The construction of such a centre would also put this region on par with other areas that do have cancer centres (Sydney, Melbourne and South Australia).

Principle 2: Projects should demonstrate high benefits and effective use of resources

Contribution to improved health care

The ICCC is expected to contribute to improved health outcomes through:

- Improved cancer survival, reduced morbidity and improved patient quality of life.
- The application of national best practice approach to improving access to cancer care.
- Reduced fragmentation of care; more efficient use of health services.
- Better more affordable access to cancer care especially for regional and rural patients and families, and a reduced requirement for travel for basic cancer services.
- Increased economic productivity due to fewer absences by patients and carers during treatment.

ACT Health would gauge the effectiveness of the ICCC through the monitoring of the performance measures attached to its Corporate Plan particularly in the key strategic areas of outcomes, safety and quality and our people (staff) and through evaluation of the Cancer Services Plan. ACT Health is also implementing a new Cancer Information Management system which will enable the collection of clinical outcome data to enable the effectiveness of cancer interventions and benchmarking outcomes.

Evidence of improved health outcomes

Cancer is potentially one of the most preventable and treatable causes of premature death. Yet, more than 38,000 Australians die from cancer each year. Numbers of cancer cases are expected to increase by more than 30% in the next ten years as the population ages, since cancer is more common over 50 years of age.
Many Australians with cancer will die unnecessarily or suffer increased morbidity due to delays in diagnosis and inadequate treatment. At least one in five Australians endures excessive waits for cancer treatment. Patients often see many specialists who may not work together in a cohesive, timely way compromising optimal care (The International Agency for Research in Cancer).

The Australian Senate Community Affairs Committee expressed concern (2005) that "While Australia is doing well in cancer control across the continuum, improvements could be made through the systematic implementation of best practice treatments for people with cancer." Current thinking in cancer care supports a model that facilitates innovation and translation of research to maximise effective outcomes by locating research, prevention and multidisciplinary service delivery resources in close proximity.

Costs, Benefits and Value for Money

The development of the ACT ICCC is an effective use of resources as it brings together best practice approaches for cancer prevention, treatment and care services, and improves access to meet the expected growing demand for such services from both urban and rural population.

Cost

The total capital cost of the Integrated Cancer Care Centre excluding the value of land contributed by the ACT Government is $28.463million. It is estimated that the annual recurrent cost upon completion (2012-13) will be $13.162million. This cost estimate has been produced by an independent quantity surveyor using standard ACT construction cost benchmarks. (More detail of the cost estimates of the ICC can be found below under Part 8 below).

Benefits

There are a range of benefits that would accrue from the construction of the Integrated Cancer Care Centre. These include:

- Improved cancer survival, reduced morbidity and improved patient quality of life.
- The application of national best practice approach to improving access to cancer care.
- The increased ability to translate local research in a timely manner to improve health outcomes.
- Reduced fragmentation of care; more efficient use of health services.
- Better more affordable access to cancer care especially for regional and rural patients and families, and a reduced requirement for travel for basic cancer services.
- Increased ability to attract and retain skilled staff to the ACT.
- Increased economic productivity due to fewer absences by patients and carers during treatment.

The ICCC will consolidate services currently provided at the Canberra Hospital on that campus. Co-location of research, teaching, screening services and ambulatory cancer service delivery in one or more locations will enhance communication, enable more rapid interaction between clinical and research staff and encourage and support an inspirational environment that fosters and encourages innovation. The result for patients will be a service that coordinates services for their complex needs.

Networking of multidisciplinary clinical services will improve access by patients and other members of the cancer care network including patients' GPs to the people

delivering and monitoring cancer services and to comprehensive and up to date information.

These benefits are highly relevant to the ACT and surrounding SE NSW population where incidence of cancer is expected to grow substantially in the coming years. ACT Health projections indicate an average annual increase in new cancer cases diagnosed in the region of an average 3.2% per year between 2005-06 and 2011.

Part 5 contains more detail of the projected cancer incidence for the ACT and SE NSW region.

Principle 3: Projects should efficiently address infrastructure needs

Financial Plan

The following table sets out years 1-7 of the full financial plan for the Integrated Cancer Care Centre. This has been prepared by an independent Quantity Surveyor. It is based on a design that is consistent with the Australasian Health Facility Guidelines. More detail of the project's financial plan is provided in Part 8.

Whole of Life costs – ACT Integrated Cancer Care Centre

Year	1	2	3	4	5	6	7
	2009-10	**2010-11**	**2011-12**	**2012-13**	**2013-14**	**2014-15**	**2015-16**
	$'000	$'000	$'000	$'000	$'000	$'000	$'000
Cost Item							
Salary Costs*	0	0	2,982	9,303	9,675	10,062	10,464
Associated on-costs*	Incl.	Incl.	Incl.	Incl.	Incl.	Incl.	Incl.
Consultant costs	1,967	1,311	1,093	0	0	0	0
Capital outlays	0	12,046	12,046	0	0	0	0
Maintenance costs*	0	0	0	45	92	237	391
Refurbishment costs*	0	0	0	0	0	0	0
Ongoing Operational*	0	0	215	2,659	2,739	2,821	2,906
Depreciation on building*	0	0	50	601	601	601	601
Depreciation on equipment*	0	0	34	414	414	414	414
Other financial and economic*	0	636	367	141	145	149	154
TOTAL Cost	**1,967**	**13,993**	**16,787**	**13,162**	**13,666**	**14,284**	**14,929**
Net Present Value	**1,750**	**11,749**	**13,297**	**9,835**	**9,634**	**9,500**	**9,367**

*Recurrent costs based on "new service" from commencement of services in new ICCC facility.

Efficient Design

The proposed design/location of the ICCC is an integral part of the overall ACT Health Capital Asset Development Plan (CADP). It complements limited private sector medical oncology and clinical haematology facilities. The CADP was produced by ACT Health with input from contracted architects and facility planners.

The central organising principle of this Master Plan is the development of major service and support precincts. The co-location of like services/support functions into precents improves the efficiency, quality and accessibility of services. The location of the ICCC was largely determined by the already pre-existing radiotherapy bunkers and the proposed acute inpatient units in order to allow full integration of the spectrum of cancer treatment services.

The ICCC will maximise the benefits of the proximity of local academic and research centres of excellence by providing a focus for networking and collaboration with the Australian National University and University of Canberra.

Further refinement and design options will be tested in the Project Definition Plan (PDP) and forward design of the ICCC which are planned for 2009.

Principle 4: Projects should demonstrate that they achieve established standards in implementation and management.

Construction Capacity

ACT Health has established a comprehensive capital works governance, management and reporting framework. This includes a dedicated unit within ACT Health to manage capital works (The Redevelopment Unit), a contracted Project Director, and a comprehensive network of Project Control, Reference and User Groups.

More detail of this framework is provided in Part 5 below.

Ongoing Operations and Funding

The ACT Government has estimated the future recurrent costs of Stage 1 of the ICCC. Increased funding is built into ACT Health's forward funding estimates to cover growth in service needs. ACT Health is confident that any additional recurrent costs associated with the proposed projects can be readily absorbed within its recurrent funding envelope. ACT Health expenditure has been growing at an annual average of 10%.

THE ACT Government continues to recognise the need to fund cancer services and provided in the 2008-09 Budget $4.2 million over four years to provide for the increasing demand for cancer services.

Implementation Plan

A detailed implementation plan has been developed for this Project (Part 6 below).. The major milestones are:

Milestone	Date
PDP Completion/Design Commencement	July/August 2009
Approved Scheme Design (PSP)	December 2009
Call Tenders for Construction	June 2010
Award Tender for Construction	August 2010
Construction Commence	September 2010
Construction Completion	May 2012
Facility Open	June 2012

Risk Management Strategy

A Risk Management Plan, including mitigation strategies is provided in Part 7.

PART FIVE – FURTHER INFORMATION IN RELATION TO THE EVALUATION CRITERIA (MAXIMUM OF 40 PAGES)

Description of Proposed ICCC

Stage 1 of the Integrated Cancer Care Centre will collocate multidisciplinary cancer outpatient clinics, research and teaching and patient support services.
Stage 1 will "plug in" to the recently expanded Radiation Oncology Department.

Stage 2 will articulate with this facility and include inpatient and day treatment areas for medical oncology and clinical haematology.

Planning for the ICCC

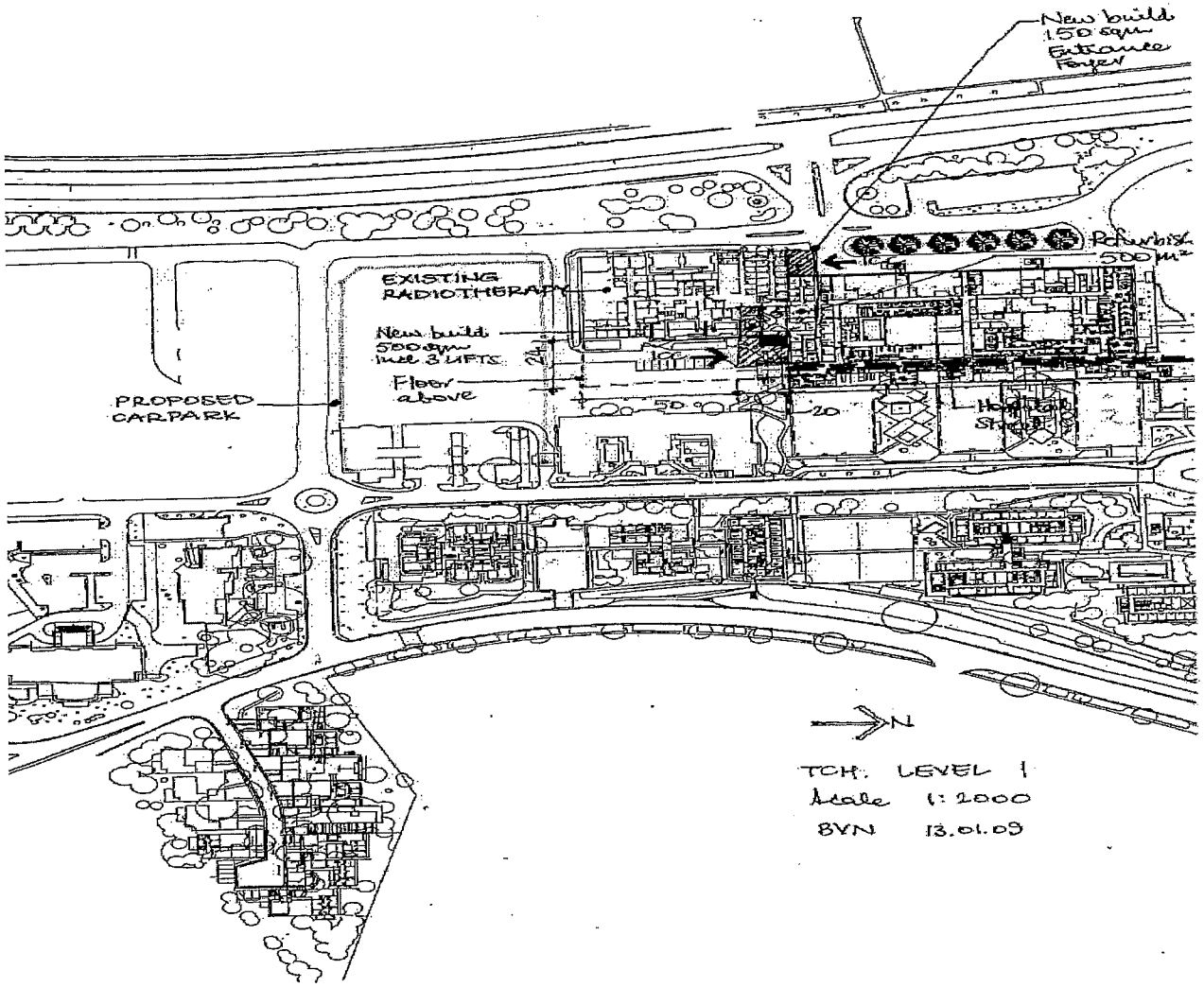
ACT Health has recently completed a Capital Asset Development Plan including analysis of future demand for hospital and ambulatory care services.

This analysis for cancer services in the ACT was undertaken in conjunction with the development of the Cancer Services Plan in respect of which consultation has recently been completed.

The demand analysis and research on best practice models of care for cancer control, prevention and services for survivors resulted in agreement on specifications for a regional Integrated Cancer Care Centre.

Options for precinct planning for health campuses in the ACT including the ICCC were analysed and refined during the development of the Capital Asset Development Plan.

The site sketches for the preferred option for the location of the ICCC, by Bligh Voller Nield, the Capital Asset Development Plan architects, are attached.



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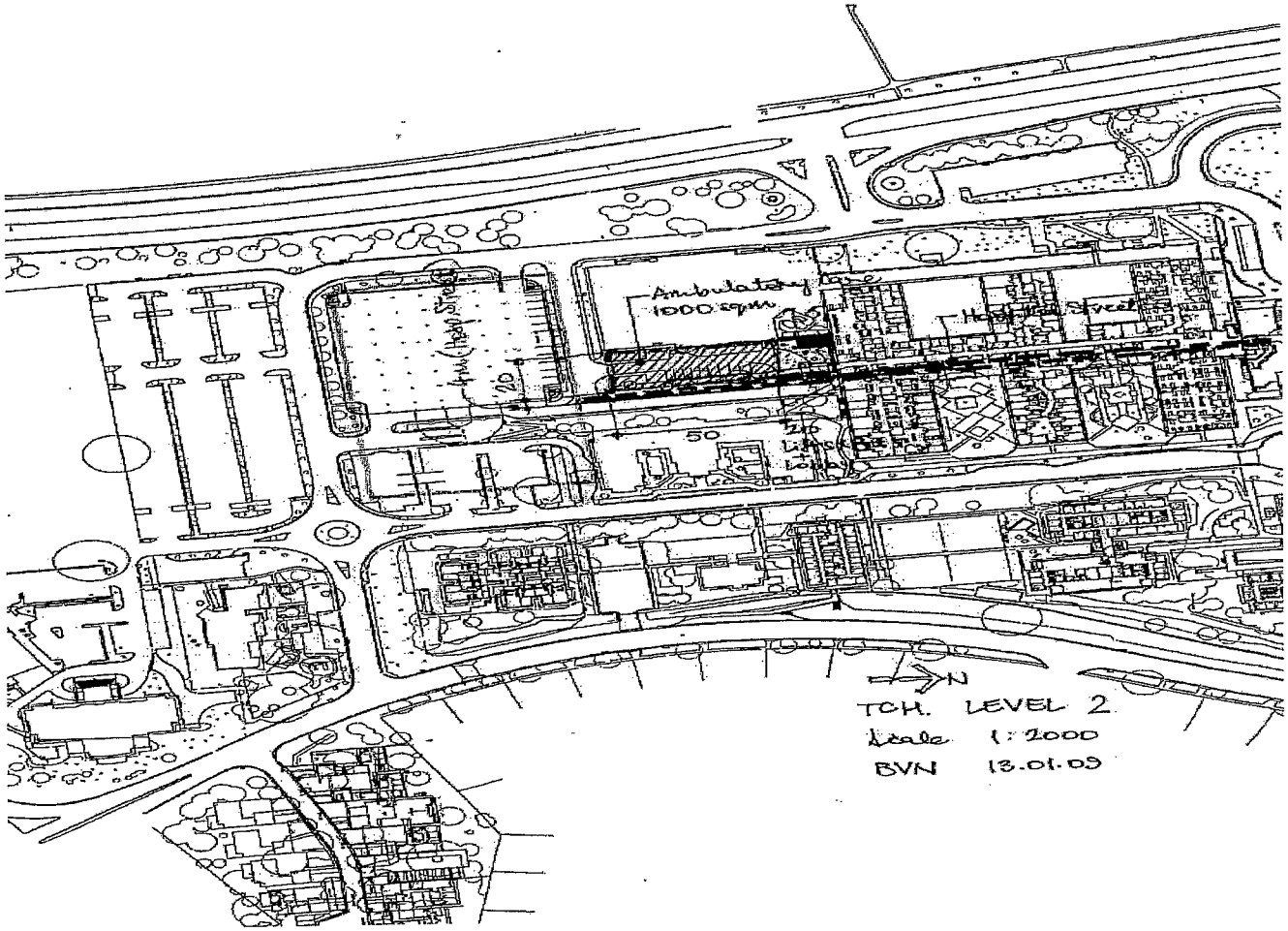
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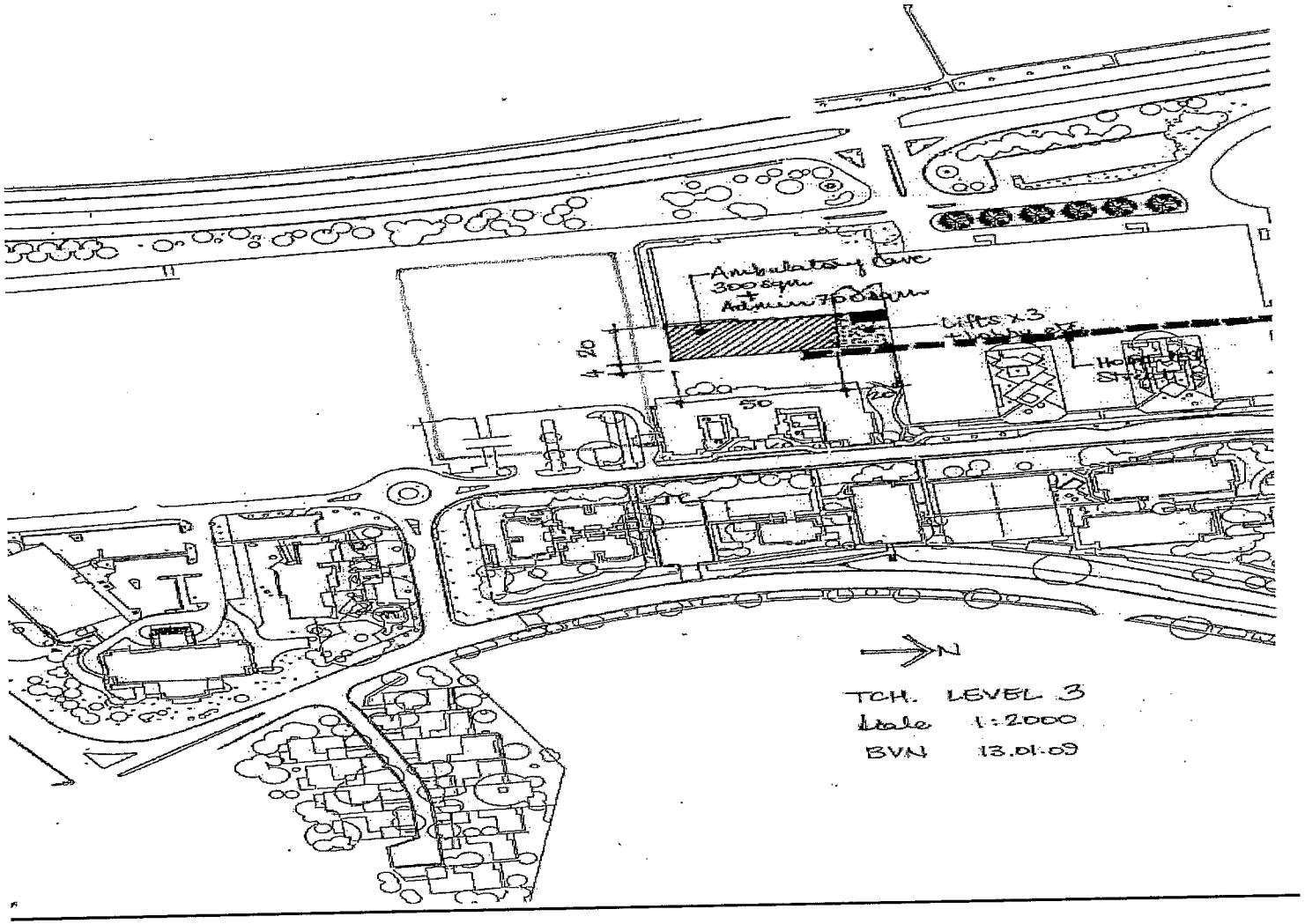
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Admin 750 sqm
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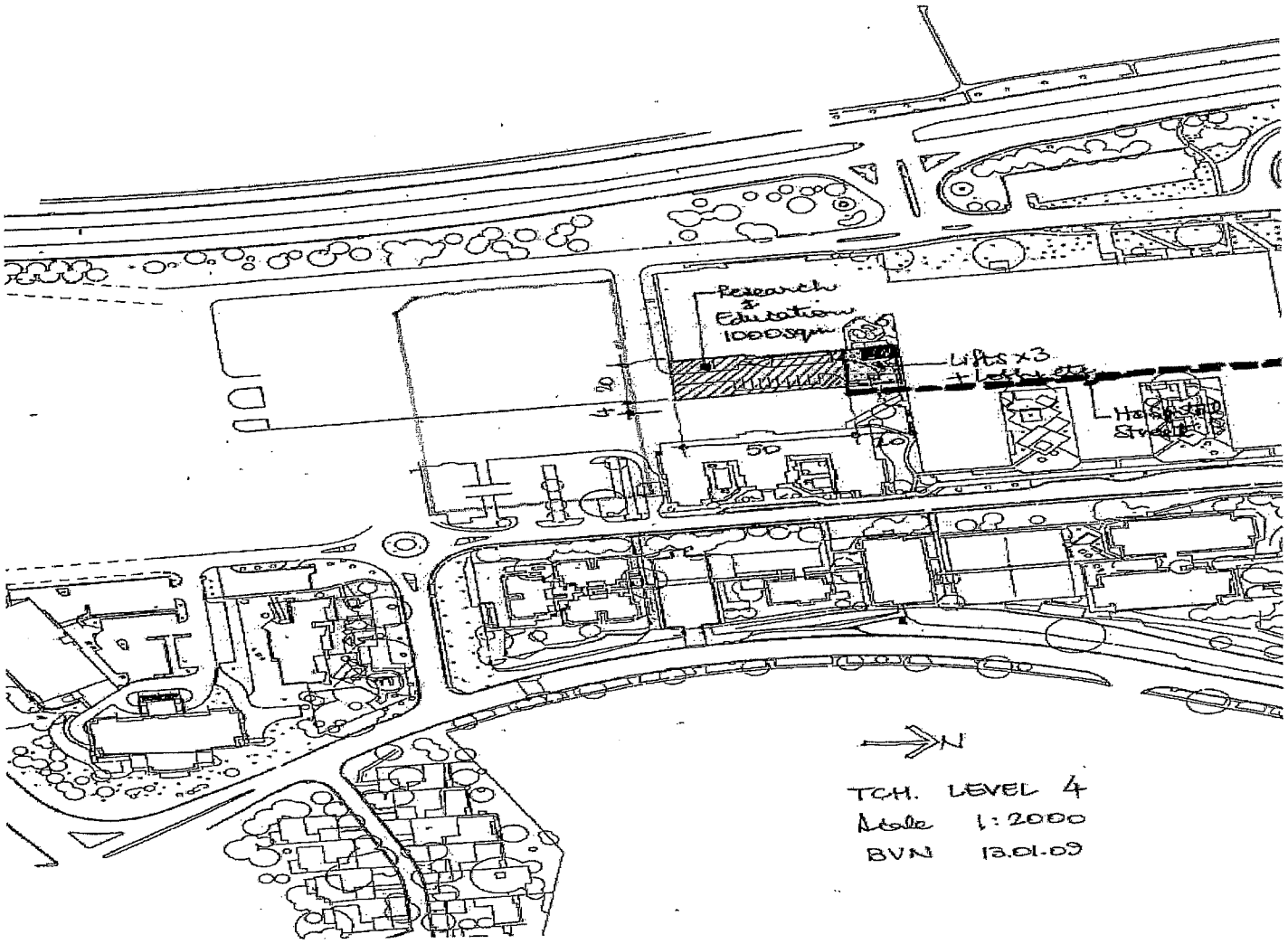
Research & Education 10000sqm
Lifts x3
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BVN 13.01.09

ICCC Model of Care

The model of care for the Capital Region Cancer Service links closely with the ACT Health Ambulatory Care Framework and Chronic Disease Strategy.

Services provided by the Capital Region Cancer Service in the ICCC will:

- Be patient focused and be designed around individual patient needs.
- Be multidisciplinary and collaborative.
- Have a holistic approach to care and an awareness of and attention to the psychological, emotional, physical, social, financial and practical needs of patients at all points in the care continuum.
- Be integrated.
- Be coordinated with other services inside and outside of the cancer stream, particularly with general practice, regardless of where the patient enters the service.
- Be safe and of high quality.
- Provide quality and consistent information to cancer patients, their carers and health care providers to enable them to understand and contribute to decision making about their care.
- Actively involve patients in planning and making decisions about their care and respect informed decisions made by patients.
- Empower individuals to be involved in self-management with support from integrated health services.
- Be accessible.
- Have a population health approach.

Treatment for most cancers is multimodality and multidisciplinary. The key role of CRCS is to promote integration of services, collaboration and best practice for cancer care. Strategies for coordination of care can be divided into those directed at the team such as multidisciplinary team meetings, those directed at the patient such as patient held records and strategies aimed at the health care system such as electronic patient records and standards and performance indicators.

Patients' journeys for care and treatment related to their cancer are potentially complex involving various pathways through these and other primary care and privately provided services. Patients are also likely to draw on a number of services (such as General Practitioners, Community Health and Emergency Departments) for treatment related to complications of their condition or components of treatment, for monitoring or in situations unrelated to their cancer.

Regional patients will access services provided by their local and regional health services, in addition to outreach services of CRCS such as screening and outpatient consultation or chemotherapy, and services provided in the ACT.

Primary health care services

GPs are major providers of primary health care services across the ACT and surrounding region. Their role in providing cancer services covers the range of health promotion and intervention and referral at a number of points in a patient's journey and follow up care.

The CRCS model of care recognises that a patient's GP will be the patient's common point of contact throughout their cancer experience and be able to provide input to the care team about the patient outside of the journey through services provided by or organised through Capital Region Cancer Service.

The ACT Health *Primary Care Strategy* notes the importance of integration of health care services and for primary health care services to work in partnership with other health service providers to ensure that consumers and carers are at the centre of their own health care.

CRCS will work with the Divisions of General Practice in the region to improve GP liaison/coordination as well as to develop shared care guidelines and clinical pathways ensure integrated and best practice care and to establish a strategy to develop capacity in general practice to assist GPs in the management of their patients with cancer.

Nurse Care Coordinators

The Nurse Care Coordinator positions in the ACT are a new initiative of the Capital Region Cancer Service. Nurse care coordinators have been appointed for the malignant haematology, lung cancer and mesothelioma, colorectal cancer and head and neck groups and will be appointed for each cancer site-specific clinical group established. Once these roles have been established, planning will be undertaken for the appointment of a nurse care coordinator or coordinators for cancers not covered by the proposed site-specific coordinators.

The main function of each Nurse Care Coordinator is to provide a patient centred approach for people and their families living with a diagnosis of cancer. The Nurse Care Coordinator will provide support and education across all of the health settings a patient with a diagnosis of cancer in the Capital Region may have to negotiate.

Many patients with a diagnosis of cancer have complex appointments for diagnostic tests, treatments and monitoring in a number of different health settings. It is envisaged that the Nurse Care Coordinator will provide expertise and support across the disease trajectory, thus making a positive difference to the illness experience for these groups of patients.

Breast care nurses work from Calvary Hospital and coordinate care for women during their breast cancer journey. The role includes patient care, coordination of care and patient advocacy, professional and community education as well as research and audit activities.

Cancer Centres in Other Jurisdictions

A number of comprehensive cancer centres that deliver multidisciplinary, multimodality cancer care have been established in Australia.

In NSW these include the Westmead Cancer Centre opened in February 2007, as a 'one stop shop' for cancer care, the Nepean Cancer Centre, Illawarra Cancer Care Centre and the Sydney Cancer Centre delivering multidisciplinary cancer services for patients integrated with basic, translational and clinical cancer research. The centre also conducts outreach services.

The Olivia Newton-John Cancer Centre at Austin Health in Melbourne integrates interdisciplinary cancer care with a wellness centre and a strong cancer research program in partnership with the US based Ludwig Institute for Cancer Research.

The Flinders Centre for Innovation in Cancer, Prevention and Care (FCIC) is currently under construction in South Australia. The FCIC will be a multidisciplinary academic cancer centre with space for research and clinical activities. The focus of the new centre will be to provide environments that facilitate clinical trials, data management, data informatics, multidisciplinary networking in meetings, and new laboratory facilities needed for emerging technologies. At FCIC, the science focus is specifically on precancer biology and the development of preventive strategies.

Projected Service Demand

Projections indicate an average annual increase in new cancer cases diagnosed in the region of an average 3.2% per year between 2005-06 and 2011. It is projected that cancer outpatient occasions of service will increase by an average 7% per year.

Chemotherapy

Whilst a small proportion of episodes of care for chemotherapy are delivered to admitted patients, the majority of treatment is conducted on an outpatient basis.

Projections for 2011 show an increase in the total occasions of service for chemotherapy of over 50% over 2002/03 activity. These projections will be updated during development of the Medical Oncology Services Plan.

Radiation Oncology

It is projected that there will be an increase in courses of radiation oncology treatments administered at TCH from approximately 800 in 2004-05 to over 1700 in 2011, an increase of over 100% reflecting both increasing cancer incidence, increasing self sufficiency for the region and achievement of national utilisation targets for radiation therapy. A major equipment strategy has been developed and is being implemented to ensure that infrastructure is available to deliver a significant increase in activity and the increasing complexity of treatments.

Haematology

Projections for 2011 show an increase in the total occasions of service for clinical haematology of approximately 5% per annum from 2002/03. These projections will be updated during development of the Clinical Haematology Services Plan.

Inpatient Services

Inpatient admissions to ACT public hospitals are projected to continue to increase. Demand analysis and activity projections undertaken during the development of the ACT Health Capital Asset Development Plan has estimated the need for growth in overnight inpatient beds for cancer services in the ACT from 25 in 2008 to over 60 beds in 2022.

Rehabilitation Services

Demand for rehabilitation services will grow. Generally, patients with cancers will survive longer than in the past and, as the population ages, the period of rehabilitation after cancer will be complicated by other conditions. Patients will be referred to mainstream physical and psychological rehabilitation services which will be providing services to an ageing population with complex care needs.

ACT Health Capital Works Governance and Management Systems

The ICCC would be managed under the Governance and Management systems established by ACT Health to manage its $1 billion Capital Asset Development Program (CADP).

Key elements of the CADP Governance Structure are:

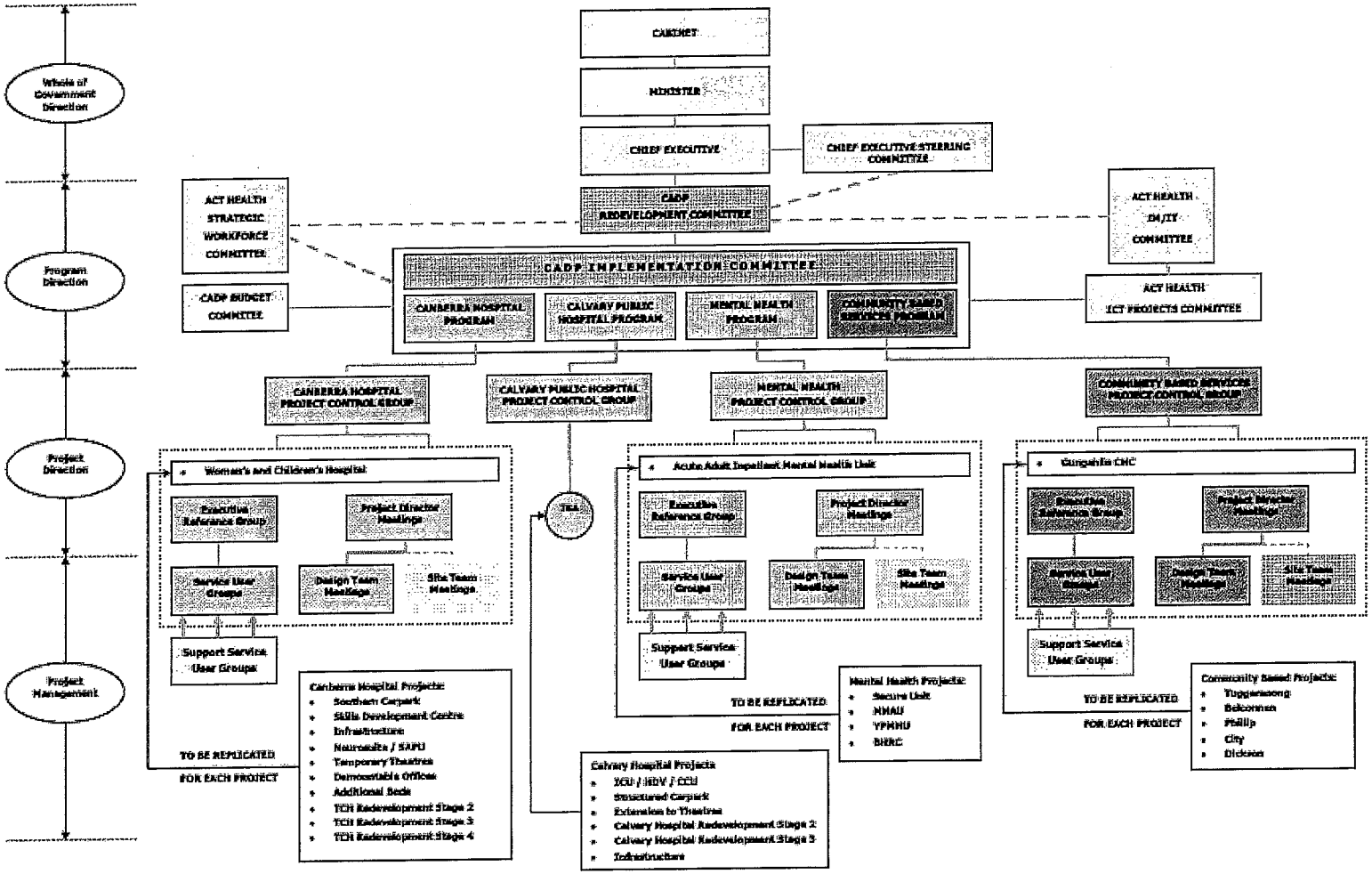
- Cabinet Review: Cabinet will be provided with a quarterly report on progress which aligns with the whole of government reporting on capital works, to monitor the program.
- Chief Executive Steering Committee: Quarterly meeting of CEOs of Health, Treasury and Chief Minister's Department to provide high level guidance, strategic direction and Cabinet advice on CADP.
- Redevelopment Committee: Monthly meeting chaired by CEO ACT Health with senior officer representation from Health, Treasury, Procurement Solutions, INTACT, Government Solicitor's Office, and consumers to provide technical, professional, clinical and consumer advice and to monitor progress and risk management.
- Implementation Committee: Fortnightly meeting consisting of key program implementation staff overseeing day to day implementation issues.
- Area Project Control Groups: Covering main project areas – TCH, Calvary, Mental Health, and Community and responsible for leading the redevelopment in these areas.
- For Each Project (including the ICCC) there would be a range of consultative and coordination groups including Executive Reference Group, User Groups, Project Director Meetings, Design Team Meetings, and Site Team Meetings.

Key elements of the CADP organisational structure are:

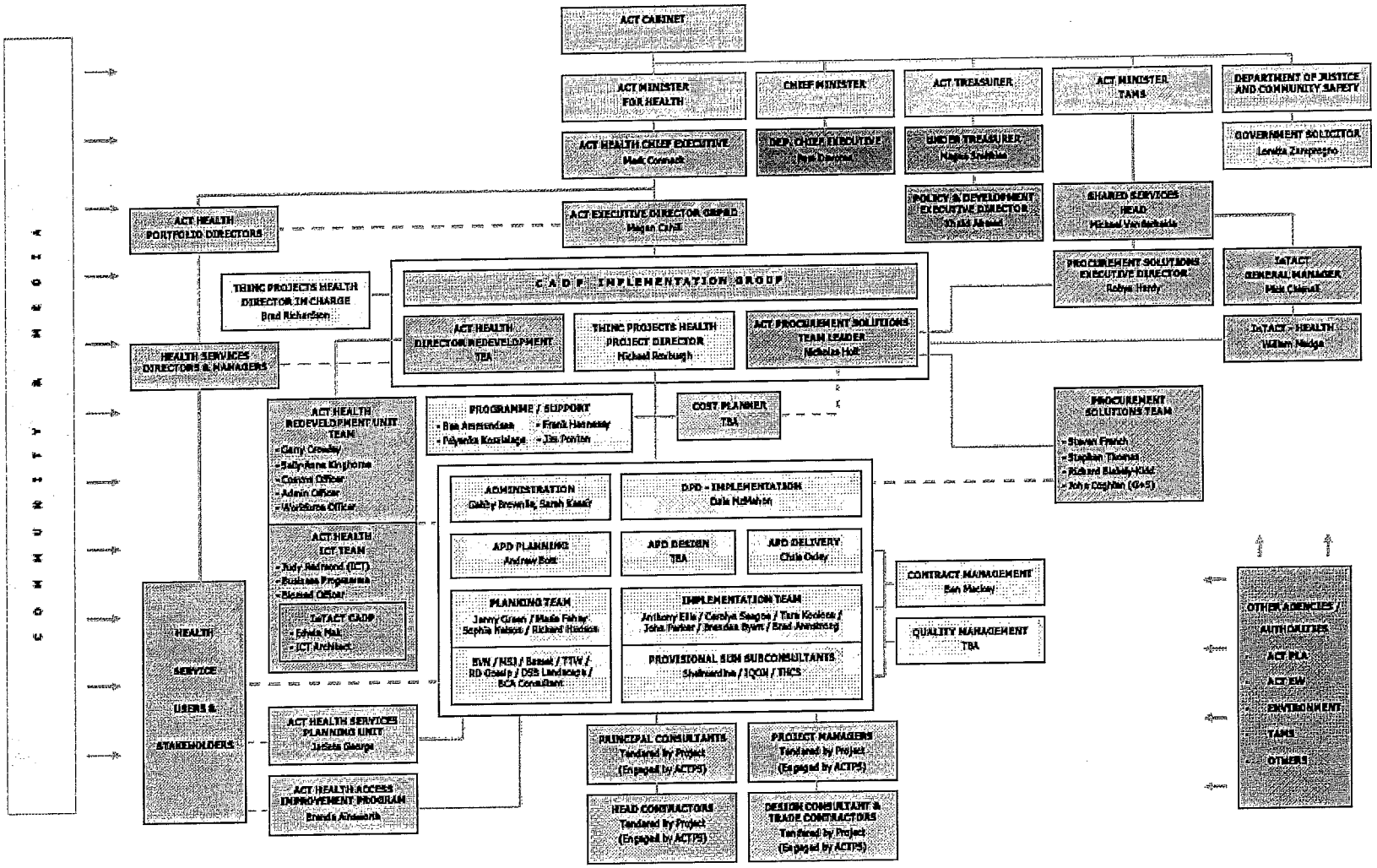
- ACT Health Redevelopment Unit: The internal ACT Health responsible for overseeing all aspects of the strategic planning, implementation and review of the CADP. The unit is located in the Government Relations, Planning, and Development Division of ACT Health.
- Project Director (THINC Projects): The organisation contracted by ACT Health to provide overall coordination and management of all works within CADP. The Project Director reports to ACT Health (through the Redevelopment Unit) but takes responsibility for all aspects of the planning and implementation of the CADP.
- ACT Procurement Solutions: The ACT Government agency that provides the contract and project management staff to the CADP. They will be responsible for undertaking all procurement associated with CADP, including co-ordinating the preparation of tender documents, tender box services, evaluations, and contract negotiations and formation.
- A range of contracted consultants responsible for project design, construction and review.

The following diagrams summarise the ACT Health capital works governance and management structures.

ACT CADP – Governance and Committee Structure (Rev 006)

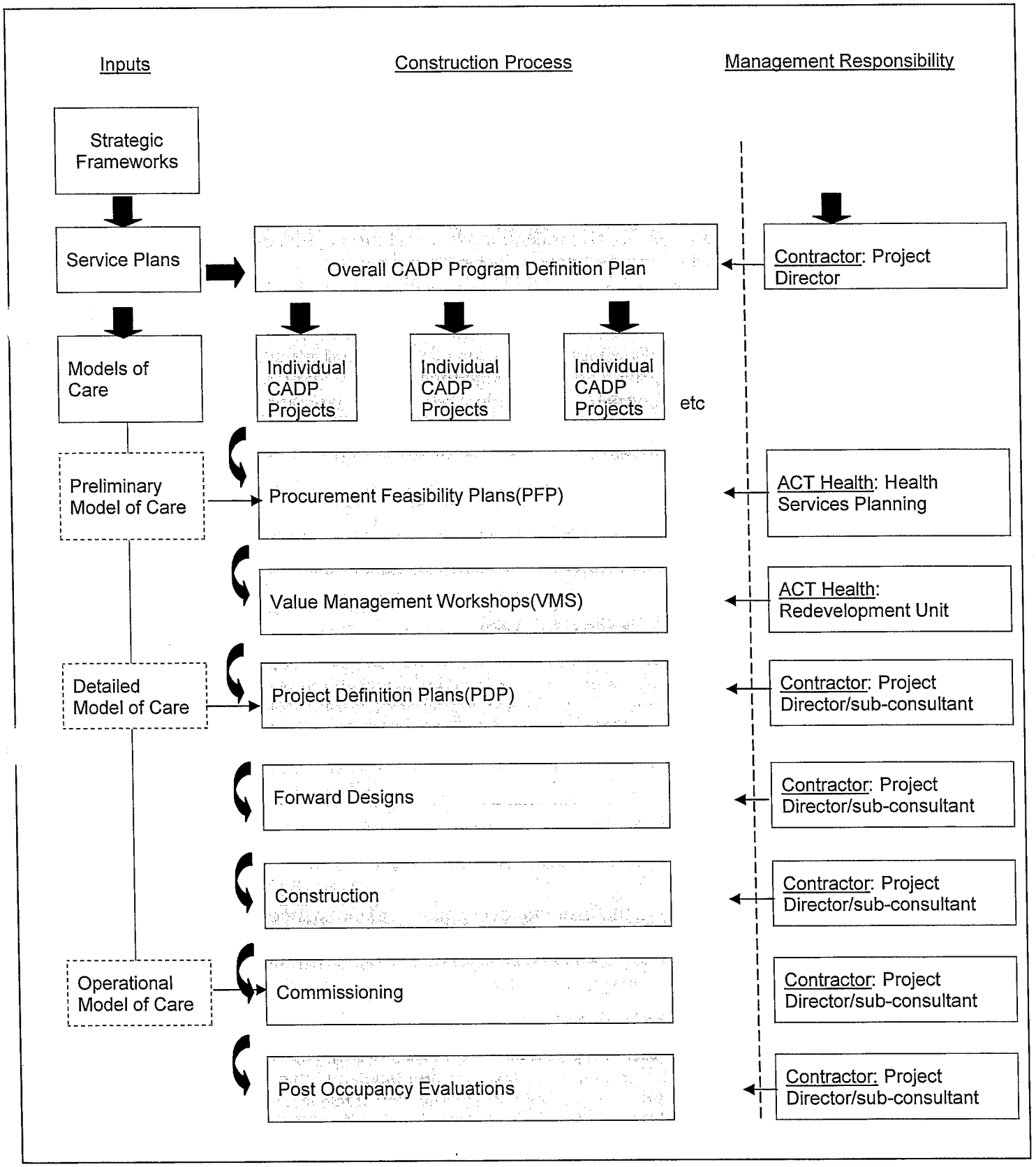


ACT CADP – Organisational Structure (Rev 005)



Capital Works Construction Process

ACT Health has a well established capital works process which is drawn from the NSW Health Process of Facility Planning Guidelines (2004). This is summarised below.



OVERALL CADP PROGRAM DEFINITION PLAN

The CADP Program Definition Plan is the overall master plan for the CADP. It will include - for all the proposed developments under CADP - the detailed descriptions of the service models, site planning, equipment requirements, project budget details, program recurrent budget, construction method, and risk analysis, functional relationships, staff resources, concept plans, and program staging.

INDIVIDUAL CADP PROJECTS

The overall CADP PDP will identify a number of discrete projects each of which will be subject to more detailed development through the procurement feasibility and project definition planning steps described below.

PROJECT PROCUREMENT FEASIBILITY PLAN (PFP)

The PFP identifies a range of possible options to meet the recognised service gap, assesses each of these options, and recommends a preferred option and the strategy to implement the preferred option, including indicative cost estimates (capital and recurrent).

PROJECT DEFINITION PLAN (PDP)

The Project Definition Plan (PDP) further develops the preferred option from the Project Feasibility Study by developing a design brief which includes a detailed service model, operational policies, site planning, room sizes, equipment requirements, project budget details, program recurrent budget, construction method, procurement method and risk analysis, functional relationships, staff resources, and concept plans.

PROJECT FORWARD DESIGN

The Project Forward Design completes the facility design documentation in accordance with the PDP, and involves the calling and awarding of the tenders for construction.

PROJECT VALUE MANAGEMENT WORKSHOP (VMS)

Value Management Workshops (VMS) can be conducted between any of the above feasibility, definition or design stages. They are an independent, structured and analytical process which reviews the options being presented and seeks to ensure that value for money is being achieved and that all the necessary functions are being provided at the lowest total cost consistent with the required levels of quality and performance.

PROJECT CONSTRUCTION

The construction of the facility as per the agreed design.

PROJECT COMMISSIONING

The hand over of the facility to the users for occupation. An independent commissioning programme should be established at the early stages of planning and hand over of the facility that adequately facilitates any transition activities and incorporates mitigating risk management activities.

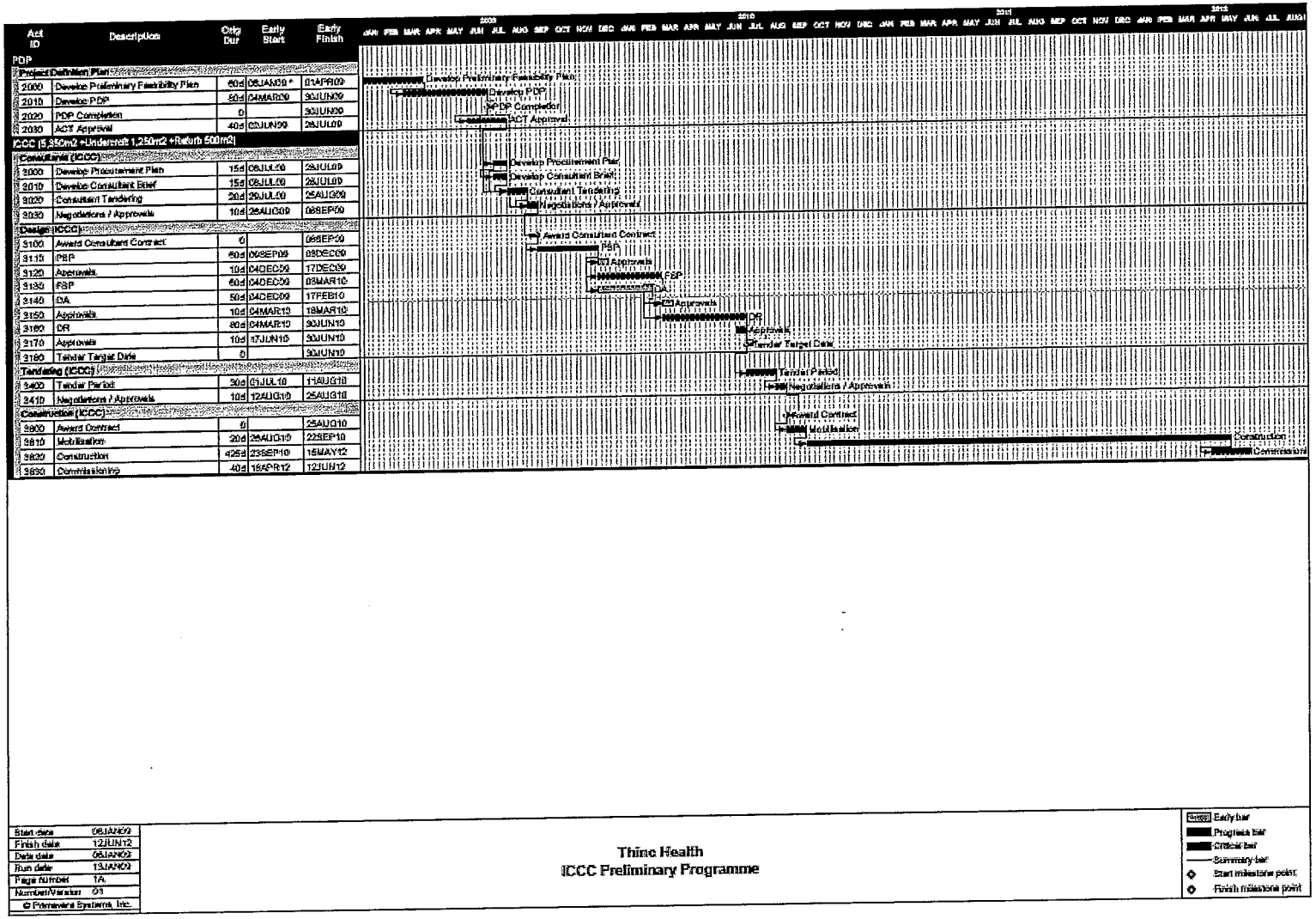
PROJECT POST OCCUPANCY EVALUATION

This stage includes an assessment to establish if the built facility supports the original service objectives, fine tuning of new or existing buildings, the identification of issues to be considered in the design of new or redeveloped facilities, and provision of information to assist in the improvement of the management processes surrounding the procurement processes for health facilities.

PART SIX – IMPLEMENTATION PLAN

The following chart shows the proposed implementation timeframe for this project. The major milestones are:

Milestone	Date
PDP Completion/Design Commencement	July/August 2009
Approved Scheme Design (PSP)	December 2009
Call Tenders for Construction	June 2010
Award Tender for Construction	August 2010
Construction Commence	September 2010
Construction Completion	May 2012
Facility Open	June 2012


Act ID
Description
Orig Dur
Early Start
Early Finish
PDP
Project Definition Plan
2000 Develop Preliminary Feasibility Plan 60d 05JAN09 * 01APR09
2010 Develop PDP 60d 04MAR09 30JUN09
2020 PDP Completion 0 30JUN09
2030 ACT Approval 40d 03JUN09 28JUL09
ICCC (5,950m2 +Undercroft 1,250m2 +Refurb 500m2)
Consultants (ICCC)
3000 Develop Procurement Plan 15d 06JUL09 28JUL09
3010 Develop Consultant Brief 15d 06JUL09 28JUL09
3020 Consultant Tendering 20d 29JUL09 25AUG09
3030 Negotiations / Approvals 10d 26AUG09 08SEP09
Design (ICCC)
3100 Award Consultant Contract 0 08SEP09
3115 PSP 60d 08SEP09 08DEC09
3120 Approvals 10d 04DEC09 17DEC09
3130 FSP 60d 04DEC09 03MAR10
3140 DA 50d 04DEC09 17FEB10
3150 Approvals 10d 04MAR10 18MAR10
3160 DR 80d 04MAR10 30JUN10
3170 Approvals 10d 17JUN10 30JUN10
3180 Tender Target Date 0 30JUN10
Tendering (ICCC)
3400 Tender Period 30d 01JUL10 11AUG10
3410 Negotiations / Approvals 10d 12AUG10 25AUG10
Construction (ICCC)
3600 Award Contract 0 25AUG10
3610 Mobilisation 20d 26AUG10 22SEP10
3620 Construction 425d 23SEP10 15MAY12
3630 Commissioning 40d 16APR12 12JUN12
2009
2010
2011
2012
Develop Preliminary Feasibility Plan
Develop PDP
PDP Completion
ACT Approval
Develop Procurement Plan
Develop Consultant Brief
Consultant Tendering
Negotiations / Approvals
Award Consultant Contract
PSP
Approvals
FSP
DA
Approvals
DR
Approvals
Tender Target Date
Tender Period
Negotiations / Approvals
Award Contract
Mobilisation
Construction
Commissioning
Start date 05JAN09
Finish date 12JUN12
Data date 05JAN09
Run date 13JAN09
Page number 1A
Number/Version 01
© Primavera Systems, Inc.
Thinc Health
ICCC Preliminary Programme
Early bar
Progress bar
Critical bar
Summary bar
Start milestone point
Finish milestone point

30

PART SEVEN – RISK MANAGEMENT STRATEGY

Risk Item Description (What and How)	Consequences	Likelihood	Overall Rating	Proposed Risk Treatment	Rating after Treatment	Review	Timeframe
1. Potential for multiple construction projects in the vicinity of site	Potential disruption resulting in time delays	Possible	High	Site establishment and project planning requirements to be defined in detail. Consultation strategy.	Medium	Project Director	Project Commencement
2. Constrained access to site	Potential disruption resulting in time delays	Almost Certain	Extreme	Site establishment and project planning requirements to be defined in detail. Consultation strategy.	High	Project Director	Project Commencement
3. Refurbishment of some existing spaces required.	Potential disruption resulting in time delays	Almost Certain	Extreme	Project and OH&S planning to be carried out in great detail and through rigorous consultation with adjacent services. *NB: This was also a risk to the recently completed Radiation Oncology Department expansion/refurbishment which was completed in advance of schedule and under budget.*	High	Project Director	Project Commencement
4. Potential impacts on current Capital Asset Development Plan (CADP)	CADP implementation programme for campus would require review.	Possible	High	Early review of campus CADP if project is successful	Medium	Project Director	Project Commencement

Risk Item Description (What and How)	Consequences	Likelihood	Overall Rating	Proposed Risk Treatment	Rating after Treatment	Review	Timeframe
5.Inadequate budget	Budget overrun	Possible	High	Undertake thorough definition planning and Forward Design. Include sufficient contingency against impact until those stages are complete.	High	Project Director	Project Commencement

PART EIGHT – FINANCIAL PLAN

This information supplements the funding summary in Part 3 of this application.

The Whole of Life Costs table at Attachment C prepared by Rider Levett Bucknall provides an outline of the financial plan for this proposal.

The funding amount requested by ACT Health for this capital project under this proposal is **$27,863,000.**

The Whole of Life Costs table incorporates the projected revenue, operating costs and capital costs for the project a year by year basis. It includes costs that will be contributed by the ACT Government for design and project management and recurrent impacts.

The capital Feasibility Estimates which are the source of the capital costs contained in the Whole of Life Costs table are also included in Attachment C.

Rider Levett Bucknall, a well established international quantity surveying practice with extensive experience and expertise in health projects both locally and internationally, has compiled high level feasibility cost estimates from their database for each of the projects applied to indicative sketch drawings and schedules of areas and then adjusted based upon their knowledge of the local construction market.

ACT Health will contribute the cost of the Project Director for this project ($0.60m). In addition ACT Health is contributing the cost of the land on which the ICCC will be built.

There are no other sources of Commonwealth funding applicable to this project.

ACT Health confirms that the Milestones for payment in the Sample Payment of funding Arrangement contained in the Guidelines for this application would be an acceptable Grants Payment schedule.

ATTACHMENT B

A description of arrangements and cost estimates for ongoing operation and maintenance for the lifetime of the project.

ACT Health will fund recurrent costs of the ongoing operation and maintenance of the Integrated Cancer Care Centre.

ATTACHMENT C

ACT HEALTH and CANBERRA HOSPITAL

WHOLE OF LIFE COSTS

RLB Rider Levett Bucknall

INTEGRATED CANCER CARE CENTRE
(New Building at the Canberra Hospital)

Year	1	2	3	4	5	6	7	8	9	10	11	12	13
	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21
	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000
Cost Item													
Salary costs	0	0	0	2,982	9,383	9,675	10,062	10,464	10,883	11,318	11,771	12,241	12,731
Associated on-costs	Incl.	Incl.	Incl.	Incl.	Incl.	Incl.	Incl.	Incl.	Incl.	Incl.	Incl.	Incl.	Incl.
Consultant costs	0	1,967	1,311	1,093	0	0	0	0	0	0	0	0	0
Capital outlays	0	0	12,046	12,046	0	0	0	0	0	0	0	0	0
Maintenance costs	0	0	0	0	45	92	237	391	503	519	534	550	567
Refurbishment costs	0	0	0	0	0	0	0	0	0	0	0	0	0
Ongoing operational	0	0	0	215	2,659	2,739	2,821	2,906	2,993	3,083	3,175	3,270	3,369
Depreciation on building	0	0	0	50	601	601	601	601	601	601	601	601	601
Depreciation on equipment	0	0	0	34	414	414	414	414	414	414	414	307	539
Other financial & economic	0	0	636	367	141	145	149	154	158	163	168	173	178
TOTAL COST	0	1,967	13,993	16,787	13,162	13,666	14,284	14,929	15,552	16,097	16,663	17,144	17,985
Net Present Value	0	1,750	11,749	13,297	9,835	9,634	9,500	9,367	9,205	8,989	8,778	8,520	8,432

Year	14	15	16	17	18	19	20	21	22	23	24	25	26	
	2020-21	2021-22	2022-23	2023-24	2024-25	2025-26	2026-27	2027-28	2028-29	2029-30	2030-31	2031-32	2032-33	Total
	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	
Cost Item														
Salary costs	13,240	13,770	14,321	14,894	15,489	16,109	16,753	17,423	18,120	18,845	19,599	20,383	21,198	321,574
Associated on-costs	Incl.	Incl.	Incl.	Incl.	Incl.	Incl.	Incl.	Incl.	Incl.	Incl.	Incl.	Incl.	Incl.	0
Consultant costs	0	0	0	0	0	0	0	0	0	0	0	0	0	4,370
Capital outlays	0	0	0	0	0	0	0	0	0	0	0	0	0	24,092
Maintenance costs	584	601	619	638	657	677	697	718	739	761	784	808	832	12,553
Refurbishment costs	0	0	0	13,162	0	0	0	0	0	0	0	0	0	13,162
Ongoing operational	3,470	3,574	3,681	3,791	3,905	4,022	4,143	4,267	4,395	4,527	4,663	4,803	4,947	81,417
Depreciation on building	601	601	601	601	930	930	930	930	930	930	930	930	930	16,236
Depreciation on equipment	539	539	539	539	539	539	270	673	673	673	673	673	673	11,319
Other financial & economic	184	189	195	201	207	213	219	226	232	239	247	254	262	5,299
TOTAL COST	18,617	19,274	19,956	33,825	21,727	22,490	23,012	24,237	25,090	25,976	26,896	27,851	28,842	490,021
Net Present Value	8,234	8,042	7,855	12,562	7,612	7,433	7,175	7,129	6,963	6,800	6,643	6,489	6,340	208,334

Assumptions:
1.) Discount factor is as provided by ACT Treasury being 10 year bond rate plus 50 points = 6%
2.) NPV is calculated at 2007/08 dollars
3.) Maintenance costs are expected to escalate at the long term average rates of CPI
4.) CPI = 3.00% p.a.
5.) Salaries & wages escalate at CPI + 1%
6.) Staffing costs commence 3 months before building occupation for phasing and training needs
7.) Depreciation of buildings is over 40 years on a straight line basis
8.) Depreciation of equipment is over an average effective life of 7.5 years on a straight line basis
9.) Salaries & wages based upon early indicative estimates of staffing
10.) Operational costs taken as 30% of staff salaries
11.) Decanting space leased for 24 months - allows for temporary fit-out (3 mths) and make-good (1 mth)

ACT HEALTH PROJECTS

Feasibility Estimates

for

Integrated Cancer Care Centre

Rider Levett Bucknall
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Rider Levett Bucknall ACT Q.A.

Prepared by: Mark Chappé Date: 16/01/09

Reviewed & Authorised to Release by: ..... Date: *16/01/09*

SC0866-4
PRINTED 16 JANUARY 2008

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INTEGRATED CANCER CARE CENTRE (TCH)

Project Summary

BASIS OF ESTIMATE

This feasibility estimate has been prepared to indicate the likely budget requirement of the proposed Integrated Cancer Care Centre at the Canberra Hospital. The Centre's overall Gross Floor Area is 5,350m2. It consists of four levels of new built accommodation plus minor additions to the existing Linac building and internal alterations to Building 3

The costs in this report are based upon the following :-

. The site is located adjacent to the existing Linac building and Building 3 and is generally over the existing carpark and entry

. High level sketch drawings and area schedules have been prepared by BVN Architects as per BVN's email dated 13 January 2009

. Rates applied to the supplied schedule of areas and are current as of January 2009

. Structural and civil engineering design solutions have been assumed by Rider Levett Bucknall as no information is available from any consultant at this stage

. Allowances based on a square metre rate have been made for electrical, communications, fire, air-conditioning, natural gas, medical gas and hydraulic services as no information is available from the consultants at this stage

. Sundry loose furniture has been allowed at square metre rates with the an understanding that they all will be new. An allowance has been included for audio visual equipment ($306,000 net)

. Information technology and business machines have been included as a net allowance of $1,097,000 (includes active equipment such as servers, software, desk-top machines, notebook computers, printers, etc)

. Escalation has been included for a 20 month pre-contract period and a 20 month construction period as per Thinc Projects program dated 13 January 2009

. Design and construction contingencies have been included at 20% on all works

. Consultant and management fees have been included as appropriate

ITEMS SPECIFICALLY EXCLUDED

In compiling our estimate we have made no allowance for the following cost items. Allowances for these items should be added as appropriate to establish the total project cost.

. Piped medical gas
. Client coordination costs
. Prototypes
. Effect of negotiated or special form of contract
. Art-works
. Legal costs
. Financing costs
. Foreign exchange currency fluctuations after January 2009 on all imported goods
. ACT Procurement Solutions Fees
. Goods and Services Tax

INTEGRATED CANCER CARE CENTRE (TCH)

Total Cost Summary

GFA: Gross floor area
Rates current at January 2009

Zone	Level	GFA m²	Cost/m²	Total Cost
A	**REFURBISHMENT**			
A1	Level 1 - ground floor	500	824	412,000
		500	$824	$412,000
B	**BUILDING EXTENSIONS**			
B1	Level 1 - ground floor	650	1,983	1,289,000
B2	Level 1 - ground floor footings	1,400	212	297,000
B3	Levels 2/3 - first/second floors (In 2 No.)	2,800	1,916	5,364,000
B4	Level 4 - third floor & roof	1,400	2,109	2,953,000
B5	Level 5 - plant platforms	500	938	469,000
		6,750	$1,537	$10,372,000
C	**SITE PREPARATION ETC**			
C1	Work to carparking			48,000
C2	Landscaping			50,000
				$98,000
D	**SITE SERVICES**			
D1	Drainage - soil & stormwater			78,000
D2	Water supply - potable & fire			33,000
D3	Electrical supply			33,000
D4	Fire interface			5,000
D5	Communications & data supply			28,000
				$177,000
E	**BUILDING SERVICES**			
E1	Electrical - light & power		139	742,000
E2	Communications and data		31	166,000
E3	Security		13	68,000
E4	HVAC		259	1,383,000
E5	BMS		26	139,000
E6	Lifts		120	641,000
E7	Fire - dry		29	153,000
E8	Fire - wet		85	454,000
E10	Medical gas & suction			Excl.
E11	Natural gas		11	59,000
		5,350	$711	$3,805,000
F	**FURNITURE & EQUIPMENT**			
F1	All levels - entries	1,850	62	115,000
F2	Level 1 - public areas	500	176	88,000
F3	Level 2 - Ambulatory care	1,000	195	195,000
F4	Level 3 - Ambulatory care	300	193	58,000
F5	Level 3 - Administration	700	384	269,000
F6	Level 4 - Research & Education	1,000	275	275,000
F7	Audio visual to Level 4			306,000
F8	Active ITC			1,097,000
		5,350	$449	$2,403,000
	Carried forward	5,350	$3,227	$17,267,000

INTEGRATED CANCER CARE CENTRE (TCH)

Total Cost Summary

GFA: Gross floor area
Rates current at January 2009

Zone	Level		GFA m^2	Cost/m^2	Total Cost
		Brought forward	5,350	$3,227	$17,267,000
G	CONTINGENCIES				
	G1 Design & construction				3,730,000
					$3,730,000
H	ESCALATION				
	H1 Pre & post contract				2,380,000
					$2,380,000
I	CONSULTANT & MANAGEMENT FEES				
	I1 Design & approval fees				2,170,000
	I2 Management fees				2,200,000
	I3 ACT Procurement Solutions fees				Excl.
					$4,370,000
J	ART-WORK				Excl.
		Total Cost	5,350	$5,186	$27,747,000

References

Cancer Institute NSW (2006) Cancer in NSW Incidence and Mortality Report 2004.

Lowenthal RM, Grogan PB, Kerrins ET (2005). Reducing the impact of cancer in indigenous communities: ways forward. *MJA*; 182 (3):105-106

Commonwealth of Australia (2005). The cancer journey: Informing choice. Senate Community Affairs Committee (Chapter 6)

RLB: Rider Levett Bucknall

INTEGRATED CANCER CARE CENTRE
(New Building at the Canberra Hospital)

Year	1	2	3	4	5	6	7	8	9	10	11	12	13
	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21
	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000
Cost Item													
Salary costs	0	0	0	2,982	9,303	9,675	10,062	10,464	10,883	11,318	11,771	12,241	12,731
Associated on-costs	Incl.	Incl.	Incl.	Incl.	Incl.	Incl.	Incl.	Incl.	Incl.	Incl.	Incl.	Incl.	Incl.
Consultant costs	0	1,967	1,311	1,093	0	0	0	0	0	0	0	0	0
Capital outlays	0	0	12,046	12,046	0	0	0	0	0	0	0	0	0
Maintenance costs	0	0	0	0	45	92	237	391	503	519	534	550	567
Refurbishment costs	0	0	0	0	0	0	0	0	0	0	0	0	0
Ongoing operational	0	0	0	215	2,659	2,739	2,821	2,906	2,993	3,083	3,175	3,270	3,369
Depreciation on building	0	0	0	50	601	601	601	601	601	601	601	601	601
Depreciation on equipment	0	0	0	34	414	414	414	414	414	414	414	307	539
Other financial & economic	0	0	636	367	141	145	149	154	158	163	168	173	178
TOTAL COST	**0**	**1,967**	**13,993**	**16,787**	**13,162**	**13,666**	**14,284**	**14,929**	**15,552**	**16,097**	**16,663**	**17,144**	**17,985**
Net Present Value	**0**	**1,750**	**11,749**	**13,297**	**9,835**	**9,634**	**9,500**	**9,367**	**9,205**	**8,989**	**8,778**	**8,520**	**8,432**

Year	14	15	16	17	18	19	20	21	22	23	24	25	26	
	2020-21	2021-22	2022-23	2023-24	2024-25	2025-26	2026-27	2027-28	2028-29	2029-30	2030-31	2031-32	2032-33	Total
	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	
Cost Item														
Salary costs	13,240	13,770	14,321	14,894	15,489	16,109	16,753	17,423	18,120	18,845	19,599	20,383	21,198	321,574
Associated on-costs	Incl.	Incl.	Incl.	Incl.	Incl.	Incl.	Incl.	Incl.	Incl.	Incl.	Incl.	Incl.	Incl.	0
Consultant costs	0	0	0	0	0	0	0	0	0	0	0	0	0	4,370
Capital outlays	0	0	0	0	0	0	0	0	0	0	0	0	0	24,092
Maintenance costs	584	601	619	638	657	677	697	718	739	761	784	808	832	12,553
Refurbishment costs	0	0	0	13,162	0	0	0	0	0	0	0	0	0	13,162
Ongoing operational	3,470	3,574	3,681	3,791	3,905	4,022	4,143	4,267	4,395	4,527	4,663	4,803	4,947	81,417
Depreciation on building	601	601	601	601	930	930	930	930	930	930	930	930	930	16,236
Depreciation on equipment	539	539	539	539	539	539	270	673	673	673	673	673	673	11,319
Other financial & economic	184	189	195	201	207	213	219	226	232	239	247	254	262	5,299
TOTAL COST	**18,617**	**19,274**	**19,956**	**33,825**	**21,727**	**22,490**	**23,012**	**24,237**	**25,090**	**25,976**	**26,896**	**27,851**	**28,842**	**490,021**
Net Present Value	**8,234**	**8,042**	**7,855**	**12,562**	**7,612**	**7,433**	**7,175**	**7,129**	**6,963**	**6,800**	**6,643**	**6,489**	**6,340**	**208,334**

Assumptions:
1.) Discount factor is as provided by ACT Treasury being 10 year bond rate plus 50 points = 6%
2.) NPV is calculated at 2007/08 dollars
3.) Maintenance costs are expected to escalate at the long term average rates of CPI
4.) CPI = 3.00% p.a.
5.) Salaries & wages escalate at CPI + 1%
6.) Staffing costs commence 3 months before building occupation for phasing and training needs
7.) Depreciation of buildings is over 40 years on a straight line basis
8.) Depreciation of equipment is over an average effective life of 7.5 years on a straight line basis
9.) Salaries & wages based upon early indicative estimates of staffing
10.) Operational costs taken as 30% of staff salaries
11.) Decanting space leased for 24 months - allows for temporary fit-out (3 mths) and make-good (1 mth)

ACT HEALTH PROJECTS

Feasibility Estimates

for

Integrated Cancer Care Centre

Rider Levett Bucknall
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Rider Levett Bucknall ACT Q.A.

Prepared by: Mark Chappé Date: 16/01/09

Reviewed & Authorised to Release by: ..... Date: *16/01/09*

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RLB | Rider Levett Bucknall

INTEGRATED CANCER CARE CENTRE (TCH)

Project Summary

BASIS OF ESTIMATE

This feasibility estimate has been prepared to indicate the likely budget requirement of the proposed Integrated Cancer Care Centre at the Canberra Hospital. The Centre's overall Gross Floor Area is 5,350m2. It consists of four levels of new built accommodation plus minor additions to the existing Linac building and internal alterations to Building 3

The costs in this report are based upon the following :-

- The site is located adjacent to the existing Linac building and Building 3 and is generally over the existing carpark and entry
- High level sketch drawings and area schedules have been prepared by BVN Architects as per BVN's email dated 13 January 2009
- Rates applied to the supplied schedule of areas and are current as of January 2009
- Structural and civil engineering design solutions have been assumed by Rider Levett Bucknall as no information is available from any consultant at this stage
- Allowances based on a square metre rate have been made for electrical, communications, fire, air-conditioning, natural gas, medical gas and hydraulic services as no information is available from the consultants at this stage
- Sundry loose furniture has been allowed at square metre rates with the an understanding that they all will be new. An allowance has been included for audio visual equipment ($306,000 net)
- Information technology and business machines have been included as a net allowance of $1,097,000 (includes active equipment such as servers, software, desk-top machines, notebook computers, printers, etc)
- Escalation has been included for a 20 month pre-contract period and a 20 month construction period as per Thinc Projects program dated 13 January 2009
- Design and construction contingencies have been included at 20% on all works
- Consultant and management fees have been included as appropriate

ITEMS SPECIFICALLY EXCLUDED

In compiling our estimate we have made no allowance for the following cost items. Allowances for these items should be added as appropriate to establish the total project cost.

- Piped medical gas
- Client coordination costs
- Prototypes
- Effect of negotiated or special form of contract
- Art-works
- Legal costs
- Financing costs
- Foreign exchange currency fluctuations after January 2009 on all imported goods
- ACT Procurement Solutions Fees
- Goods and Services Tax

INTEGRATED CANCER CARE CENTRE (TCH)

Total Cost Summary

GFA: Gross floor area
Rates current at January 2009

Zone	Level		GFA m²	Cost/m²	Total Cost
A	REFURBISHMENT				
	A1	Level 1 - ground floor	500	824	412,000
			500	$824	$412,000
B	BUILDING EXTENSIONS				
	B1	Level 1 - ground floor	650	1,983	1,289,000
	B2	Level 1 - ground floor footings	1,400	212	297,000
	B3	Levels 2/3 - first/second floors (in 2 No.)	2,800	1,916	5,364,000
	B4	Level 4 - third floor & roof	1,400	2,109	2,953,000
	B5	Level 5 - plant platforms	500	938	469,000
			6,750	$1,587	$10,372,000
C	SITE PREPARATION ETC				
	C1	Work to carparking			48,000
	C2	Landscaping			50,000
					$98,000
D	SITE SERVICES				
	D1	Drainage - soil & stormwater			78,000
	D2	Water supply - potable & fire			33,000
	D3	Electrical supply			33,000
	D4	Fire interface			5,000
	D5	Communications & data supply			28,000
					$177,000
E	BUILDING SERVICES				
	E1	Electrical - light & power		139	742,000
	E2	Communications and data		31	166,000
	E3	Security		13	68,000
	E4	HVAC		259	1,383,000
	E5	BMS		26	139,000
	E6	Lifts		120	641,000
	E7	Fire - dry		29	158,000
	E8	Fire - wet		85	454,000
	E10	Medical gas & suction			Excl.
	E11	Natural gas		11	59,000
			5,350	$711	$3,805,000
F	FURNITURE & EQUIPMENT				
	F1	All levels - entries	1,850	62	115,000
	F2	Level 1 - public areas	500	176	88,000
	F3	Level 2 - Ambulatory care	1,000	195	195,000
	F4	Level 3 - Ambulatory care	300	193	58,000
	F5	Level 3 - Administration	700	384	269,000
	F6	Level 4 - Research & Education	1,000	275	275,000
	F7	Audio visual to Level 4			306,000
	F8	Active ITC			1,097,000
			5,350	$449	$2,403,000
		Carried forward	5,350	$3,227	$17,267,000

INTEGRATED CANCER CARE CENTRE (TCH)

Total Cost Summary

GFA: Gross floor area
Rates current at January 2009

Zone	Level		GFA m²	Cost/m²	Total Cost
		Brought forward	5,350	$3,227	$17,267,000
G	CONTINGENCIES				
	G1	Design & construction			3,730,000
					$3,730,000
H	ESCALATION				
	H1	Pre & post contract			2,380,000
					$2,380,000
I	CONSULTANT & MANAGEMENT FEES				
	I1	Design & approval fees			2,170,000
	I2	Management fees			2,200,000
	I3	ACT Procurement Solutions fees			Excl.
					$4,370,000
J	ART-WORK				Excl.
		Total Cost	5,350	$5,186	$27,747,000

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Document deemed Out of Scope

From: Mark Chappe [redacted]
Sent: Thursday, 15 January 2009 9:44 AM
To: MRoxburgh@thincprojects.com; George, Jacinta
Subject: WoL Costs for 3 projects

Jacinta & Michael,

Attached are the WoL cost schedules for the 3 projects being the [redacted] and the ICCC.

Please note the numbers are indicative of the WoL costs for the 3 projects and certainly need more work to be done going forward. Also, the schedules are not to be taken as Cost Benefit Analyses as per agreement. (Figures escalate in terms of inflation, whereas CBA's use current values going forward as the discount rate takes inflation into account, and secondly, depreciation is not included in CBA's)

For the ICCC I have had to make some big assumptions! To clarify/confirm:

1. Salary on-costs (super, leave, etc) are included in the $7,646m recurrent costs provided by Jacinta?
2. Operational costs that are on top of salaries has been assumed at 30% of the salary cost?
3. We have excluded any off-set revenue in our calculations for the Centre.
4. We have excluded any costs avoided in our calculations such as payments made to NSW Health for patients travelling interstate.
5. I have assumed that some of the existing areas will need to be decanted during construction to allow for work to occur – allowed 600m2. I have costed this as off site rentals with temporary fit-out.

Jacinta, I'm not sure I am reading your email correctly in terms of costs expended/committed to-date. The way I understand your comments is that the values are to be grossed up in my schedules and that you will be separately informing the Commonwealth that these monies are already paid/committed by the ACT Govt – is this correct?

[redacted]

Kind regards

Mark Chappé
Director

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Org	Group	2009	2012	2016	2020	2022
14A	Admin	0.22	0.25	0.28	0.33	0.35
	Nursing	10.95	12.21	14.12	16.33	17.56
14A Total		11.17	12.46	14.40	16.66	17.91
14B	Nursing	40.11	44.73	51.73	59.82	64.32
14B Total		40.11	44.73	51.73	59.82	64.32
BMT	Nursing	2.00	2.23	2.58	2.98	3.21
BMT Total		2.00	2.23	2.58	2.98	3.21
Corp	Admin	9.00	10.04	11.61	13.42	14.43
	Exec	1.00	1.00	1.00	1.00	1.00
	Medical	0.30	0.33	0.39	0.45	0.48
	Nursing	10.00	11.15	12.90	14.91	16.04
Corp Total		20.30	22.52	25.89	29.78	31.95
Familial	Admin		1.00	1.00	1.00	1.00
	Allied		1.90	1.90	1.90	1.90
	Medical					0.50
	Nursing		1.00	1.00	1.00	1.00
Familial Total			3.90	3.90	3.90	4.40
Haematolo	Admin	1.00	1.12	1.29	1.49	1.60
	Medical	9.00	10.04	11.61	13.42	14.43
Haematology Total		10.00	11.15	12.90	14.91	16.04
Immunolog	Admin	2.21	2.46	2.85	3.30	3.54
	Medical	3.71	4.14	4.78	5.53	5.95
	Nursing	2.26	2.52	2.91	3.37	3.62
Immunology Total		8.18	9.12	10.55	12.20	13.12
MEDONC	Admin	9.18	10.24	11.84	13.69	14.72
	Medical	11.25	12.55	14.51	16.78	18.04
MEDONC Total		20.43	22.78	26.35	30.47	32.76
MEDONC	Nurse	2.59	2.89	3.34	3.86	4.15
MEDONC HITH Total		2.59	2.89	3.34	3.86	4.15
Palliative	Admin	2.00	2.00	2.00	2.00	2.00
	Allied	1.00	1.00	1.00	1.00	1.00
	Medical	4.00	4.00	4.00	4.00	4.00
	Nursing	4.00	4.00	4.00	4.00	4.00
Palliative Total		11.00	11.00	11.00	11.00	11.00
RADONC	Admin	11.00	14.00	16.00	18.00	18.00
	Allied	48.28	62.84	75.04	87.24	88.24
	General	2.00	2.00	2.00	2.00	2.00
	Medical	7.10	7.60	8.60	9.60	9.60
	Nursing	5.00	6.00	7.00	8.00	8.00
	Student	2.00	2.00	2.00	2.00	2.00
	Tech	3.10	3.80	4.50	5.20	5.20
RADONC Total		78.48	98.24	115.14	132.04	133.04
Grand Total		204.26	241.02	277.77	317.62	331.91

Org	Group	**Class**	**Current FTE**	**2009**	**2012**	**2016**	**2020**	**2022**
RADONC	Medical	Director Radiation Oncology	1	1	1	1	1	1
RADONC	Medical	Radiation Oncologists	5.2	3.6	3.6	4.6	5.6	5.6
RADONC	Medical	Registrars	4	2	2	2	2	2
RADONC	Medical	Residents	0	0.5	1	1	1	1
RADONC	Allied	Radiation Therapist		27.48	36.48	45.48	54.48	54.48
RADONC	Allied	Chief Radiation Therapist	1	1	1	1	1	1
RADONC	Allied	Deputy Chief Radiation Therapist	1	1	1	1	1	1
RADONC	Allied	Preceptor	1	1	1	1	1	1
RADONC	Allied	QA/Operational Support RT		1	1	1	1	1
RADONC	Allied	Radiation Therapist PDY2		4	5	6	7	8
RADONC	Student	Students		2	2	2	2	2
RADONC	Allied	Research Therapist		1	1	1	1	1
RADONC	Allied	Phyicists		5.2	7.4	9.6	11.8	11.8
RADONC	Allied	Research Physicist		1	1	1	1	1
RADONC	Allied	Brachytherapy Radiation Therapist		3.6	3.6	3.6	3.6	3.6
RADONC	Allied	Brachytherapy Physicist HPO4		1	1	1	1	1
RADONC	Allied	Brachytherapy Nurse		1	1	1	1	1
RADONC	Allied	CT Sim No2 Radiation Therapist			2.36	2.36	2.36	2.36
RADONC	Tech	Senior Technical Officer (equipment)		1	1	1	1	1
RADONC	Tech	Technical Officer		1.5	2	2.5	3	3
RADONC	Tech	Technician treatment accessories & aides		0.6	0.8	1	1.2	1.2
RADONC	General	Hospital Assistant Wardsman	1	2	2	2	2	2
RADONC	**Nursing**	**Nursing**	**5.26**	**5**	**6**	**7**	**8**	**8**
RADONC	Admin	Liaison Officer		1.5	2	2.5	3	3
RADONC	Admin	Clerical Staff		6.5	8	9.5	11	11
RADONC	Admin	Billing Clerk		1	1	1	1	1
RADONC	Admin	Statistitian/Data Manager			1	1	1	1
RADONC	Admin	Data Entry/Data Manager		1	1	1	1	1
RADONC	Admin	Computer Network Manager		1	1	1	1	1
Palliative	Nursing	CNC		2	2	2	2	2
Palliative	Medical	Staff Specialist		2	2	2	2	2
Palliative	Medical	Registrar		2	2	2	2	2
Palliative	Nursing	Nurse Practitioner		2	2	2	2	2
Palliative	Allied	Psychosocial counsellor		1	1	1	1	1
Palliative	Admin	Program Director (Admin)		1	1	1	1	1

Palliative	Admin	Admin		1	1	1	1	1
Familial	Allied	Clinical Genetisist (Director)			0.4	0.4	0.4	0.4
Familial	Admin	ASO5			1	1	1	1
Familial	Nursing	Data Manager			1	1	1	1
Familial	Allied	Cancer Genetic Counsellor			1.5	1.5	1.5	1.5
Familial	Medical	Registrar						0.5
Familial	Medical	Specialist?						
14A	Admin	ASO4	3.70%	0.22	0.25	0.28	0.33	0.35
14A	Nursing	EN1	3.70%	1.00	1.12	1.29	1.49	1.60
14A	Nursing	RN1	3.70%	6.11	6.81	7.88	9.11	9.80
14A	Nursing	RN2	3.70%	2.84	3.17	3.66	4.24	4.55
14A	Nursing	RN3	3.70%	1.00	1.12	1.29	1.49	1.60
14B	Nursing	EN1	3.70%	6.71	7.48	8.65	10.01	10.76
14B	Nursing	RN1	3.70%	23.22	25.89	29.94	34.63	37.24
14B	Nursing	RN2	3.70%	8.18	9.12	10.55	12.20	13.12
14B	Nursing	RN3	3.70%	2.00	2.23	2.58	2.98	3.21
BMT	Nursing	RN2	3.70%	2.00	2.23	2.58	2.98	3.21
Corp	Admin	ASO4	3.70%	1.00	1.12	1.29	1.49	1.60
Corp	Admin	ASO5	3.70%	1.00	1.12	1.29	1.49	1.60
Corp	Admin	ASO6	3.70%	2.00	2.23	2.58	2.98	3.21
Corp	Admin	SOA	3.70%	1.00	1.12	1.29	1.49	1.60
Corp	Admin	SOB	3.70%	2.00	2.23	2.58	2.98	3.21
Corp	Admin	SOC	3.70%	2.00	2.23	2.58	2.98	3.21
Corp	Exec	CE	1	1.00	1.00	1.00	1.00	1.00
Corp	Medical	SSPEC	3.70%	0.30	0.33	0.39	0.45	0.48
Corp	Nursing	RN3	3.70%	9.00	10.04	11.61	13.42	14.43
Corp	Nursing	RN5	3.70%	1.00	1.12	1.29	1.49	1.60
Haematology	Admin	ASO3	3.70%	1.00	1.12	1.29	1.49	1.60
Haematology	Medical	REG	3.70%	3.00	3.35	3.87	4.47	4.81
Haematology	Medical	RMO	3.70%	2.00	2.23	2.58	2.98	3.21
Haematology	Medical	SPEC	3.70%	1.60	1.78	2.06	2.39	2.57
Haematology	Medical	SSPEC	3.70%	2.40	2.68	3.10	3.58	3.85
Immunology	Admin	ASO3	3.70%	2.21	2.46	2.85	3.30	3.54
Immunology	Medical	REG	3.70%	1.71	1.91	2.21	2.55	2.74
Immunology	Medical	SPEC	3.70%	1.20	1.34	1.55	1.79	1.92
Immunology	Medical	SSPEC	3.70%	0.80	0.89	1.03	1.19	1.28

Immunology	Nursing	RN1	3.70%	0.63	0.70	0.81	0.94	1.01
Immunology	Nursing	RN2	3.70%	1.63	1.82	2.10	2.43	2.61
MEDONC	Admin	ASO2	3.70%	2.18	2.43	2.81	3.25	3.50
MEDONC	Admin	ASO3	3.70%	6.00	6.69	7.74	8.95	9.62
MEDONC	Admin	ASO4	3.70%	1.00	1.12	1.29	1.49	1.60
MEDONC	Medical	JRMO	3.70%	2.85	3.18	3.68	4.25	4.57
MEDONC	Medical	REG	3.70%	3.00	3.35	3.87	4.47	4.81
MEDONC	Medical	SPEC	3.70%	1.10	1.23	1.42	1.64	1.76
MEDONC	Medical	SSPEC	3.70%	4.30	4.80	5.55	6.41	6.90
MEDONC HIT	Nurse	RN2	3.70%	2.59	2.89	3.34	3.86	4.15
		Total		204.26	241.0226	277.7694	317.6206	331.9093

Allied Health (from TCH Acute Support)					
Social Work	2	3	4	5	5
Nutrition	1	1.5	2	2.5	2.5
Psychology	2	3	3	3	3
Cancer Psychosocial			0.5	1	1
Speech Pathology	0.7	0.9	1.1	1.3	1.3
Physiotherapy		0.2	0.2	0.2	0.2
Occupational Therapy	0.4	1	1.6	2.2	2.2
Total	**6.1**	**9.6**	**12.4**	**15.2**	**15.2**

		Linac 3	Linac 4	Linac 5	Linac 6	2022
Radiation Oncology	**Current FTE**	**2009**	**2012**	**2016**	**2020**	**2022**
Director Radiation Oncology	1	1	1	1	1	1
Radiation Oncologists	5.2	3.6	3.6	4.6	5.6	5.6
Registrars	4	2	2	2	2	2
Residents	0	0.5	1	1	1	1
Radiation Therapist		27.48	36.48	45.48	54.48	54.48
Chief Radiation Therapist	1	1	1	1	1	1
Deputy Chief Radiation Therapist	1	1	1	1	1	1
Preceptor	1	1	1	1	1	1
QA/Operational Support RT		1	1	1	1	1
Radiation Therapist PDY2		4	5	6	7	8
Students		2	2	2	2	2
Research Therapist		1	1	1	1	1
Phyicists		5.2	7.4	9.6	11.8	11.8
Research Physicist		1	1	1	1	1
Brachytherapy Radiation Therapist		3.6	3.6	3.6	3.6	3.6
Brachytherapy Physicist HPO4		1	1	1	1	1
Brachytherapy Nurse		1	1	1	1	1
CT Sim No2 Radiation Therapist			2.36	2.36	2.36	2.36
Total	**48.4**	**57.38**	**72.44**	**85.64**	**98.84**	**99.84**
Support Services						
Senior Technical Officer (equipment)		1	1	1	1	1
Technical Officer		1.5	2	2.5	3	3
Technician treatment accessories & aides		0.6	0.8	1	1.2	1.2
Hospital Assistant Wardsman	1	2	2	2	2	2
Total	**1**	**5.1**	**5.8**	**6.5**	**7.2**	**7.2**
Nursing	**5.26**	**5**	**6**	**7**	**8**	**8**
Administration						
Liaison Officer		1.5	2	2.5	3	3
Clerical Staff		6.5	8	9.5	11	11
Billing Clerk		1	1	1	1	1

Radiation Oncology

Radiation Oncology Total

Statistitian/Data Manager			1	1	1	1
Data Entry/Data Manager		1	1	1	1	1
Computer Network Manager		1	1	1	1	1
Total	**14.8**	**11**	**14**	**16**	**18**	**18**
	69.46	**78.48**	**98.24**	**115.14**	**132.04**	**133.04**
Allied Health (from TCH Acute Support)						
Social Work		2	3	4	5	5
Nutrition		1	1.5	2	2.5	2.5
Psychology		2	3	3	3	3
Cancer Psychosocial				0.5	1	1
Speech Pathology		0.7	0.9	1.1	1.3	1.3
Physiotherapy			0.2	0.2	0.2	0.2
Occupational Therapy		0.4	1	1.6	2.2	2.2
Total		**6.1**	**9.6**	**12.4**	**15.2**	**15.2**

Palliative Care	**Current FTE**	**2009**	**2012**	**2016**	**2020**	**2022**
CNC		2	2	2	2	2
Staff Specialist		2	2	2	2	2
Registrar		2	2	2	2	2
Nurse Practitioner		2	2	2	2	2
Psychosocial counsellor		1	1	1	1	1
Program Director (Admin)		1	1	1	1	1
Admin		1	1	1	1	1

Palliative Care
Palliative Care Total

Familial Cancer	**Current FTE**	**2009**	**2012**	**2016**	**2020**	**2022**
Clinical Genetisist (Director)			0.4	0.4	0.4	0.4
ASO5			1	1	1	1
Data Manager			1	1	1	1
Cancer Genetic Counsellor			1.5	1.5	1.5	1.5
Registrar						0.5
Specialist?						

Ward 14 A	**Rate**	**Current**	**2012**	**2016**	**2020**	**2022**
ASO4	3.70%	0.22	0.25	0.28	0.33	0.35
EN1	3.70%	1.00	1.12	1.29	1.49	1.60

RN1	3.70%	6.11	6.81	7.88	9.11	9.80
RN2	3.70%	2.84	3.17	3.66	4.24	4.55
RN3	3.70%	1.00	1.12	1.29	1.49	1.60
	3.70%	11.17	12.46	14.40	16.66	17.91

14B	Rate	Current	2012	2016	2020	2022
EN1	3.70%	6.71	7.48	8.65	10.01	10.76
RN1	3.70%	23.22	25.89	29.94	34.63	37.24
RN2	3.70%	8.18	9.12	10.55	12.20	13.12
RN3	3.70%	2.00	2.23	2.58	2.98	3.21
	3.70%	40.11	44.73	51.73	59.82	64.32

BMT	Rate	Current	2012	2016	2020	2022
RN2	3.70%	2.00	2.23	2.58	2.98	3.21
	3.70%	2.00	2.23	2.58	2.98	3.21

Corp	Rate	Current	2012	2016	2020	2022
ASO4	3.70%	1.00	1.12	1.29	1.49	1.60
ASO5	3.70%	1.00	1.12	1.29	1.49	1.60
ASO6	3.70%	2.00	2.23	2.58	2.98	3.21
SOA	3.70%	1.00	1.12	1.29	1.49	1.60
SOB	3.70%	2.00	2.23	2.58	2.98	3.21
SOC	3.70%	2.00	2.23	2.58	2.98	3.21
CE	1	1.00	1.00	1.00	1.00	1.00
SSPEC	3.70%	0.30	0.33	0.39	0.45	0.48
RN3	3.70%	9.00	10.04	11.61	13.42	14.43
RN5	3.70%	1.00	1.12	1.29	1.49	1.60
	3.70%	20.30	22.64	26.18	30.27	32.56

Haematology	Rate	Current	2012	2016	2020	2022
ASO3	3.70%	1.00	1.12	1.29	1.49	1.60
REG	3.70%	3.00	3.35	3.87	4.47	4.81
RMO	3.70%	2.00	2.23	2.58	2.98	3.21
SPEC	3.70%	1.60	1.78	2.06	2.39	2.57
SSPEC	3.70%	2.40	2.68	3.10	3.58	3.85
	3.70%	10.00	11.15	12.90	14.91	16.04

Immunology	Rate	Current	2012	2016	2020	2022
ASO3	3.70%	2.21	2.46	2.85	3.30	3.54
REG	3.70%	1.71	1.91	2.21	2.55	2.74
SPEC	3.70%	1.20	1.34	1.55	1.79	1.92
SSPEC	3.70%	0.80	0.89	1.03	1.19	1.28
RN1	3.70%	0.63	0.70	0.81	0.94	1.01
RN2	3.70%	1.63	1.82	2.10	2.43	2.61
	3.70%	8.18	9.12	10.55	12.20	13.12

Medical Oncology	Rate	Current	2012	2016	2020	2022
ASO2	3.70%	2.18	2.43	2.81	3.25	3.50
ASO3	3.70%	6.00	6.69	7.74	8.95	9.62
ASO4	3.70%	1.00	1.12	1.29	1.49	1.60
JRMO	3.70%	2.85	3.18	3.68	4.25	4.57
REG	3.70%	3.00	3.35	3.87	4.47	4.81
SPEC	3.70%	1.10	1.23	1.42	1.64	1.76
SSPEC	3.70%	4.30	4.80	5.55	6.41	6.90
	3.70%	20.43	22.78	26.35	30.47	32.76

Medical Oncology HITH	Rate	Current	2012	2016	2020	2022
RN2	3.70%	2.59	2.89	3.34	3.86	4.15

Admin	ASO3	11.82
	ASO5	1
	ASO6	1
	SOC	1
Admin Total		14.82
Allied	HPO2	1
	HPO3	0.54
	RT1	3
	RT2	12
	RT3	10.7
	RT4	8
	RT5	1
	RT6	2
Allied Total		38.24
General	HS3	1
General Total		1
Medical	REG	4
	SPEC	3.2
	SSPEC	3
Medical Total		10.2
Nurse	EN1	1
	RN1	3.26
	RN3	1
Nurse Total		5.26
		69.52

Allied	HP3	2
Allied Total		2
Nurse	RN2	1
	RN3	1
Nurse Total		2
		4

Org	Group	Class		Current	2012	2016	2020	2022
14A	Admin	ASO4	3.70%	0.22	0.25	0.28	0.33	0.35
	Nurse	EN1	3.70%	1.00	1.12	1.29	1.49	1.60
		RN1	3.70%	6.11	6.81	7.88	9.11	9.80
		RN2	3.70%	2.84	3.17	3.66	4.24	4.55
		RN3	3.70%	1.00	1.12	1.29	1.49	1.60
14A Total			3.70%	11.17	12.46	14.40	16.66	17.91
14B	Nurse	EN1	3.70%	6.71	7.48	8.65	10.01	10.76
		RN1	3.70%	23.22	25.89	29.94	34.63	37.24
		RN2	3.70%	8.18	9.12	10.55	12.20	13.12
		RN3	3.70%	2.00	2.23	2.58	2.98	3.21
14B Total			3.70%	40.11	44.73	51.73	59.82	64.32
BMT	Nurse	RN2	3.70%	2.00	2.23	2.58	2.98	3.21
BMT Total			3.70%	2.00	2.23	2.58	2.98	3.21
Corp	Admin	ASO4	3.70%	1.00	1.12	1.29	1.49	1.60
		ASO5	3.70%	1.00	1.12	1.29	1.49	1.60
		ASO6	3.70%	2.00	2.23	2.58	2.98	3.21
		SOA	3.70%	1.00	1.12	1.29	1.49	1.60
		SOB	3.70%	2.00	2.23	2.58	2.98	3.21
		SOC	3.70%	2.00	2.23	2.58	2.98	3.21
	Executive	CE	1	1.00	1.00	1.00	1.00	1.00
	Medical	SSPEC	3.70%	0.30	0.33	0.39	0.45	0.48
	Nurse	RN3	3.70%	9.00	10.04	11.61	13.42	14.43
		RN5	3.70%	1.00	1.12	1.29	1.49	1.60
Corp Total			3.70%	20.30	22.64	26.18	30.27	32.56
Haematolo	Admin	ASO3	3.70%	1.00	1.12	1.29	1.49	1.60
	Medical	REG	3.70%	3.00	3.35	3.87	4.47	4.81
		RMO	3.70%	2.00	2.23	2.58	2.98	3.21
		SPEC	3.70%	1.60	1.78	2.06	2.39	2.57
		SSPEC	3.70%	2.40	2.68	3.10	3.58	3.85
Haematology Total			3.70%	10.00	11.15	12.90	14.91	16.04
Immunolog	Admin	ASO3	3.70%	2.21	2.46	2.85	3.30	3.54
	Medical	REG	3.70%	1.71	1.91	2.21	2.55	2.74
		SPEC	3.70%	1.20	1.34	1.55	1.79	1.92
		SSPEC	3.70%	0.80	0.89	1.03	1.19	1.28
	Nurse	RN1	3.70%	0.63	0.70	0.81	0.94	1.01
		RN2	3.70%	1.63	1.82	2.10	2.43	2.61
Immunology Total			3.70%	8.18	9.12	10.55	12.20	13.12
Medical Or	Admin	ASO2	3.70%	2.18	2.43	2.81	3.25	3.50
		ASO3	3.70%	6.00	6.69	7.74	8.95	9.62
		ASO4	3.70%	1.00	1.12	1.29	1.49	1.60
	Medical	JRMO	3.70%	2.85	3.18	3.68	4.25	4.57
		REG	3.70%	3.00	3.35	3.87	4.47	4.81
		SPEC	3.70%	1.10	1.23	1.42	1.64	1.76
		SSPEC	3.70%	4.30	4.80	5.55	6.41	6.90
Medical Oncology Total			3.70%	20.43	22.78	26.35	30.47	32.76
Medical Or	Nurse	RN2	3.70%	2.59	2.89	3.34	3.86	4.15
Medical Oncology HITH Total			3.70%	2.59	2.89	3.34	3.86	4.15

Org	Group	Class		Current	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
14A	Admin	ASO4	3.70%	0.22	0.23	0.24	0.25	0.25	0.26	0.27	0.28	0.29	0.31	0.32	0.33	0.34	0.35
	Nurse	EN1	3.70%	1.00	1.04	1.08	1.12	1.16	1.20	1.24	1.29	1.34	1.39	1.44	1.49	1.55	1.60
		RN1	3.70%	6.11	6.34	6.57	6.81	7.07	7.33	7.60	7.88	8.17	8.47	8.79	9.11	9.45	9.80
		RN2	3.70%	2.84	2.95	3.05	3.17	3.28	3.41	3.53	3.66	3.80	3.94	4.08	4.24	4.39	4.55
		RN3	3.70%	1.00	1.04	1.08	1.12	1.16	1.20	1.24	1.29	1.34	1.39	1.44	1.49	1.55	1.60
14A Total			3.70%	11.17	11.58	12.01	12.46	12.92	13.40	13.89	14.40	14.94	15.49	16.06	16.66	17.27	17.91
14B	Nurse	EN1	3.70%	6.71	6.96	7.22	7.48	7.76	8.05	8.34	8.65	8.97	9.31	9.65	10.01	10.38	10.76
		RN1	3.70%	23.22	24.08	24.97	25.89	26.85	27.85	28.88	29.94	31.05	32.20	33.39	34.63	35.91	37.24
		RN2	3.70%	8.18	8.48	8.80	9.12	9.46	9.81	10.17	10.55	10.94	11.34	11.76	12.20	12.65	13.12
		RN3	3.70%	2.00	2.07	2.15	2.23	2.31	2.40	2.49	2.58	2.67	2.77	2.88	2.98	3.09	3.21
14B Total			3.70%	40.11	41.59	43.13	44.73	46.38	48.10	49.88	51.73	53.64	55.62	57.68	59.82	62.03	64.32
BMT	Nurse	RN2	3.70%	2.00	2.07	2.15	2.23	2.31	2.40	2.49	2.58	2.67	2.77	2.88	2.98	3.09	3.21
BMT Total			3.70%	2.00	2.07	2.15	2.23	2.31	2.40	2.49	2.58	2.67	2.77	2.88	2.98	3.09	3.21
Corp	Admin	ASO4	3.70%	1.00	1.04	1.08	1.12	1.16	1.20	1.24	1.29	1.34	1.39	1.44	1.49	1.55	1.60
		ASO5	3.70%	1.00	1.04	1.08	1.12	1.16	1.20	1.24	1.29	1.34	1.39	1.44	1.49	1.55	1.60
		ASO6	3.70%	2.00	2.07	2.15	2.23	2.31	2.40	2.49	2.58	2.67	2.77	2.88	2.98	3.09	3.21
		SOA	3.70%	1.00	1.04	1.08	1.12	1.16	1.20	1.24	1.29	1.34	1.39	1.44	1.49	1.55	1.60
		SOB	3.70%	2.00	2.07	2.15	2.23	2.31	2.40	2.49	2.58	2.67	2.77	2.88	2.98	3.09	3.21
		SOC	3.70%	2.00	2.07	2.15	2.23	2.31	2.40	2.49	2.58	2.67	2.77	2.88	2.98	3.09	3.21
	Executive	CE	1	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
	Medical	SSPEC	3.70%	0.30	0.31	0.32	0.33	0.35	0.36	0.37	0.39	0.40	0.42	0.43	0.45	0.46	0.48
	Nurse	RN3	3.70%	9.00	9.33	9.68	10.04	10.41	10.79	11.19	11.61	12.04	12.48	12.94	13.42	13.92	14.43
		RN5	3.70%	1.00	1.04	1.08	1.12	1.16	1.20	1.24	1.29	1.34	1.39	1.44	1.49	1.55	1.60
Corp Total			3.70%	20.30	21.05	21.83	22.64	23.48	24.34	25.24	26.18	27.15	28.15	29.19	30.27	31.39	32.56
Haematology	Admin	ASO3	3.70%	1.00	1.04	1.08	1.12	1.16	1.20	1.24	1.29	1.34	1.39	1.44	1.49	1.55	1.60
	Medical	REG	3.70%	3.00	3.11	3.23	3.35	3.47	3.60	3.73	3.87	4.01	4.16	4.31	4.47	4.64	4.81
		RMO	3.70%	2.00	2.07	2.15	2.23	2.31	2.40	2.49	2.58	2.67	2.77	2.88	2.98	3.09	3.21
		SPEC	3.70%	1.60	1.66	1.72	1.78	1.85	1.92	1.99	2.06	2.14	2.22	2.30	2.39	2.47	2.57
		SSPEC	3.70%	2.40	2.49	2.58	2.68	2.78	2.88	2.98	3.10	3.21	3.33	3.45	3.58	3.71	3.85
Haematology Total			3.70%	10.00	10.37	10.75	11.15	11.56	11.99	12.44	12.90	13.37	13.87	14.38	14.91	15.46	16.04
Immunology	Admin	ASO3	3.70%	2.21	2.29	2.38	2.46	2.56	2.65	2.75	2.85	2.96	3.06	3.18	3.30	3.42	3.54
	Medical	REG	3.70%	1.71	1.77	1.84	1.91	1.98	2.05	2.13	2.21	2.29	2.37	2.46	2.55	2.64	2.74
		SPEC	3.70%	1.20	1.24	1.29	1.34	1.39	1.44	1.49	1.55	1.60	1.66	1.73	1.79	1.86	1.92
		SSPEC	3.70%	0.80	0.83	0.86	0.89	0.93	0.96	0.99	1.03	1.07	1.11	1.15	1.19	1.24	1.28
	Nurse	RN1	3.70%	0.63	0.65	0.68	0.70	0.73	0.76	0.78	0.81	0.84	0.87	0.91	0.94	0.97	1.01
		RN2	3.70%	1.63	1.69	1.75	1.82	1.88	1.95	2.03	2.10	2.18	2.26	2.34	2.43	2.52	2.61
Immunology Total			3.70%	8.18	8.48	8.80	9.12	9.46	9.81	10.17	10.55	10.94	11.34	11.76	12.20	12.65	13.12
Medical Oncology	Admin	ASO2	3.70%	2.18	2.26	2.34	2.43	2.52	2.61	2.71	2.81	2.92	3.02	3.14	3.25	3.37	3.50
		ASO3	3.70%	6.00	6.22	6.45	6.69	6.94	7.20	7.46	7.74	8.02	8.32	8.63	8.95	9.28	9.62
		ASO4	3.70%	1.00	1.04	1.08	1.12	1.16	1.20	1.24	1.29	1.34	1.39	1.44	1.49	1.55	1.60
	Medical	JRMO	3.70%	2.85	2.96	3.06	3.18	3.30	3.42	3.54	3.68	3.81	3.95	4.10	4.25	4.41	4.57
		REG	3.70%	3.00	3.11	3.23	3.35	3.47	3.60	3.73	3.87	4.01	4.16	4.31	4.47	4.64	4.81
		SPEC	3.70%	1.10	1.14	1.18	1.23	1.27	1.32	1.37	1.42	1.47	1.53	1.58	1.64	1.70	1.76
		SSPEC	3.70%	4.30	4.46	4.62	4.80	4.97	5.16	5.35	5.55	5.75	5.96	6.18	6.41	6.65	6.90
Medical Oncology Total			3.70%	20.43	21.19	21.97	22.78	23.63	24.50	25.41	26.35	27.32	28.33	29.38	30.47	31.59	32.76
Medical Oncology HITH	Nurse	RN2	3.70%	2.59	2.69	2.79	2.89	3.00	3.11	3.22	3.34	3.46	3.59	3.72	3.86	4.01	4.15
Medical Oncology HITH Total			3.70%	2.59	2.69	2.79	2.89	3.00	3.11	3.22	3.34	3.46	3.59	3.72	3.86	4.01	4.15

Palliative Care based on separate assumptions
Radiation Oncology calculated based on number of Linacs
Screening calculated with Community Service

Palliative Care	Allied	HP3	3.70%	2.00	2.07	2.15	2.23	2.31	2.40	2.49	2.58	2.67	2.77	2.88	2.98	3.09	3.21
	Nurse	RN2	3.70%	1.00	1.04	1.08	1.12	1.16	1.20	1.24	1.29	1.34	1.39	1.44	1.49	1.55	1.60
		RN3	3.70%	1.00	1.04	1.08	1.12	1.16	1.20	1.24	1.29	1.34	1.39	1.44	1.49	1.55	1.60
Palliative Care Total			3.70%	4.00	4.15	4.30	4.46	4.63	4.80	4.97	5.16	5.35	5.55	5.75	5.97	6.19	6.41
Radiation Oncology	Medical	REG	3.70%	4.00	4.15	4.30	4.46	4.63	4.80	4.97	5.16	5.35	5.55	5.75	5.97	6.19	6.41
		SPEC	3.70%	3.20	3.32	3.44	3.57	3.70	3.84	3.98	4.13	4.28	4.44	4.60	4.77	4.95	5.13
		SSPEC	3.70%	3.00	3.11	3.23	3.35	3.47	3.60	3.73	3.87	4.01	4.16	4.31	4.47	4.64	4.81
	Allied	HPO2	3.70%	1.00	1.04	1.08	1.12	1.16	1.20	1.24	1.29	1.34	1.39	1.44	1.49	1.55	1.60
		HPO3	3.70%	0.54	0.56	0.58	0.60	0.62	0.65	0.67	0.70	0.72	0.75	0.78	0.81	0.84	0.87
		RT1	3.70%	3.00	3.11	3.23	3.35	3.47	3.60	3.73	3.87	4.01	4.16	4.31	4.47	4.64	4.81
		RT2	3.70%	12.00	12.44	12.90	13.38	13.88	14.39	14.92	15.48	16.05	16.64	17.26	17.90	18.56	19.24
		RT3	3.70%	10.70	11.10	11.51	11.93	12.37	12.83	13.31	13.80	14.31	14.84	15.39	15.96	16.55	17.16
		RT4	3.70%	8.00	8.30	8.60	8.92	9.25	9.59	9.95	10.32	10.70	11.09	11.50	11.93	12.37	12.83
		RT5	3.70%	1.00	1.04	1.08	1.12	1.16	1.20	1.24	1.29	1.34	1.39	1.44	1.49	1.55	1.60
		RT6	3.70%	2.00	2.07	2.15	2.23	2.31	2.40	2.49	2.58	2.67	2.77	2.88	2.98	3.09	3.21
	Nurse	EN1	3.70%	1.00	1.04	1.08	1.12	1.16	1.20	1.24	1.29	1.34	1.39	1.44	1.49	1.55	1.60
		RN1	3.70%	3.26	3.38	3.51	3.64	3.77	3.91	4.05	4.20	4.36	4.52	4.69	4.86	5.04	5.23
		RN3	3.70%	1.00	1.04	1.08	1.12	1.16	1.20	1.24	1.29	1.34	1.39	1.44	1.49	1.55	1.60
	Admin	ASO3	3.70%	11.82	12.26	12.71	13.18	13.67	14.17	14.70	15.24	15.81	16.39	17.00	17.63	18.28	18.96
		ASO5	3.70%	1.00	1.04	1.08	1.12	1.16	1.20	1.24	1.29	1.34	1.39	1.44	1.49	1.55	1.60
		ASO6	3.70%	1.00	1.04	1.08	1.12	1.16	1.20	1.24	1.29	1.34	1.39	1.44	1.49	1.55	1.60
		SOC	3.70%	1.00	1.04	1.08	1.12	1.16	1.20	1.24	1.29	1.34	1.39	1.44	1.49	1.55	1.60
	General	HS3	3.70%	1.00	1.04	1.08	1.12	1.16	1.20	1.24	1.29	1.34	1.39	1.44	1.49	1.55	1.60
Radiation Oncology Total			3.70%	69.52	72.09	74.76	77.53	80.39	83.37	86.45	89.65	92.97	96.41	99.98	103.68	107.51	111.49
Screening	Admin	ASO1	3.70%	1.35	1.40	1.45	1.51	1.56	1.62	1.68	1.74	1.81	1.87	1.94	2.01	2.09	2.16
		ASO2	3.70%	6.31	6.54	6.79	7.04	7.30	7.57	7.85	8.14	8.44	8.75	9.07	9.41	9.76	10.12
		ASO3	3.70%	3.00	3.11	3.23	3.35	3.47	3.60	3.73	3.87	4.01	4.16	4.31	4.47	4.64	4.81
		ASO4	3.70%	1.83	1.90	1.97	2.04	2.12	2.19	2.28	2.36	2.45	2.54	2.63	2.73	2.83	2.93
		ASO5	3.70%	2.60	2.70	2.80	2.90	3.01	3.12	3.23	3.35	3.48	3.61	3.74	3.88	4.02	4.17
		ASO6	3.70%	2.11	2.19	2.27	2.35	2.44	2.53	2.62	2.72	2.82	2.93	3.03	3.15	3.26	3.38
		SOB	3.70%	1.00	1.04	1.08	1.12	1.16	1.20	1.24	1.29	1.34	1.39	1.44	1.49	1.55	1.60
		SOC	3.70%	3.00	3.11	3.23	3.35	3.47	3.60	3.73	3.87	4.01	4.16	4.31	4.47	4.64	4.81
	Allied	HPO3	3.70%	8.51	8.82	9.15	9.49	9.84	10.21	10.58	10.97	11.38	11.80	12.24	12.69	13.16	13.65
		HPO4	3.70%	2.60	2.70	2.80	2.90	3.01	3.12	3.23	3.35	3.48	3.61	3.74	3.88	4.02	4.17
	Medical	TCMG	3.70%	0.95	0.99	1.02	1.06	1.10	1.14	1.18	1.23	1.27	1.32	1.37	1.42	1.47	1.52
	Nurse	RN2	3.70%	3.47	3.60	3.73	3.87	4.01	4.16	4.32	4.47	4.64	4.81	4.99	5.17	5.37	5.56
		RN3	3.70%	1.00	1.04	1.08	1.12	1.16	1.20	1.24	1.29	1.34	1.39	1.44	1.49	1.55	1.60
Screening Total				37.73	39.13	40.57	42.07	43.63	45.25	46.92	48.66	50.46	52.32	54.26	56.27	58.35	60.51
Grand Total				226.03	234.39	243.07	252.06	261.39	271.06	281.09	291.49	302.27	313.45	325.05	337.08	349.55	362.49

69.76

Sum of TFTE			
Org	Group	Class	Total
14A	Admin	ASO4	0.22
	Admin Total		0.22
	Nurse	EN1	1
		RN1	6.11
		RN2	2.84
		RN3	1
	Nurse Total		10.95
14A Total			11.17
14B	Nurse	EN1	6.71
		RN1	23.22
		RN2	8.18
		RN3	2
	Nurse Total		40.11
14B Total			40.11
BMT	Nurse	RN2	2
	Nurse Total		2
BMT Total			2
Corp	Admin	ASO4	1
		ASO5	1
		ASO6	2
		SOA	1
		SOB	2
		SOC	2
	Admin Total		9
	Executive	CE	1
	Executive Total		1
	Medical	SSPEC	0.3
	Medical Total		0.3
	Nurse	RN3	9
		RN5	1
	Nurse Total		10
Corp Total			20.3
Haematology	Admin	ASO3	1
	Admin Total		1
	Medical	REG	3
		RMO	2
		SPEC	1.6
		SSPEC	2.4
	Medical Total		9
Haematology Total			10
Immunology	Admin	ASO3	2.21
	Admin Total		2.21
	Medical	REG	1.71
		SPEC	1.2
		SSPEC	0.8
	Medical Total		3.71
	Nurse	RN1	0.63
		RN2	1.63
	Nurse Total		2.26
Immunology Total			8.18
Medical Oncology	Admin	ASO2	2.18
		ASO3	6

Medical Oncology	Admin	ASO4	1
	Admin Total		9.18
	Medical	JRMO	2.85
		REG	3
		SPEC	1.1
		SSPEC	4.3
	Medical Total		11.25
Medical Oncology Total			20.43
Medical Oncology HITH	Nurse	RN2	2.59
	Nurse Total		2.59
Medical Oncology HITH Total			2.59
Palliative Care	Allied	HP3	2
	Allied Total		2
	Nurse	RN2	1
		RN3	1
	Nurse Total		2
Palliative Care Total			4
Radiation Oncology	Admin	ASO3	11.82
		ASO5	1
		ASO6	1
		SOC	1
	Admin Total		14.82
	Allied	HPO2	1
		HPO3	0.54
		RT1	3
		RT2	12
		RT3	10.7
		RT4	8
		RT5	1
		RT6	2
	Allied Total		38.24
	General	HS3	1
	General Total		1
	Medical	REG	4
		SPEC	3.2
		SSPEC	3
	Medical Total		10.2
	Nurse	EN1	1
		RN1	3.26
		RN3	1
	Nurse Total		5.26
Radiation Oncology Total			69.52
Screening	Admin	ASO1	1.35
		ASO2	6.310068027
		ASO3	3
		ASO4	1.83
		ASO5	2.6
		ASO6	2.11
		SOB	1
		SOC	3
	Admin Total		21.20006803
	Allied	HPO3	8.51
		HPO4	2.6
	Allied Total		11.11
	Medical	TCMG	0.95
	Medical Total		0.95

Screening	Nurse	RN2	3.47
		RN3	1
	Nurse Total		4.47
Screening Total			37.73006803
Grand Total			226.030068