s22

s22
29/09/2010 02:05 PM

To s22 /NSW/Health@Health_gov_au
cc s22 /Health@Health_gov_a
bcc
Subject Re: Fw: Review of draft Functional Brief for Narooma Cap W

UNCLASSIFIED

Hi s22
As discussed, s22 are out of the office, my comments on the capital works components of the draft functional brief are as follows:

Page 2 NSW Health engaged and OATSIH commissioned Sirius Economics,
Page 4 "According to Katungal and Aboriginal Land Councils" what data is this sourced from?
Page 12 Item, A.2.6 It would be useful to correctly identify existing property
Page 13 Provide details as to why the existing property is "culturally unacceptable"
Page 14 2nd dot point, who identified deficiencies?
Page 16 Under Principles and Patterns of Care, 3rd dot point states that "The Katungal Board has determined that service delivery is restricted to Aboriginal people only". Please clarify.
5th dot point, it would be useful to specify cultural requirements.
Page 31 2nd table, repeated at page 36
Page 60 Under Interior Design Concept, Artwork is outside the project scope?
Page 61 Under Cultural Considerations, Artwork is outside the project scope?
Page 62 1st table, repeated at page 36
Page 64 Under Sea Level Rise/Inundation include reference to estimated costings
Page 79 Under Item C.5 Estimated Capital Cost, the first table descriptions are unclear

s22

| Capital Works Section | Office for Aboriginal and Torres Strait Islander Health | Department of Health and Ageing | s22 | MDP 652 GPO Box 9848 CANBERRA ACT 2601 |
s22 /NSW/Health

s22
/NSW/Healt h
20/09/2010 10:03 AM

To s22 /OATSIH/Health@Health_gov_au
s22
s22

Subject Fw: Review of draft Functional Brief for Narooma Cap Works project [SEC=UNCLASSIFIED]

Hi s22

Please refer to the following emails. The 3rd Steering committee meeting was held last Tuesday, representatives from NSWH and OATSIH did not attend the meeting. The email from s22 explains the potential problem regarding the preferred site at Riverside Drive, Narooma.

There are a series of other emails with attachments pertaining to the Functional Brief sent by s22 would you like us to send you all the documents via E-mail?

Also, I will forward to you under separate cover the last email from s22 dated 18/9 sent to all members regarding the issue with the Riverside Drive Site.

cheers, s22

s22 Assistant Director | Office for Aboriginal & Torres Strait Islander Health | Department of Health & Age
GPO Box 9848 SYDNEY NSW 2001 s22

---- Forwarded by s22 /NSW/Health on 20/09/2010 09:35 AM ----

s22
NSW/Health
10/09/2010 10:44 AM

To s22 /NSW/Health@Health_gov_au
cc

s22

Subject Review of draft Functional Brief for Narooma Cap Works project [SEC=UNCLASSIFIED]

s22

I've looked through the draft Functional Brief attached below The most significant issue in the Brief concerns the acquisition of the preferred site at Riverside Drv in Narooma.

The site is subject to a Native Title Lands Claim by the Wagonga ALC which must be removed before it can be compulsorily acquired by NSWH. Gary Richards advised in a recent telephone discussion that the WALC appeared reluctant to relinquish their claim. Other possible sites in Narooma are significantly less favourable as per recent VMS options evaluation

I understand that the above will be a key discussion point at next weeks meeting.

s22

A/Regional Coordinator
OATSIH
Department of Health and Ageing (NSW State Office)
GPO Box 9848, Sydney NSW 2001

s22

---- Forwarded by [redacted] s22 /NSW/Health on 10/09/2010 10:11 AM ----

s47F
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s22

To [redacted] s22 s47F >, s47F
s47F .com.au>, s47F

08/09/2010 05:33 PM

cc

Subject SE1001A_47_Functional Brief-V1 0_Sept2010.pdf [SEC=No Protective Marking]

Good afternoon
Attached is the Functional Brief for the proposed redevelopment of Katungul ACCMS.

Could you please review this document prior to our Steering Committee next week. The purpose of the Steering Committee is to quickly work through the document on a page by page basis and I would appreciate any comments re changes required.

There are also several Appendices attached into another file that will be emailed to you tomorrow.

The agenda for the Steering Committee is attached. Details

Date - 14 September 2010
Time - 11.00 start
Venue - Katungul's Office, Narooma

Please call me as needed

Thanks

s22 email

s47F

s47F
Sirius Economics
PO Box 252 Janalli, NSW 2226
s47F

Email: sirius@bigpond.com

SE1001A_47_Functional Brief-V1 0_Sept2010.pdf

SE1001A_53_Katurgul SC Agenda 12Sep10.doc

UNCLASSIFIED

NSW HEALTH

CENTRE FOR ABORIGINAL HEALTH

September 2010

Functional Brief

Katungul Aboriginal Corporation
Community & Medical Services

Version 1.0

SIRIUS ECONOMICS
Management Consultant : Project Director : Health Planner
PO Box 252, Jannali NSW 2226 s47F
Email: *sirius@bigpond.com* ABN 54 003 873 854

Contents

1. EXECUTIVE SUMMARY

To be included in final Functional Brief

2. PART A – PROJECT DESCRIPTION

A1. Project Description

Background

The Katungul Aboriginal Corporation Community and Medical Service (Katungul ACCMS) was first established in 1993. The head office and main clinic is based in Narooma with outreach clinics in Bega and Moruya. Katungul delivers a range of services to the Aboriginal population living in the significant geographical area reaching from Ulladulla to the Victorian border which includes the Shoalhaven, Eurobodalla and Bega Local Government Areas.

In Narooma, the service is located at 6/26 Princess Highway in the area colloquially known as the 'The Narooma Flats' at the northerly part of the Narooma commercial district. The building, which is owned and occupied by Katungul, was erected in the mid 1980's. It is a 2 storey cavity brick commercial facility comprising 6 strata title units. Three of the titles were originally developed as retail units on the ground floor. Three residential units form the second level. This facility was refurbished throughout to accommodate current Katungul's offices, clinics and waiting areas etc.

A scoping study of Katungul and its Narooma facility was undertaken in 2007 which noted:

- Katungul has an established management team and focused Board able to lead the service into the future
- Established minimal GP and dental clinics.
- Established and growing catchment Aboriginal community residing on the NSW south scoast.
- Established and committed Katungul staff with the required skills to provide health services.
- The Narooma facility does not comply with Building Code of Australia (BCA) or Occupational Health and Safety (OH&S) guidelines. In particular, disabled access into the facility does not meet standards.
- Existing Narooma premises are uninviting, inappropriate and culturally unacceptable. They were never constructed with an intent to accommodate medical and community services.

NSW Health and OATSIH commissioned Sirius Economics, health planning consultants to complete a Functional Brief which specifically focuses on upgrading and expanding Katungul's Narooma facilities. The Functional Brief is to exclude any planning work for Katungul facilities in Moruya, Bega or Wallaga Lake.

Location Options for Katungul's Main Clinic and Head Office

Katungul services the Aboriginal population living on the south coast of NSW. It is important that the main clinic and head office is reasonably centrally

located to minimise travel for both clients who travel to receive services and staff who outreach to provide services.

The Katungul main clinic and head office has been located in Narooma since the services inception in 1993. The Scoping Study, however, recommended that the service be relocated to Moruya largely related to benefits of a location close to Moruya Hospital. Importantly, a Eurobodalla location is central for the 3 LGA's serviced by Katungul and both Narooma and Moruya are within Eurobodalla. The advantages and disadvantages of Narooma versus Moruya locations for the Katungul main clinic are defined in the following table:

Narooma or Moruya Base for Katungul Main Clinic and Head Office

Criteria	Narooma Base for Katungul	Moruya Base for Katungul
1. Town Overview	• 8,312 total population per 2006 census • Light industry, farming and tourism • No airport	• 10,278 total population per 2006 census • Light industry, farming and tourism • Eurobodalla Shire Council Base • Moruya Airport
2. Ease of Access for catchment population	• According to ABS 2006, there were 582 Aboriginal people living in the southern part of Eurobodalla Shire including Narooma. • According to Katungul and Aboriginal Land Councils there are closer to 1,810 Aboriginal people living in the southern part of Eurobodalla Shire including Narooma. (Sourced from what data)	• According to ABS 2006, there were 1,114 Aboriginal people living in Batemans Bay, Mogo and Moruya. • According to Katungul and Aboriginal Land Councils there are closer to 2,800 Aboriginal people living in northern Eurobodalla Shire.
3. Access to Services	**Acute Hospital** • No acute hospital in Narooma	• Moruya has an acute Hospital, 65 beds with Emergency Department, high dependency, surgical and medical, chronic care, palliative care, renal dialysis, cancer services, maternity, child and family.
	Community Health Services (GSAHS)	**Community Health Services (GSAHS)**
	Community nursing — Base ACAT — Home Visits Child and Family — Base Palliative Care — Home Visits Continence — Home Visits Women's Health — Visits Social Worker — Visits OT — Visits Speech — Visits Physiotherapy — Visits Immunisation — Base Sexual Assault — Visits	Community nursing — Base ACAT — Base Child and Family — Base Palliative Care — Base Continence — Base Women's Health — Monthly Social Worker — Base OT — Base Speech — Base Physiotherapy — Base Immunisation — Base Sexual Assault — Base

Criteria	Narooma Base for Katungul		Moruya Base for Katungul	
	Dietetics	Visits	Dietetics	Visits
	Diabetes Education	Visits	Diabetes Education	Visits
	Cancer Care	Visits	Cancer Care	Base
	Dementia	Visits	Dementia	Visits
	Geriatrician	Visits	Geriatrician	Base
	Rehabilitation	Visits	Rehabilitation	Base

Criteria	Narooma Base for Katungul		Moruya Base for Katungul	
4. Access to Services (Cont)	**Other Services**	**Number Available**	**Other Services**	**Number Available**
	GPs	9	GPs	19
	Physios	1	Physios	5
	OT	0	OT	1
	Osteopath	1	Osteopath	2
	Chiropractor	3	Chiropractor	3
	Dietician	0	Dietician	0
	Podiatrist	1	Podiatrist	2
5. Hospital Separations – Aboriginal Patients (per GSAHS)	Narooma Patients in Bega Hospital		Moruya Patients in Moruya Hospital	
		2007/08 2008/09		2007/08 2008/09
	Patients	62 673	Patients	141 207
	Narooma Patients in Moruya Hospital		Moruya Patients in Batemans Bay Hospital	
		2007/08 2008/09		2007/08 2008/09
	Patients	215 225	Patients	18 17
6. Patient Acuity	**Patient Activity** According to the Katungul GP and clinical staff there is a far high patient acuity in the Southern section of Eurobodalla where health services are less accessible.		**Patient Activity** Despite a higher Aboriginal population in the northern section of Eurobodalla there is lower hospital attendance and lower patient acuity.	

Preferred Location for Katungul Main Clinic and Head Office

A summary of the advantages and disadvantages of Narooma versus Moruya as the location for Katungul's main facility is provided in the following table:

Advantages and Disadvantages of a Narooma Base for Katungul

Advantages	Issues
Narooma Base • More centrally located in Eurobodalla. • Minimises travel for staff and clients. • Higher patient acuity in the southern Eurobodalla especially Wallaga Lake • Existing Narooma location is accepted by the Aboriginal community. • No acute hospital in Narooma. • Limited other health related services in Narooma. • Limited community health services based in Narooma.	• More Aboriginal residents in the northern section of Eurobodalla.

Advantages and Disadvantages of a Moruya Base for Katungul

Advantages	Issues
• More Aboriginal residents in the northern section of Eurobodalla.	• Moruya is less centrally located. • Significantly more travel, on average, for clients and staff. • Far greater access to acute and primary health services in Moruya. • Existing acute hospital in Moruya • Healthier Aboriginal population in Northern Eurobodalla.

Katungal was established in Narooma largely related to lack of health service availability for Aboriginal residents of the Southern section of Eurobodalla. A Narooma location is well accepted by staff and by a large proportion of the local Aboriginal community. Narooma is a more accessible and central site.

There is no compelling reason why Katungul's main clinic and head office should relocate to Moruya or any other location. Redevelopment of Katungul in Narooma is therefore, the preferred strategy pursued by this Functional Brief.

A2 Service Need and Anticipated Benefits

A.2.1 Catchment Population

The catchment Aboriginal population for the range of services delivered by Katungul reside in the Shoalhaven, Eurobodalla and Bega LGAs. This

Functional Brief, however, is focussing on the redevelopment of Katungul's Narooma facility and the primary catchment for the Narooma based service is resident within Eurobodalla Shire. A Katungul outreach clinic is located in Bega.

Total Population – Eurobodalla Shire
According to the Australian Bureau of Statistics and the NSW Department of Planning the total population of Eurobodalla Shire at the 2006 Census with projections to 2026 is as follows:

Projected Total Population – Eurobodalla Shire Council

Year	Population	% Increase
2006 Census	36,600	
2011	39,900	+9.0%
2016	43,300	+8.5%
2021	46,500	+7.4%
2026	49,600	+6.7%

Australian Bureau of Statistics, 2006 Census
Department of Planning

The Eurobodalla Shire is forecast to grow by 13,000 people or by 35% (approximately 1.77% pa) over the 20 year period 2006-2026.

Indigenous Population – Eurobodalla Shire
According to the 2006 Census and the GSAHS Regional Plan, the indigenous population residing in Eurobodalla Shire's main communities was as follows:

Indigenous Population, 2006 – Eurobodalla

Per ABS, 2006	1,555	(% of Total Indigenous Population)
Per GSAHS Regional Plan		
• Batemans Bay	534	34%
• Mogo	90	6%
• Moruya	248	16%
• Bodalla	103	7%
• Narooma	106	7%
• Wallaga Lake	125	8%
• Other	348	22%
	1,555	**100%**

Note that the ABS census assumes a 7% Indigenous population under-recording. The experience of other Aboriginal Medical Services when comparing indigenous census populations to client records is that Indigenous population census under-recording is significantly higher than 7%.

According to Katungul ACCMS, based on information provided by South Coast Aboriginal Land Councils, the actual Indigenous population residing in Eurobodalla Shire, in 2006, was as follows:

Eurobodalla Shire, Aboriginal Population per Katungul ACCMS

Communities	Est Population	% of Total
• Batemans Bay	1,400	35%
• Mogo	490	12%
• Moruya	910	23%
• Bodalla	430	10%
• Narooma	440	11%
• Wallaga Lake	380	9%
	4,050	**100%**

Source – Katungul ACCMS

In addition, there are an estimated 560 Aboriginal people living in Bermagui which is on the Eurobodalla border with Bega Shire.

Katungul ACCMS advises that the NSW South Coast indigenous population continues to expand.

A.2.2 Greater Southern OATSIH Regional Plan 2009/10

The NSW Greater Southern Regional Plan 2009/10 prepared by OATSIH has evaluated a number of health related factors for the indigenous population living in 10 regions across NSW. Eurobodalla Shire is within the Greater Southern Region. Key findings of the survey are provided below. The survey ranked indicators on a simple scale of 1-10 where 1 indicates the highest and 10 the lowest level of disadvantage. Results of the survey for the Greater Southern indigenous population was as follows:

Survey – Greater Southern Region Aboriginal Population

Indicator	Ranking (1-10)
Determinants of Health	
• Family dependency	3-6
• Education	3-5
• Employment	3-6
• Income	4-10
• Environmental Factors	5
• Health Behaviours	5-6
• Drug and Alcohol Mental Health	4-8
Health Status and Outcomes	
• Hospital Separations all Cases	5
• ED Attendances	2
• Child and Maternal Health	7-8
• Chronic Disease	5
• Mental Health	8
• Communicable Disease	7
• Injury and Poisonous	4-5

Indicator	Ranking (1-10)
Health System Performance	
• Diabetes	6
• Convulsions and Epilepsy	3-5
• Ear Nose and Throat	4-5
• Asthma	5-9
• Dental Problems	4-5
• Angina	6
• Cardiac Failure	4-6

The Aboriginal population living within the Greater Southern region present a mid-range of disadvantage for most of the factors surveyed by OATSIH. A high number of visits to Emergency Department is the only major area of disadvantage compared to the State average.

A.2.3 Katungul ACCMS – Objectives and Service Model

Katungul ACCMS was established to broadly support the NSW South Coast Aboriginal community which includes the provision of a wide range of primary health services. A summary of Katungul's objectives, as defined in the 'Rule Book', is as follows:

- Continue to support the Aboriginal community – residing in communities from Ulladulla to Eden
- Actively enhance products, enterprise, activities and projects that support the Aboriginal community.
- Train Aboriginal people for the community benefit
- Provide and support recreational and sporting activities for the benefit of the Aboriginal community
- Strengthen Aboriginal identity and culture
- Provide primary health, mental health, dental and health clinics etc services on a no-charge basis for the Aboriginal community.
- Reduce adult and child crime rates
- Care for Aboriginal elders

A.2.4 Proposed Future Service Model

Currently, Katungul operates its main clinic and head office in Narooma. Outreach clinics are held, primarily, on a visiting basis from rented premises in Bega and Moruya. Key future service model strategies include:

- Katungul's main clinic and head office to remain in Narooma
- Outreach Clinics to remain in Moruya and Bega. Outreach clinics are also planned for Wallaga Lake, Batemans Bay and Eden.
- Strengthen and expand service provision linked to the redevelopment and expansion of available facilities.
- The majority of staff will be based in Narooma and outreach to other communities
- Some clinical staff will be permanently located in Moruya and Bega

- Plan to increase service provision in the home
- Continue to provide transport for clients, as needed, to receive health and other services.
- Improve relationships with Areas hospitals – including follow-up of discharged Aboriginal patients to home
- Negotiate a Service Agreement with GSAHS
- Negotiate a Service Agreement with SGPN

A.2.5 Services Provided – Existing and Future

Katungul ACCMS provided the following activity data regarding Episodes of Care provided to Aboriginal clients over the period 2005/06 to 2008/09. There are significant variances in total services provided from year to year which is largely reflective of staff availability.

Episodes of Care – 2005/06 to 2008/09

	2005/06	2006/07	2007/08	2008/09
All Services Provided including verbal contact	**44,002**	**43,911**	**44,770**	**53,525**
Aboriginal Health Workers	5,893	3,461	3,491	1,825
Doctors	1,901	1,933	3,456	4,442
Nurses	4,460	2,016	3,516	4,289
Dental	512	567	519	1,358
Midwife/Eye/Hearing/Sexual Health	3,699	3,844	2,206	2,398
Total Episodes of Care	**16,465**	**11,821**	**13,188**	**14,312**
Total Clients in Year	**2,498**	**N/A**	**2,885**	**N/A**
Transport – For Katungul Services	432	1,792	1,839	529
Transport – For other Health Services	33	217	238	448

Source: Katungul ACCMS

As noted, the level of service activity reflected in the above table is influenced by staffing levels and Katungul's ability to accommodate staff. Activity levels are not reflective of service demand from the catchment Aboriginal population. To meet service demand, staffing levels for all services are required to be strengthened over time.

Future Service Model

A new and expanded Katungul facility, coupled with additional operating funds over time, will allow additional clinical staff to be recruited and accommodated in Narooma. All existing services are planned to be strengthened and a number of new services will be added, responding to needs of the south coast Aboriginal community, including domestic violence counselling, youth services, diabetes education, public health and social work.

A.2.5 Partnership with Key Service Providers

The current level of annual funding, scarcity of specialist clinicians on the south coast and inadequate facilities present significant limitations on Katungul's ability to deliver services for its catchment population.

Currently, Katungul occupies limited and dysfunctional clinical space from which to deliver its existing service model. Inadequate and inappropriate accommodation severely limits its ability to accommodate existing staff and visiting clinicians. However, when a new facility is available it will be possible for more clinicians to be recruited and for a wide range of visiting services to be accommodated.

Over the years Katungul has had limited service relationships with Greater Southern Area Health Service (GSAHS) and the Southern General Practice Networks (SGPN). These two organisations have both indicated they are able to provide specialist clinical services for Katungul's clients which can be delivered from Katungul's new facility. It is important for Katungul to strengthen its relationship with GSAHS and SGPN and develop Partnership Agreements for Indigenous Health with these key service providers. Key service linkages could include:

Potential GSAHS Service Linkages

- Sexual health
- Paediatrics
- Cancer care
- Chronic care
- Visiting dietician, diabetes educator, continence educator, physiotherapist and occupational therapist

Potential SGPN Service Linkages

- Service partnership to deliver 'Healthy for Life' program
- Asthma education
- Diabetes education/prevention
- Palliative care
- Dementia care
- Endocrinology
- Cervical screening
- Health promotion and prevention

It is critically important for Katungul to improve and strengthen its working relationship with GSAHS and SPGN. Both of these organisations attended the recent Katungul Value Management Study and expressed their commitment to establish Partnership/Service Agreements with Katungul.

A.2.6 Condition of Existing Infrastructure — identify property (ie address)

Katungul currently occupies a 2-storey brick commercial facility comprising 6 strata-title units. This Narooma facility was originally constructed in the mid-1980's as 3 retail outlets at ground level with 3 residential flats above.

Internal re-design in, about, 1994 redeveloped all available space as a medical and office facility. The property now comprises:

Room Configuration

Floor	
Ground Floor	– Large waiting area – reception – 1 x office – Photocopy room (and stairwell access) – 2 x dental consulting rooms – 1 x dental sterilisation room – 3 x clinic rooms (Doctor/RN consulting rooms) – 1 x hearing test room / office/consult – 2 x storerooms – Disabled toilet – 3 x toilets
First Floor	– 4 x large offices, some accommodating multiple worksatations – 1 x board room/general meeting room – Kitchen – Toilets (2 cubicles) – 1 x small office – 1 Server Room – 1 x storeroom

The premises were recently refitted with good carpets/vinyl floor coverings, good blinds, extensive air conditioning units (10 upstairs and 9 downstairs) and new paint. The facility includes numerous skylights plus good safety signage (exits) and fire extinguishers.

In addition to the Strata area of the property, additional common area improvements include:

- A large rear verandah on the upper level, in good condition, with brick and concrete steps to ground level - 44m^2
- Bitumen paved parking area with 13 designated parking spaces

While the current Katungul main clinic and head office facility appears to be structurally sound there are several deficiencies and compliance issues, notably:

- Inadequate space and facilities generally which compromises Katungul's ability to accommodate staff and limits staff ability to privately counsel/consult clients.
- Existing premises are uninviting, inappropriate, inadequate and culturally unacceptable.
- Inadequate parking spaces

- The Scoping Study report identified a large number of significant non-compliance matters related to:
  - Lack of disabled access
  - Fire detection and alarm systems
  - Construction of exit directions and free handles
  - Exit signage and illumination
  - Rectification of exit door hardware
  - Smoke proof electrical cabinet
- In addition the following facility deficiencies have also been identified:
  - Unprotected openings have been created within existing fire walls (will require BCA consultant review and assessment)
  - No open plan community spaces
  - Offices for GPs and clinic rooms for RNs require improvement, including access to daylight and views (some consult/clinic rooms have no windows)
  - Lack of a multi-purpose meeting room or rooms that can be accessed by the community
  - Lack of visiting specialist rooms
  - Inadequate staff facilities
  - Inadequate storage
  - Inadequate circulation space into and through the facility for patients, especially those with disabilities
  - Steps at front door to street prevent disabled access at main entry
  - No lift for disabled persons to reach the first floor
  - Need for male and female toilets for both patients and staff.
  - Lack of security of access via rear ground floor and first floor entry doors.
  - The first floor doorway is accessed via rear first floor deck and a stair.
  - An inadequate childproof pool fence type catch is provided at bottom of stair.

Equipment

An audit of Katungul's IT facilities was undertaken in April 2010. Key findings included:

- A server is located in a separate air conditioned room
- Servers need to be more appropriately racked and positioned and some furniture should be removed to allow better access
- General housekeeping required for server equipment
- Phone distribution panel is uncovered
- The Katungul server is ageing and requires replacement
- A second terminal server will be required
- Katungul requires a full version of SQL Server 2005 to allow over 10 user applications
- UPS is below power specification
- Doctor areas are adequately equipped with ICT resources and access to printers

- Recommend all workstations are upgraded to Windows 7

A.2.7 Implications of Status Quo

Where a redeveloped and expanded facility is not provided Katungul would continue to operate its services from existing inadequate and inappropriate facilities. Other implications of doing nothing will include:

- Katungul is unable to meet the demand for services required by the south coast Aboriginal population due to lack of resources. This service shortfall will be exacerbated where Katungul cannot expand/improve facilities and hire additional resources.
- Continuing inability to accommodate clinical staff coupled with service gaps and inadequacies would continue for such key services as mental health, social and emotional well-being, drug and alcohol, domestic violence, social work, public health and youth health.
- Inability to outreach adequate services across the catchment communities.
- Katungul's Narooma facility will continue to be non-compliant in meeting Building Code of Australia and Occupational Health and Safety standards.
- Inadequate parking at the rear of the Katungul facility.
- Katungul will not be able to accommodate visiting specialist services provided by external providers including the Southern General Practice Network (SGPN) or by Greater Southern Health (GSAHS).

A.2.8 Anticipated Benefits of Addressing Service Needs

Key benefits that can be delivered through the redevelopment of Katungul's Narooma facility include:

- The Katungul main clinic and head office is retained in Narooma which is centrally located for the Eurobodalla Aboriginal population and lacking in health services.
- A new and expanded state-of-the-art medical facility is provided which delivers significant benefits and notably.
  - More clinical staff with additional skills can be recruited and accommodated over time.
  - Space is created for visiting services delivered by many organisations including GSAHS, SGPN, Centrelink, psychologists etc.
  - Better meet the catchment community's demand for services
- Operational efficiency would be enhanced within a new modern facility developed at one level.
- Improved facilities including waiting areas and reception, private consulting rooms, modern work stations and staff areas.
- A large general purpose group room would be available for Katungul staff and clients use and also on an after-hours basis by the community.
- Parking would be improved and expanded.
- Modern IT equipment can be introduced including a central server, data device, integrated internet, server racks, terminal server, telecommunications and security systems.
- Close service relationships can be developed with external service providers including GSAHS and SGPN who can utilise Katungul's modern multi-function facilities.

Integrated Models of Care

In summary, Katungul ACCMS will promote a functionally integrated model of care to incorporate:

- General Practice/Practice Nurse
- Dental Service
- Specialist Aboriginal Health Workers – otitis median and eye health etc
- Specialist mental health and drug and alcohol clinicians
- Transport officers
- Visiting programs provided by
  - GSAHS
  - SGPN
  - Range of other providers
- Links to inpatient services at Moruya and Bega Hospitals
- Local diagnostic services
- Local pharmacies
- Links to other stakeholders – Centrelink, Police, Juvenile Justice, Fair Trading, Eurobodalla Shire Council

Principles and Patterns of Care

The following principles and patterns of care have been adopted by Katungul and will continue to be applied in a redeveloped and expanding facility:

- Katungul will provide the South Coast, NSW Aboriginal community with the highest level of primary health care delivered in an appropriate and culturally sensitive manner.

- All Aboriginal people (from the local catchment, (intra-state and interstate) attending Katungul will have access to a full range of primary health services.

- The Katungul Board has determined that service delivery is restricted to Aboriginal people only.

- Katungul staff must be culturally aware – a policy is to recruit appropriate staff with appropriate skills.

- Facilities occupied by Katungul must be culturally appropriate and emphasise a non-clinical environment with easy access to outdoor areas.

- Patterns of Care
  - Best care possible / extended consultation where required
  - Transporting patients where needed.
  - Multi-disciplinary care from a wide range of professionals.
  - GP Care Management Plan for Chronic Disorders.
  - Importance of Practice Nurse to support doctors.
  - Prompt patient follow-up where this is considered necessary.

A.3 Alignment with Strategic Planning

A.3.1 Strategic Direction of NSW and Commonwealth Governments

There are several framework documents produced by the Commonwealth and NSW Governments which provide a framework for services to Aboriginal people.

A framework document details an Overarching Agreement on Aboriginal Affairs between the Commonwealth and NSW Governments 2005-06. This agreement refers to joint planning, service improvement, partnerships with communities, focussing on priority areas, working jointly on service planning and delivery and investment in Aboriginal Communities.

The NSW Department of Aboriginal Affairs – Two Ways Together document 2003-2012 establishes the NSW Government's 10 year plan to improve outcomes for Aboriginal people and communities. This paper seeks to reduce Aboriginal disadvantages in key areas such as health, education and housing. The plan emphasises the Government working with Aboriginal people as equal partners to improve lives at a local and regional level.

The NSW Aboriginal Health Partnership Agreement was endorsed in 2008 as an agreement between NSW Health and the Aboriginal Health and Medical Research Council of NSW (AH&MRC). This partnership provides a mutually agreed position relating to Aboriginal Health policy, strategic planning and service provision. In particular, the parties commit themselves to the practical application of Aboriginal peoples' self-determination, a partnership approach and the importance of inter-sectoral collaborations. A key aim of the partnership is to ensure that the expertise and experience of the Aboriginal Community controlled health sector is brought to health care processes.

The National Strategic Framework for Aboriginal and Torres Strait Islander Health (NSFATSIH) July, 2003 provides a framework for action by Governments. Importantly, this document establishes health priorities agreed at the Australian Health Ministers Conference. Agreed health service priorities include:

- Strengthening comprehensive primary health
- Mental health problems and suicide
- Child protection
- Male health
- Nutrition and physical activity
- Child and maternal health
- Oral health

Aboriginal community controlled health services (ACCHSs) are the best practice model for the delivery of comprehensive primary health care to Aboriginal and Torres Strait Islander communities. ACCHS's in particular, provide culturally appropriate health services.

A.3.2 Area Health Service Strategic Directions and Health

Greater Southern Area Health Service's (GSAHS) Aboriginal health service strategies are consistent with the guidelines and policies established in the NSW and Commonwealth Government Frameworks referred to above.

A.3.3 Relevant Statewide Service Plans

Refer to section A.3.1 above.

A.3.4 Aboriginal Health Impact Statement

Refer to Appendix 7.

A.3.5 Other NSW Government or Australian Government Policies

Refer to Section A.3.1 above

A.3.6 Area Asset Strategic Plan

Not applicable for this project

A.3.7 Process of Facility Planning

This planning document has been developed following the guidelines contained in the Project Brief Template version for projects valued less than $10 million.

A.4 Strategy to Meet the Service Need

N/A – the Katungul Project is valued in excess of $1 million.

A.5 Governance Structure

A.5.1 Project Governance

A Steering Committee was convened to manage and contribute to Functional Brief preparation. The Steering Committee comprised representatives of Katungul ACCMS, NSW Health, OATSIH and the consultant team as follows:

Katungul ACCMS – Steering Committee

Name	Position
s47F	Chair, Katungul
s47F	Deputy Chair, Katungul
s47F	Treasurer, Katungul
Damien Matcham	CEO, Katungul
s47F	Finance Manager, Katungul
s47F	Staff Representative, Katungul
NSW Health	
s22	Aboriginal Health Branch
OATSIH	
s22	Assistant Director,
s22	Officer
Consultants	
s47F	Health Projects International Architects
s47F	Project Director Planning Sirius Economics

The key requirements for achieving appropriate governance for Katungul ACCMS include:

- Processes for setting, guiding and monitoring the future direction of the health system through strategic and services planning
- Delivering an appropriate range of health services within the resources available
- Driving the performance of the system through commitment to effectiveness, efficiency and innovation
- Establishing appropriate control processes through risk management and accountability mechanisms across the whole system
- Ensuring due regard of and responsiveness to stakeholder interests and expectations
- Sound business planning in relation to infrastructure and service capability

Clinical Governance

Clinical governance integrates clinical decision-making, in a management and organisational framework, which will require all services of the Katungul ACCMS to take joint responsibility for the quality of the clinical care delivered. This clinical governance framework will ensure appropriate safety and quality systems are implemented and organisational accountability. Clinical

governance arrangements will also allow for clinical review, clear lines of accountability and dispute resolution with respect to the appropriateness of care.

A6. Project Consultation Process

Stakeholder consultations were undertaken throughout the research and analysis phases of Functional Brief development and preparation. Individuals and groups who have had active involvement in service and facility planning were as follows.

Stakeholder Consultation

Stakeholders	Involvement
• Steering Committee	• Full Participation throughout
• Katungul Board of Directors	• Briefing on project objectives
• Katungul Staff	• Consultation on services/facilities
• GSAHS	• Service planning, VMS attendance
• SGPN	• Service planning, VMS attendance
• NSW Health	• Steering Committee
• OATSIH	• Steering Committee
• Eurobodalla Shire Council	• Site acquisition and development planning
• Wagonga Aboriginal Land Council	• Site acquisition – discussion
• Department of Lands	• Site acquisition
• Corrective services, Probation Payroll	• Services
• Centrelink	• Services
• Aboriginal Housing	• Services
• Fair Trading	• Services
• Aboriginal Land Council	• Services
• Police	• Services

3. PART B. OPTIONS ANALYSIS

B.1 Service Development

B1.1 Service / Model of Care

The proposed future service model is defined above in section A.2.3.

Key services to be delivered by Katungul are defined below and compared with the existing mix of service.

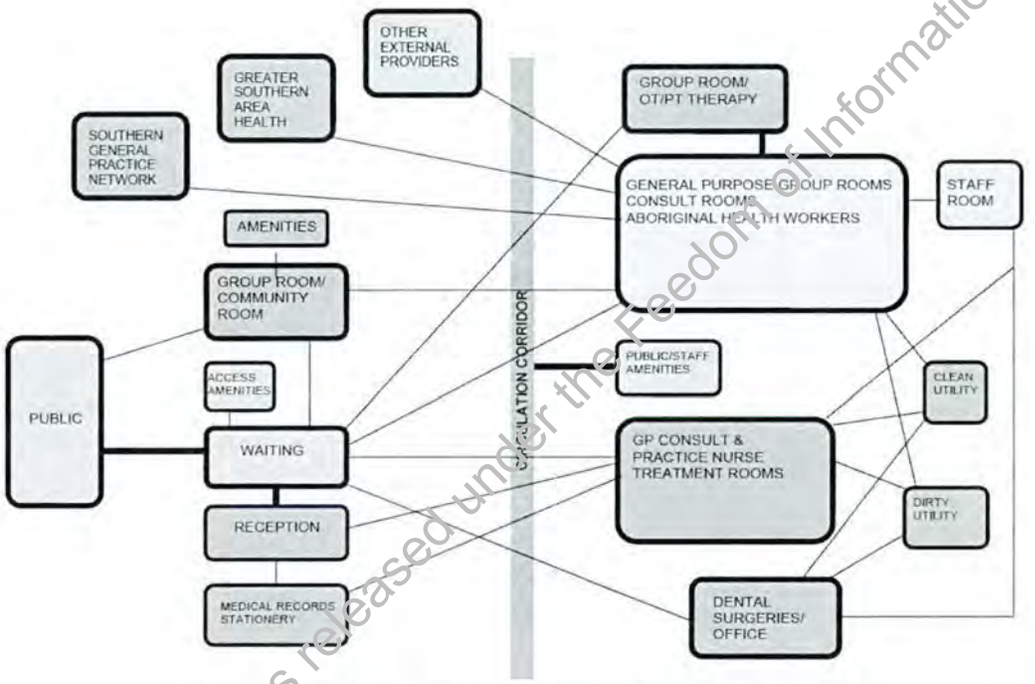
Katungul ACCMS – Catchment and Future Services

Services Provided	Current Service	Planned Future Service
• Enhanced Primary Care and Statistics	✓	✓
• Otits Media	✓	✓
• Eye Health	✓	✓
• Domestic Violence Counsellor	-	✓
• Mental Health	✓	✓
• Drug and Alcohol	✓	✓
• Social and Emotional Well Being	✓	✓
• Bring Them Home Services	-	✓
• General Practice	✓	✓
• Registered Nurses	✓	✓
• Dental Services – Child and Adult	✓	✓
• Diabetes Education	-	✓
• Social Workers	-	✓
• Public Health / Health Promotion	-	✓
• Youth Health	-	✓
• Transport Drivers	✓	✓

Note several of the services noted above as currently provided are at a minimal level and intended to be strengthened in the future.

B.1.2 Functional Relationships

Katungul's internal and external functional relationships are reflected in the following table



KATUNGUL ACCMS FUNCTIONAL RELATIONSHIP DIAGRAM

B.1.3 General Operational Policies

Katungul ACCMS provided a copy of its 'Rule Book' which complies with the Corporations (Aboriginal and Torres Strait Islander) Act 2006 (CATSI Act).

The 'Rule Book' contains the following table of contents.

Section	Defines
1. Name	– Katungul Aboriginal Corporation Community and Medical Services
2. Objectives	– List of primary objectives – see A.2.3 above
3. Members	– Eligibility, members Rights and Responsibilities
4. Meetings	– AGMs, General Meetings, Quorum Voting
5. Directors	– Number, Eligibility, Terms of Appointment, Office Bearers, Renewal, Conflict of Interest, Payment, Chair person
6. Contact person	– Appointment by Directors
7. Records	– Minutes, Rule Book, Member Register, Financial
8. Finances	– Katungul Bank Account, Cheque Signing
9. Application of Funds	– Use of Katungul Funds
10. Winding Up	– In accordance with CATSI Act
11. Dispute Resolution	– Parties Resolve Themselves or Directors Resolve
12. Gift Fund	– Maintain a separate account for Gifts Received

Draft operational policies for the new Katungul facility / services is attached as Appendix 1.

B.1.4 Schedule of Accommodation

Based on Katungul's service model and future staffing levels and NSW Health guidelines, a Schedule of Accommodation has been developed which has been discussed and agreed with service providers. A detailed Schedule of Accommodation is provided at Appendix 3 which is summarised, by Department, below.

The proposed site is flat and can accommodate all rooms, spaces, landscaping and car parking at one level.

Summary of Schedule of Accommodation

Department	M^2
Administration	103.0
Consultation Rooms and Allied Health	250.5
Dental	50.0
Sexual / Mental Health	132.5
Staff and Support Areas	38.0
Net Department Areas	**574.0**
Circulation	117.6
Total Project Area – with Travel and Engineering	**691.6M^2**

B.1.5 Facility Options Summary

A Number of options to deliver a redeveloped Katungul facility in Narooma have been defined and assessed as part of Functional Brief planning. A summary of the options discussed and analysed at the Value Management Study held on 6th July 2010 is provided in the following table.

Redevelopment of Katungul ACCMS – Options Considered

Option	Define
1. Do Nothing Keep Safe and Operating	• Invest sufficient funds to ensure the existing facility is compliant with basic BCA and OH&S standards. • Building is in reasonable condition and an accessible location • Continue to deliver an inadequate service from inappropriate facilities.
2. Chinese Restaurant Expansion Expan	• A Chinese Restaurant facility shares the same building as Katungul. This building comprises a ground floor restaurant and 2 upper level flats. • The restaurant is no longer operational. • This building is potentially available for sale.
3. Riverside Drive Site preferred option	• A crown land site under Eurobodalla Shire Council control is available in the Narooma 'Flats'. • This is an irregular shaped site which can accommodate a Katungul facility. • An Aboriginal Land Claim will need to be withdrawn.
4. Narooma Greenfield Sites	• Two Greenfield sites, fairly close together are available. One site is designated for a potential future Narooma Hospital and the other was recently allocated to the Wagonga Land Council. • Both sites are heavily wooded and reasonably difficult to develop.
5. Narooma Sporting and Services Club	• The existing structure housing the Narooma Sporting and Services Club is for sale. • This building, first erected in 1966,

Option	Define
	has been added to over time. • The building is planned to be vacated in late 2011.
6. Bodalla Aboriginal Land Council Site	• A site in Bodalla adjacent to the Land Council office is available.
7. Narooma Industrial Site	• A large, flat and heavily wooded site is available in the Narooma Industrial complex. • Zoning for this site, however, precludes the development of medical clinics.

B.1.6 Major Risks for Each Option

A summary of the major risks for each of the options being considered is provided in the following table.

Major Risks – Options Being Considered

Option	Define
1. Do Nothing Keep Safe and Operating	• Significant compliance issues to be addressed • No future facility expansion is possible • Car parking inadequate • Services/staffing cannot expand.
2. Chinese Restaurant Expansion	• The owner may not agree to sell the facility • Redevelopment compromised by existing support pillars • Car parking spaces may be inadequate to meet Council requirements • Limited future expansion will be possible
3. Riverside Drive Site	• An Native Title Claim has been placed on this Crown Land site • Change of zoning required • Council's Interim Sea Level Adaptation Policy will require site elevation prior to development • Acquiring an unformed section of Field St (southern boundary of this site) would benefit this option.

Major Risks – Options Being Considered

Option	Define
4. Narooma Greenfield Sites	• Both sites are heavily wooded and difficult to develop • GSAHS would need to approve acquisition of the designated Narooma Hospital site
5. Narooma Sporting and Services Club	• Building is significantly larger than required • Old building which requires significant investigation – engineering services, lifts, termites etc • Refurbishment work cannot begin until 2012
6. Bodalla Aboriginal Land Council Site	• Bodalla is not a preferred location for Katungul
7. Narooma Industrial Site	• Zoning does not allow a medical clinic

B.1.7 Options Retained for Further Assessment

Following analysis and risk assessment the following conclusions were reached concerning the retention or discard of options. Only these options considered worthy of further assessment have been retained.

Options Retained for Further Assessment

1. Do Nothing Keep Safe and Operating	• Retained to meet NSW Health and NSW Treasury guidelines
2. Chinese Restaurant Expansion	• Retained for further analysis
3. Riverside Drive Site	• Retained for further analysis
4. Greenfield Sites	• Retained for further analysis
5. Narooma Sporting and Services Club	• Retained for further analysis
6. Bodalla Site	• Discarded
7. Narooma Industrial Site	• Discarded

B.1.8 Concept Plans

Refer to Options Analysis B.2

B.1.9 Preliminary Capital and Recurrent Costs

Davis Langdon Australia estimated capital costs for options being considered that were worthy of continued review following risk assessment and consideration of advantages and disadvantages. A summary of capital costs is provided on the following page.

KATUNGUL ACCMS

Options Summary

Davis Langdon

Rev. D
Date: 16-Jul-10

Order of Cost Estimate - Schedule of Accommodation

	Option 1	Option 2	Option 3	Option 4
Site Work Type No. of Levels Optional Areas Revision	Existing Do Nothing Two Storey Excluded Rev.B *(15-Jul-10)*	Chinese Restaurant Refurbishment Two Storey Included Rev.C *(15-Jul-10)*	Riverfront Site New Build Single Storey Included Rev.D *(16-Jul-10)*	Greenfield Site New Build Single Storey Included Rev.D *(16-Jul-10)*
NETT FUNCTIONAL COST	$225,000	$1,139,380	$1,772,540	$1,772,540
TRAVEL & ENGINEERING	$0	$210,945	$0	$0
GROSS FUNCTIONAL COST (G.F.C.)	$225,000	$1,350,325	$1,772,540	$1,772,540
PROJECT SPECIFICS	$200,000	$677,340	$836,635	$1,009,500
PRELIMINARIES & MARGIN	$76,670	$365,791	$470,695	$501,880
GENERAL ALLOWANCES	$140,000	$671,000	$862,000	$919,000
PROJECT COSTS	$90,000	$1,529,000	$1,052,000	$1,088,000
ESCALATION	$0	$0	$0	$0
TOTAL ESTIMATED COST (T.E.C.) *(Excluding GST) $ Jun-10*	**$731,670**	**$4,593,456**	**$4,993,870**	**$5,290,920**
	$730,000	**$4,590,000**	**$4,990,000**	**$5,290,000**

B.1.10 Revenue and Recurrent Cost Estimates

B.1.10.1 Revenues – Existing 2009/10

Katungul receives funding from several sources. A summary of the revenues received in the 9 months period 1 July 2009 to 30 March 2010 is shown below.

Note – revenues relate to all of Katungul services and operations across the NSW South Coast.

Katungul Revenues – 9 Months July 2009 to March 2010

Funding Source	$	One Off Funding
OATSIH	$941,562	$82,799
NSW Health	$791,631	$79,091
GSAHS	$48,000	$
Medicare	$437,010	$18,316
Department of Employment – Subsidy	$29,944	$29,944
Workers Compensation Refund	$20,385	$20,385
GP Register Training	$1,358	$1,358
Miscellaneous	$337	$
Total Revenues – 9 months	$2,270,227	$161,893

Source – Katungul ACCMS

Katungul advises that several funding sources, as indicated, are 'one-off' grants that will not recur each year. While opportunities to secure additional 'one-off' funds are available they are not certain or guaranteed.

Where the total funding over 9 months is reduced by 'one-off' grants the net funding is $2,108,334. Assuming funds are received evenly over the year, revenues for the 12 months period to 30 June 2010 will be approximately $2,810,000 excluding one-off items and $2,972,000 including one-off sources.

B.1.10.2 Recurrent Costs – Existing 2009/10

Katungul incurs recurrent costs to pay staff, delivers its programs and operate facilities. A summary of total recurrent costs expended in the 9 months period 1 July 2009 to 30 March 2010 is provided in the following table. Note – recurrent costs shown below deliver all of Katungul services across the NSW South Coast.

Katungul Recurrent Costs – 9 Months, July 2009 to March 2010

Cost	$
Salaries and Wages (incl super and WC)	$1,308,093
Medical Surgical Supplies	$54,930
General Practitioners	$65,836
Directors Travel and Expenses	$59,148
Motor Vehicles	$46,911
Staff Travel	$52,002
Administration	$171,108
Telephone	$51,956
Rents	$15,128
Program Set-up	$5,678
Legal Costs	$75,110
Power	$14,256
Repairs and Maintenance	$48,300
Total Costs – 9 months	**$1,968,466**

Assuming that recurrent costs are incurred evenly over the year then estimated costs for the 12 month period to 30 June 2010 will be approximately $2,620,000.

In the 12 months to 30 June 2010 it is estimated that Katungul revenues will exceed costs by approximately $352,000 where one-off funding items are included and by $190,000 where one-off funding items are excluded.

B.1.10.3 Recurrent Costs - Projected

The following table provides an estimate of future recurrent costs. The largest cost increase relates to salaries and wage costs as a forecast 18.8 new positions are added over a 10 year period. Key factors impacting on future recurrent costs include:

- Katungul's ability to generate increased funding
- Recruit additional staff positions
- Increased scope and level of services
- Greater floorspace in the new facility
- Increased patient transport

Estimated Recurrent Costs in 2021/22, ie after 10 years of the new facility opening, in present dollar terms are as follows:

Estimated Recurrent Costs – 2009/10 and 2021/22

	2009/10	2021/22
Salaries and Wages – 19 new positions	$1,744,100	$3,029,100
Medical surgical Supplies – additional staff/services	$73,200	$130,000
General Practitioners – 1 new position	$87,800	$175,600
Direct Travel and Expenses – no change	$78,900	$378,900
Motor Vehicle – 1 new driver	$62,500	$110,000
Staff Travel - +90%, more staff	$69,300	$131,670
Administration – no change	$226,100	$226,100
Telephone - + 90% more staff	$67,300	$127,870
Rents – no change	$20,200	$20,200
Program Set-up – no change	$7,100	$7,100
Legal Costs – reduce by 50%	$100,100	$50,000
Power – additional space	$19,000	$30,000
Repairs and Maintenance – 1% of capital cost	$64,400	$49,900
Total	**$2,620,000**	**$4,466,440**

As noted, recurrent costs are assumed to increase to an estimated $4,466,440 over 10 years commencing in 2012/13 which is the forecast first full year of operations for the new facility. It is estimated that new staff positions will be recruited evenly over this period as new funding is secured from various sources. Most costs are directly related to staffing. The required additional $1,846,440 of funding is, therefore, assumed to be added evenly over 10 years.

B.1.10.4 Revenues - Projected

Revenue is estimated to be received from various sources and, primarily, from OATSIH, NSW Health and Medicare. It is assumed that sufficient revenues are generated each year to cover all costs.

B.1.11 Workforce Requirements

Katungul's existing Narooma staffing is summarised in the following table.

Katungul ACCMS – Existing Staff FTE

Staff	FTE
• CEO	1.0
• Practice Manager (vacant)	1.0
• Finance	1.0
• EPC & Stats	1.0
• Otitis Media	1.0
• Eye Health	1.0
• Sexual Health	1.0
• Mental Health, SEWB, D&A, BTH	4.0
• GP/Student	1.5
• Registered Nurse	1.5
• Dental	1.2
• Transport Driver	1.0
• Receptionists	3.0
Total	**19.2FTE**

Currently staffing levels are determined by staff availability and funding availability.

Future Staffing Levels

The provision of a proposed new Katungul facility and enhanced recurrent funding over time will allow Katungul to expand its staffing and service delivered. The following table defines Katungul's.

- Current staff by type of service
- Funding source – existing and potential source for new positions
- Future (10 year) Narooma Staffing needs defined by high, medium and low priority
- Future (10 year) Moruya staffing needs

Katungul ACCMS

Current and Planned Future Services / Staffing

	Type of Service	Potential Funding Source	Current Staff	Future Narooma High Priority	Future Narooma Medium Priority	Future Narooma Low Priority	Total Narooma	Future Moruya
	STAFF							
1	CEO	OATSIH	1 FTE	1 FTE			1 FTE	
2	Deputy CEO	OATSIH			1 FTE		1 FTE	
3	Practice Manager	OATSIH	1 FTE	1 FTE			1 FTE	1 FTE
4	Executive Assistant	OATSIH			1 FTE		1 FTE	
5	Finance Manager	OATSIH	1 FTE	1 FTE			1 FTE	
6	Accounts Clerk	OATSIH			1 FTE		1 FTE	
7	Enhanced Primary Care and Statistics Coordinator	Medicare	1 FTE AHW	1 FTE 1 Trainee FTE	1 FTE		3 FTE	1 FTE
8	Otitis Media	NSW Health	1 FTE AHW	1 FTE 1 Trainee FTE	1 FTE		3 FTE	
9	Eye Health	OATSIH	1 FTE AHW	1 FTE 1 Trainee FTE	1 FTE		3 FTE	
10	Sexual Health	NSW Health	1 FTE RN	2 FTE		1 Trainee FTE	3 FTE	
11	Domestic Violence	OATSIH		1 FTE	1 FTE	1 Trainee FTE	3 FTE	
12	Mental Health, Social & Emotional Well-Being, Drug & Alcohol, Bring them Home Counsellors	OATSIH	1 RN BTH FTE 2 AHW FTE 1 MH FTE 1 MH FTE	1 MH FTE 1 MH RN FTE 1 SEWB FTE 2 D&A FTE 1 BTH FTE	1 MH FTE 1 MH RN FTE 1 SEWB FTE 2 D&A FTE 2 D&A Trainee	1 Trainee FTE 1 BTH FTE 1 BTH Trainee	16 FTE	2 D&A FTE 2 D&A FTE
13	General Practitioner	Medicare	1 FTE 1 Student	2 GP FTE 1 Student FTE			3 FTE	1 GP FTE

Katungul ACCMS

Current and Planned Future Services / Staffing

	Type of Service	Potential Funding Source	Current Staff	Future Narooma High Priority	Future Narooma Medium Priority	Future Narooma Low Priority	Total Narooma	Future Moruya
14	Registered Nurse	Medicare	1 RN FTE	2 RN FTE 1 Midwife FTE			3 FTE	1 RN FTE
15	Diabetes Educators	OATSIH, Division		1 RN FTE			1 FTE	1 RN FTE
16	Dental	NSW Health	0.6 FTE Dental Officer 0.6 FTE Dental Assist	1 FTE Officer			4 Dntal FTE	
				1 FTE Assistant 1 FTE Therapist 1 FTE Trainee				
17	Social Workers	OATSIH		1 Social Worker	1 Social Worker	1 Trainee FTE	3 FTE	
18	Public Health	NSW Health		1 Worker FTE	1 Worker	1 Trainee FTE	3 FTE	
19	Youth Worker	NSW Health		1 Youth Worker FTE	1 Youth Worker FTE	1 Trainee FTE	3 FTE	
20	Transport Driver	OATSIH	1 FTE Driver	2 Drivers		1 Driver	3 FTE	
21	Handyman/ Cleaner			1 Handyman			1 FTE	
22	Receptionists		3 FTE Narooma	2 FTE Receptionists 1 Dental FTE	1 FTE Trainee		4 FTE	1 FTE
	Total Staff		**19.2 FTE**	**38.0 FTE**	**18.0 FTE**	**10.0 FTE**	**66.0 FTE**	**10.0 FTE**

Type of Service	Funding Source	Current Staff	Future Narooma High Priority
VISITING SERVICES/ SPECIALISTS			
ANU Medical and Allied Health Students + Registrars		2 Students 1 GP Registrar	2 Students 2 GP Registrars
Paediatrician (GP Division Funded)		1 day pm	1 day pm
Psychologist (Private)		1 day pw	1 day pw
Australian Hearing Services (Private)		1 day pm	1 day pm
Optometrist (ICEE) (Private)		2 days pm	2 days pm
Royal Deaf & Blind Society (Private)		1 day pm	1 day pm? (Dean to confirm)
Fair Trading		1 day pm	1 day pm
Podiatrist (Private)			1 day pm
Speech Therapist			1 day pm
GSAHS Visiting Services			
Aboriginal Housing Office			1 day pm
Aboriginal Legal Service			1 day pw
Centrelink			1 day pw
ACAT (Aged Care Assessment Team)			1 day per 2 weeks
Cancer Counsellors			1 day per 2 weeks
NSW Police (Narooma)			1 day pm
Ophthalmologist (Private)			1 day per 2 weeks
Endocrinologist			1 day per 2 weeks
Cardiac Rehabilitation			1 day per 2 weeks
Kidney Dialysis Unit			3 chairs

Summary of Workforce Requirements

A new expanded facility together with increasing operating funds will allow Katungul to recruit additional clinical staff over the next 10 years. The following table presents a summary of existing and proposed future workforce requirements. Importantly, facility planning accommodates existing staff and high priority new staff.

Summary of Workforce Requirements

	Existing Staff Narooma (FTE)	Future High Priority Staff Narooma (FTE)
CEO	1.0	1.0
Practice Manager (vacant)	1.0	1.0
Finance Manager	1.0	1.0
Enhance Primary Care/Statistics	1.0	2.0
Otitis Media	1.0	2.0
Eye Health	1.0	2.0
Sexual Health	1.0	2.0
Domestic Violence	-	1.0
Mental Health. SEWB, D&A, BTH	4.0	6.0
General Practitioner/Student	2.0	3.0
Registered Nurse/Midwife	1.0	3.0
Diabetes Educator RN	-	1.0
Dental	1.2	4.0
Social Workers	-	1.0
Public Health	-	1.0
Youth Worker	-	1.0
Transport Driver	1.0	2.0
Handyman	-	1.0
Receptionists	3.0	3.0
Total	**19.2**	**38.0**

B.2 Options Analysis

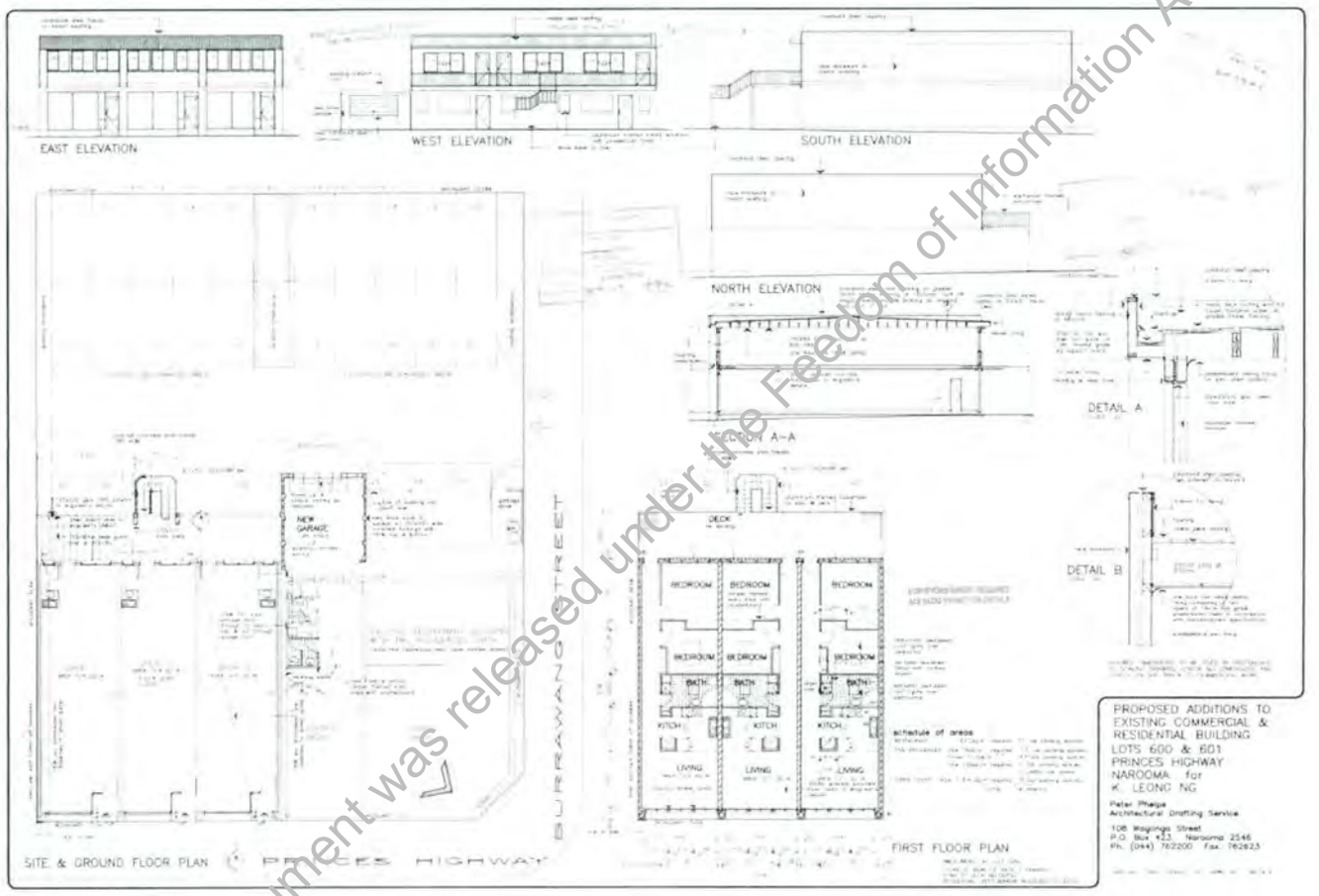
This section defines available options to redevelop a new Katungul facility. Concept plans have been produced for key options. Each concept plan was defined and assessed during the VMS workshop. It will assist the reader to review the plans where they are enlarged on the computer screen.

B.2.1 Option A. - Do Nothing Keep Safe and Operating

- Continue to deliver an inadequate and inefficient level of services from sub-standard facilities.
- This option assumes that sufficient funds are invested to ensure that the existing Katungul facility is upgraded to meet BCA and OH&S standards.
- Gross Building Areas of Existing Katungul structure
  - Ground Floor 249.5 M^2
  - First Floor 249.5 M^2

  499.0 M^2

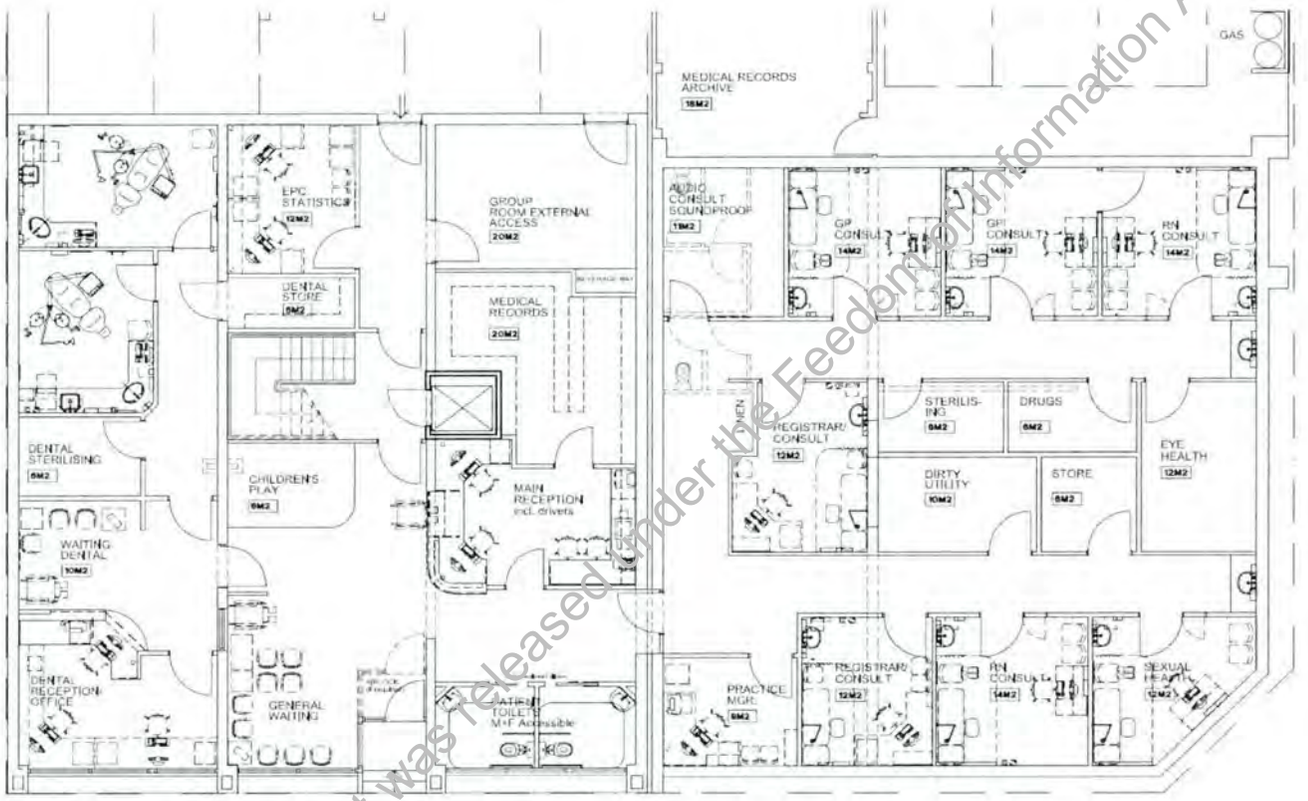
Advantages – Option A	Disadvantages – Option A
Building in reasonable / good condition	Building was never intended to accommodate a medical service.
Accessible location and clients aware of Katungul's existing site	Inadequate staff and clinical offices, meeting rooms, storage. No space for visiting specialists.
Some parking available	Poor disabled access - no lift.
Owned by Katungul and can be sold ~~to~~ purchase another property	Service cannot expand in current premises
Upgraded to meet BCA and OH&S standards	Existing premises are dark, uninviting and culturally unacceptable
	Inadequate parking



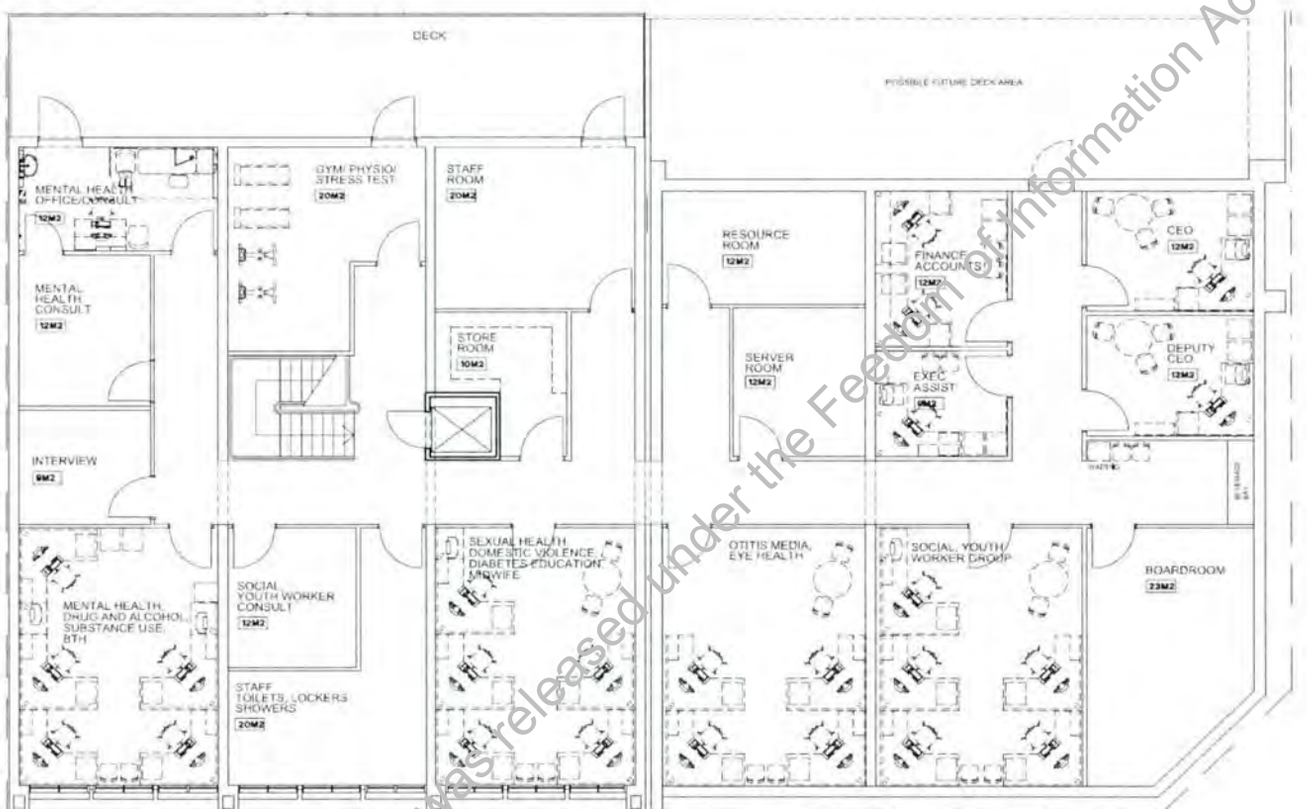
B.2.2 Option B- Chinese Restaurant Expansion

- The Chinese Restaurant which shares the same building as Katungul is no longer operational. This building consists of a large ground floor restaurant and 2 first floor apartments. It is approximately similar in size to the facility occupied by Katungul.
- This option assumes that the adjoining facility is acquired and the resulting facility is refurbished into the redeveloped Katungul ACCMS.
- Mr Ng, owner, now lives in this facility with one tenant. His family (who used to operate the restaurant) has moved away. This facility is not officially for sale but Mr Ng is prepared to enter into discussions.

Advantages – Option B	Disadvantages – Option B
Proposed Katungul future Schedule of Accommodation fits into the expanded space.	Resulting inefficient 2 level facility
27 car park spaces are available.	Car park spaces potentially inadequate and not meeting Council requirements
Lift can be incorporated into the redeveloped facility	Poor disabled access
Owner could be willing to sell this adjacent building	Limited future expansion
Current Zoning 3A Mixed Zone and it is likely that no change of zoning is required	Development is compromised due to existing supporting pillars which separate retail and apartment units



Chinese Restaurant Option - Ground Level

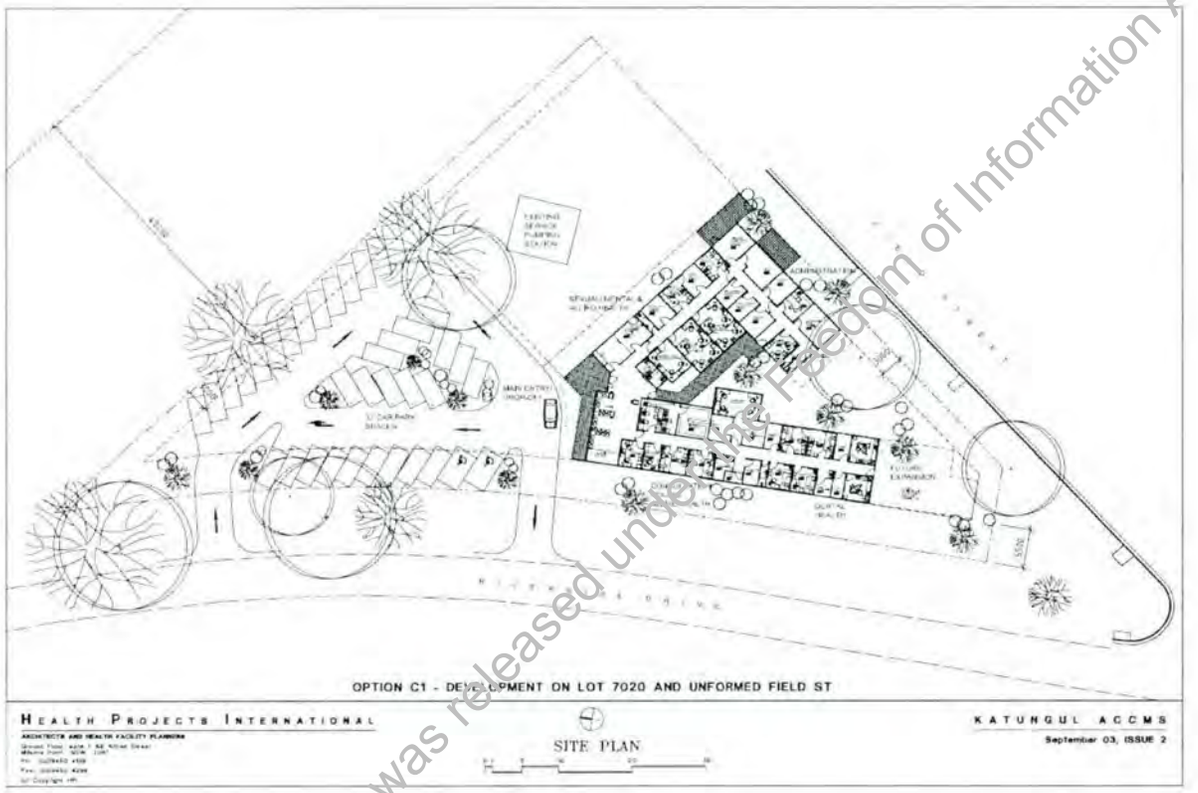


Chinese Restaurant Option - First Level

B.2.3 Option C – Riverside Drive Site.

- A Crown Land site under Eurobodalla Shire Council Control is available in the Narooma 'Flats' area.
- Fronts onto Riverside Drive and close to Wagonga Inlet.
- Irregular shaped site with sewage pump house on one corner.
- Can potentially acquire an unformed portion of Field Street immediately south of site boundary.
- DP 1029163, Lot 7020
- Zoned REI Public Recreation, 6a1 Public Open Space. A change of zoning would be required.
- Few trees and level site

Advantages – Option C	Disadvantages – Option C
Open and easily accessible site.	Need to elevate floor levels per Council's Sea Level Adaptation policy
Council have no other site uses and unlikely to deny acquisition.	Need to acquire site from Department of Lands. This is best achieved through compulsory acquisition by NSW Health.
Site is sufficiently large to house a new facility and required parking – 2,427M^2.	Aboriginal Land Claim on the site. This would need to be withdrawn before the site can be compulsorily acquired.
Site adjacent to Narooma Community Health and Council Library	Zoning change required
New and modern facility developed that contains all required rooms and spaces, is efficient and culturally acceptable.	



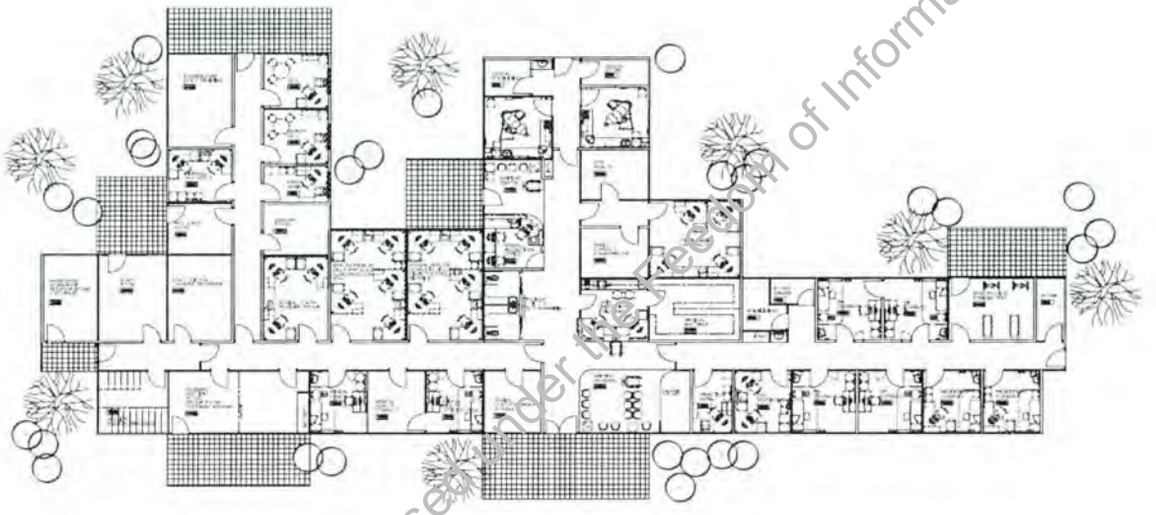
B.2.4 Option D - Narooma Greenfield Sites

The Lands Department assisted in the identification of 2 greenfield sites that could potentially accommodate the redeveloped Katungul facility. Both sites are defined below.

Site1 - A crown land site (see following plan - lot 24697) on Loader Parade / Morris Parade in Narooma. This site is designated as available for a Narooma Hospital should this be approved at some stage in the future. Greater Southern Health were contacted to understand the Area's potential future plans for the site – no response was received. This crown land site is heavily wooded and unused. It would need to be acquired from Department of Lands at market rate if it becomes available. The site is located reasonably close to the Princes Highway and close to the main Narooma shopping mall

Site 2 – This site (see following plan - lot 17039) is accessible from Wilcocks Ave and adjacent to the Narooma Hospital site (site 1 above). It was recently allocated to the Wagonga Aboriginal Land Council. This large site is heavily wooded with a ravine running through its centre. A portion of this site could be cleared and filled to accommodate the Katungul ACCMS facility.

Advantages – Option D	Disadvantages – Option D
Both Greenfield sites are reasonably flat.	The Narooma Hospital site (lot 24697) is unlikely to be available.
Both sites are reasonably close to the Princes Highway and to Narooma's main shopping centre.	Both sites are heavily wooded. Expensive to clear the site and tree removal will require various Council approvals
Lot 17039 is available to be acquired from the Wagonga Aboriginal Land Council.	Lot 17039 has a ravine through its centre which will require expensive fill before any development is possible.



HEALTH PROJECTS INTERNATIONAL
ARCHITECTS AND HEALTH FACILITY PLANNERS

FLOOR PLAN

KATUNGUL ACCMS

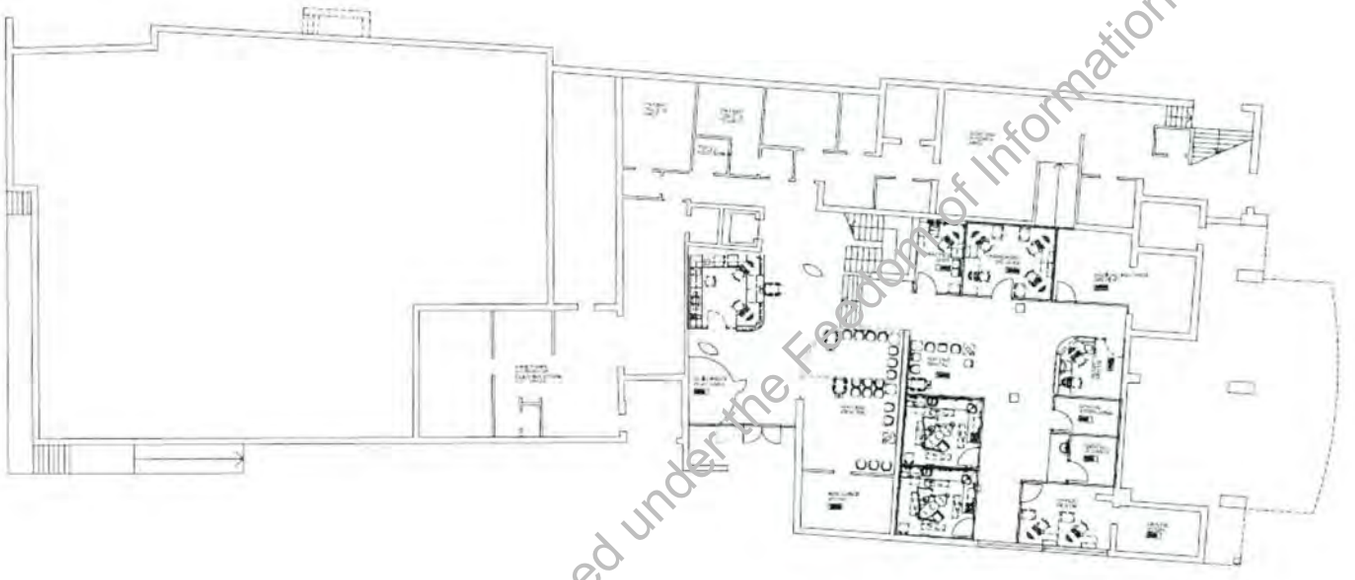
JUNE 30, 2010 AMSN-P-1-Greenfield-C ISSUE 1

B.2.5 Option E -Narooma Sporting and Services Club

The Narooma Sporting and Services Club is relocating into new premises and selling its existing facility. The building, first erected in 1966 and added to over time, is large enough to accommodate a redeveloped Katungul AMS, is in a good location, has 2 floors and 3 lifts, and adequate parking. It appears to be a sound structure.

Essential investigations of the existing building would include condition of electrics, mechanics, hydraulics, lifts, BCA & OH&S compliance, potential asbestos and white ant infestation. There is approximately 1,800+M^2 of available built space and the redeveloped Katungul will require around 700M^2. The club is planned to be vacated from November 2011 and is currently seeking a purchase commitment.

Advantages – Option E	Disadvantages – Option E
Excellent and easily accessible location on the Princes Highway in Central Narooma.	Club has significantly more available space than is required to accommodate Katungul's space requirements.
Sufficient car parking is available.	An old building which requires specific investigations particularly related to engineering services, lifts, BCA and OH&S standards, asbestos and white ant infestation.
Open internal space which can be refurbished	Club only planning to relocate to a new facility by November 2011.



TH PROJECTS INTERNATIONAL
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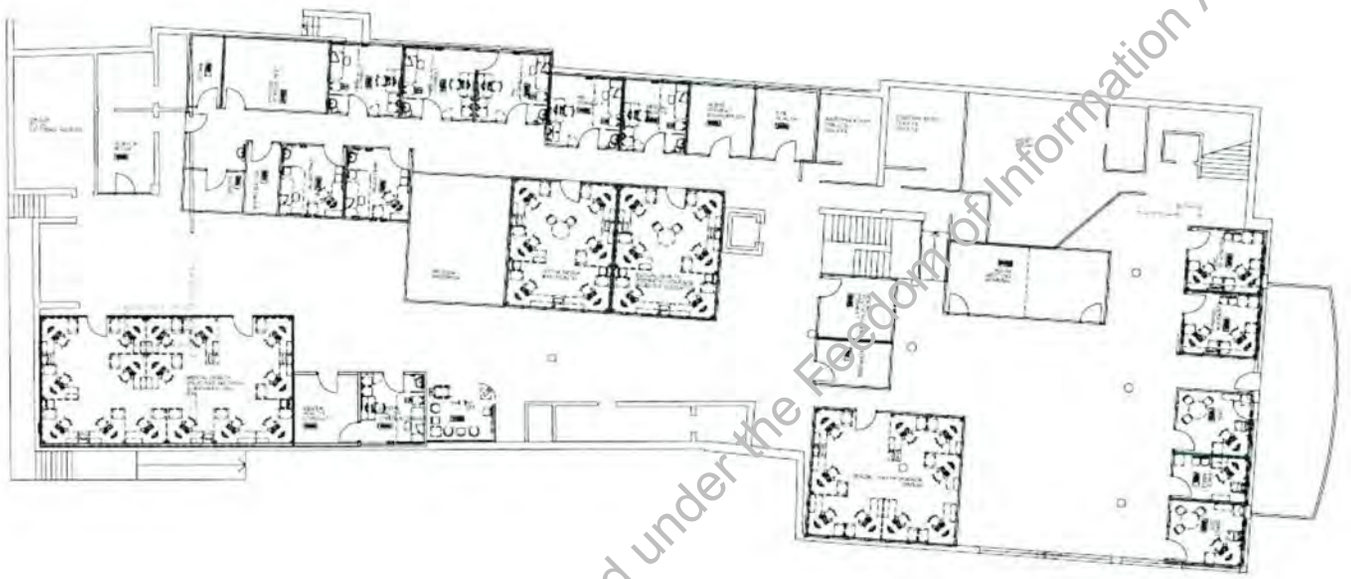
GROUND FLOOR PLAN

KATUNGUL ACC

MAY 10, 2010 AMSN-P-G-XSS IS



LTH PROJECTS INTERNATIONAL
AND HEALTH FACILITY PLANNERS

FIRST FLOOR PLAN

KATUNGUL ACCMS

MAY 10, 2010 AMSN-P-1-XSS ISSUE 1

B.2.6 Option F - Bodalla Aboriginal Land Council Site

A Bodella Aboriginal Land Council site, located behind the Land Council office, is available.

As indicated earlier this options has been discarded.

B.2.7 Option G – Narooma Industrial Site

A 2.3 hectare site, owned by Narooma Golf Club, is for sale. This site is reasonably flat and heavily vegetated. Cost of approximately $400,000. The site is poorly located and zoned 4A Industrial which precludes medical clinics.

As indicated earlier this options has been discarded.

B.2.8 Value Management Study Outcomes

A Value Management Study was held on 6th July 2010 at Katungul's Narooma offices. The workshop was attended by representatives; of Katungul's Board; Executive and Staff; NSW Health; OATSIH; Greater Southern Area Health Services; Southern General Practice Network; and the consultant team.

B.2.8.1 Assessment Criteria

The VMS group discussed and agreed assessment criteria to be used as a basis to rate each of the options in service delivery terms. The following criteria were considered to be appropriate for this task. The weighting factor reflects the VMS team's views that certain criteria are more importance than others.

Option Assessment Criteria

Criteria	Weighting
1. Access, location, road entry to site, parking, public transport	10
2. Environmental, flooding, heritage, Aboriginal title	7
3. Building constraints to redevelopment – condition of existing building, asbestos etc	6
4. Site adequacy and future expansion	9
5. Community acceptance	10
6. Clinician/staff acceptance	9
7. Functionality/efficiency	10
8. Ease of acquisition, timeliness	6
9. Impact on services during construction	8

B.2.8.2 Rating of Options

VMS participants considered each of the available (and still retained) options defined above. The key objective of the rating process is to assess each option in terms of agreed assessment criteria to result in a preferred redevelopment strategy.

Results of the options evaluation undertaken by VMS attendees is shown in the following table.

Result of the Option Evaluation

Criteria	Weight	Option 1 Do Nothing		Option 2 Chinese Restaurant		Option 3 Riverside Drive		Option 4 Greenfield		Option 5 Sporting Services Club	
		Score	Total	Score	Total	Score	Total	Score	Total	Score	Total
1. Access, location, road entry, parking	10	5	50	6	60	10	100	5	50	7	70
2. Environmental, flooding, heritage, Aboriginal title	7	10	70	10	70	8	56	6	42	10	70
3. Building constraints for redevelopment	6	5	30	7	42	10	60	8	48	2	12
4. Site adequacy, future expansion	9	0	0	2	18	9	81	7	63	5	45
5. Community acceptance	10	3	30	4	40	9	90	3	30	2	20
6. Clinician, staff acceptance	9	2	18	4	36	10	90	3	27	4	36
7. Functionality, efficiency	10	1	10	3	30	9	90	9	90	2	20
8. Ease of site acquisition, timeliness	6	10	60	2	12	8	48	1	6	1	6
9. Impact on services during construction	8	3	24	2	16	10	80	10	80	10	80
Score			**292**		**324**		**695**		**436**		**359**
Rank		**5**		**4**		**1**		**2**		**3**	

B.2.8.5 Preferred Redevelopment Strategy

A summary of the results of the rating of VMS options being considered is shown in the following table.

Summary of Qualitative Assessment

Option	Score	Ranking
1. Do Nothing	292	5
2. Chinese Restaurant	324	4
3. Riverside Drive	695	1
4. Greenfield Site	359	3
5. Sporting Services Club	436	2

Redevelopment of a new Katungal facility on the vacant Riverside Drive site on the Narooma flats is the preferred option resulting from the Value Management Study.

Of particular importance this site option:

- Is easily accessible for the catchment population
- Has few building constraints except that the site will need to be raised to conform to Eurobodalla Council's 'Interim Sea Level Rise Adaptation Policy'
- Is of adequate size to accommodate Katungal's current and future space needs.
- Is acceptable to the community and Katungal staff.
- Can be acquired although it will be necessary for Wagonga Aboriginal Land Council to withdraw a native title claim.

B.3 Economic appraisal

An economic appraisal of the proposed redevelopment of Katungul ACCMS is attached to the Functional Brief as Appendix 2.

B4. Preferred Option

This Functional Brief recommends that a new Katungul ACCMS facility is redeveloped on the Riverside Drive site ie adoption of Option 3 as defined in this Functional Brief. This was the preferred option recommended by the Value Management study held in July 2010. Key benefits delivered by this preferred option include:

- The Katungul main clinic and head office is retained in Narooma which is centrally located for the Aboriginal population serviced.
- Riverside Drive represents an easily accessible location in Narooma
- A new and expanded state-of-the-art medical facility is provided with patient and staff friendly facilities.
- More clinical staff can be recruited and accommodated over time. A modern facility will help attract new staff.

- Katungul can develop and implement a functionally integrated model of care incorporating general practice, dental services, specialist Aboriginal health workers, practice nurses, allied health staff and transport officers.
- Multi-purpose space will be made available for visiting services delivered by a range of providers including GSAHS and SGPN.
- A general purpose group room will be made available, on a controlled basis, to the Aboriginal community on an after-hours basis.
- A far broader range of service will be provided.
- An expanded transport service will enable more clients to be driven to Narooma and elsewhere to receive health services.
- The resulting facility will be culturally appropriate and more acceptable to the Aboriginal community.
- Sufficient parking will be provided to meet client and staff needs and Eurobodalla Shire Council requirements.

PART C DEFINITION OF THE PREFERRED OPTION

C.1 Description of the Preferred Riverside Drive Site Option

C.1.1 Planned

Model of Care

Katungul ACCMS has been established to broadly support the NSW South Coast Aboriginal community which includes the provision of a wide range of key health services. A summary of Katungul's primary objectives as defined in the 'Rule Book' is as follows:

- Continue to support the Aboriginal community – residing in communities from Ulladulla to Eden
- Actively enhance products, enterprise, activities and projects that support the Aboriginal community.
- Train Aboriginal people for the community benefit.
- Provide and support recreational and sporting activities for the benefit of the Aboriginal community.
- Strengthen Aboriginal identity and culture.
- Provide primary health, mental health, dental and health clinics etc services on a no-charge basis for the Aboriginal community.
- Reduce adult and child crime rates.
- Care for Aboriginal Elders.

Currently, Katungul operates its main clinic and head office in Narooma. Outreach clinics are held primarily on a visiting basis, from rented premises in Bega and Moruya. Key future service model strategies include:

- Katungul's main clinic and head office to remain in Narooma
- Outreach Clinics to remain in Moruya and Bega. Future outreach clinics are also planned for Wallaga Lake, Batemans Bay and Eden.
- Strengthen and expand service provision linked to the redevelopment and expansion of facilities occupied.
- The majority of staff will be based in Narooma and outreach to other communities
- Some clinical staff will be permanently located in Moruya and Bega
- Plan to increase service provision in the home
- Continue to provide transport for clients, as needed, to receive health services.
- Improve relationships with Areas hospitals – including follow-up of discharged Aboriginal patients to home
- Negotiate a Service Agreement with GSAHS
- Negotiate a Service Agreement with SGPN

Levels of service activity delivered by Katungul vary from year to year influenced by staffing levels and Katungul's ability to accommodate staff. Service activity levels are not reflective of service demand from the catchment Aboriginal population. To meet service demand, staffing levels for all services are required to be strengthened over time.

Future Service Model
A new and expanded Katungul facility, coupled with additional operational funding over time, will allow additional clinical staff to be recruited and accommodated in Narooma. All existing services are planned to be strengthened and a number of new services will be added, responding to needs of the south coast Aboriginal community, including domestic violence counselling, youth services, diabetes education, public health and social work.

C.1.2 Internal and External Functional Relationships
Please refer to Section B.1.2 above.

C.1.3 Detailed Operational Policies
Please refer to Appendix 1 - Katungul's operational policies for the new facility. These policies are intended to guide day to day operations as well as guide design of the redeveloped Katungul facility in Narooma.

The Katungul ACCM "Rule Book", 2009 defines organizational objectives and governance policies. This document can be requested from Katungul if required.

C.1.4 General Design Requirement

Community Consultation
The community served by the Katungul ACCMS will seek to be involved in the processes of developing and designing the facility that serves them, and will expect their concerns and requests to be noted. The community understands the broader brief of an ACCMS over and above that of a simple medical centre. The Katungul ACCMS was formed to support, benefit and care for the Aboriginal community not only in medical services but in other key areas including:

- Facilitating Housing through the Aboriginal Housing Service
- Guidance and assistance towards Employment through Centrelink
- Facilitating community meetings and interest groups
- Homework and after-school programs
- Healthy eating and the encouragement of cooking skills
- General health promotion
- Youth development

To date, concept design processes for Katungul have incorporated input from the steering committee and individual stakeholders as well as specific input from both Greater Southern Area Health Service and the Southern General Practice Network. As the project goes forward, active and focused consultation

will derive benefits for the project as a whole in engendering a sense of ownership in the final facility for all stakeholders.

Design Concept

The proposed Katungul ACCMS facility will incorporate a range of facilities associated with delivering primary and community health programs as well as providing amenities for community meetings. The Katungul ACCMS project will comprise the following facilities:

- General practice clinic area comprising:
  - Two GP consult/examination rooms
  - Two clinic/consult/exam rooms for RNs
  - Two consult/exam rooms for Registrars (which can be used by visiting specialists when not in use by Registrars)
  - Two dental surgeries and associated sterilising room and storeroom
  - Dirty utility, clean utility rooms will be shared between GP and Dental areas

- Common entry lobby, reception and waiting area incorporating:
  - Children's play area
  - Public amenities (accessible toilets)
  - Two general receptionists
  - One dental receptionist
  - Two workstation positions for dental writeup as required
  - Writeup space for drivers as needed
  - Direct access from reception to Medical Records and stationery, etc. (i.e. immediately adjoining reception)
  - Provision of secure enclosure to reception (glazed enclosure with vertical slots for communication)
  - Parking spaces for prams, mobility scooters, bicycles adjacent to the main entry

- Mental health and Allied Health clinic areas comprising:
  - Consulting rooms for client consultations/interviews
  - Office/workstation areas as staff base for outreach and visits
  - One large meeting room subdivisible into two group therapy/clinic rooms for mental health/allied health group therapy/counselling sessions, also set up to accommodate external access for community groups
  - Amenities and beverage-making facilities for the large external-access meeting room

- Executive/boardroom/staff training suite, incorporating:
  - Boardroom/staff training room with beverage facilities
  - Amenities for the boardroom/staff training/executive suite
  - Office for Chief Executive Officer
  - Shared office for Finance Officer and accountant

- Staff amenities/facilities incorporating:
  - Staff lockers, toilets and change rooms, separate male and female
  - Staff resource/library room
  - Staff room, incorporating dining seating with kitchenette and, preferably, access to outdoors

- General utility areas and facilities, inclusive of:
  - Server room
  - Workshop and maintenance store
  - Cleaner's store
  - Archive medical storage [to be located off-site]

In addition to the provision of these indoor facilities, it is desirable to provide access wherever possible to outdoor areas, or at the very least window views to outdoor areas, daylight and natural landscaping.

Future considerations/expansion
Future objectives for the Katungul ACCMS include expansion opportunities and notably:

- Renal dialysis services initially for up to three patients
- Dedicated spaces for stress testing, physiotherapy gymnasium facilities including exercise bikes and treadmills etc.
- Secure garaging for mobile medical and dental service vans
- Extended accommodation for executive including Deputy CEO office and Executive Assistant

General Practice – Design Considerations
Good design for general practice will ensure that:

- General practice is suited to the particular needs of the community it serves
- General practice is environmentally aware and engages design features to improve building sustainability and reduce the carbon footprint.
- Knowledge about design is readily available to doctors and staff
- Work spaces like reception and waiting room areas are organised, inviting, offer privacy, security, ambience and a stress free environment
- Treatment and sterilisation areas have 'dirty to clean' flows, clear and functional workflow patterns, efficient storage of consumables, and the right equipment to care for patients
- Consulting rooms should be designed to benefit from minimal ambient noise and sufficient natural and artificial light focused over work areas
- Consulting rooms, especially mental health consult rooms, should have two exit doors (one may be into an adjoining consult room if two doors with corridor access is not practicable)

Good design also considers the current challenges for general practices:

- The increasing size of multidisciplinary teams
- A focus on education and training
- Streamlining of chronic and acute care
- The importance of safety and security for patients and staff

- General practice is diverse. Practice designs must be suited to particular environments and allow for flexibility into the future
- General practice needs to be economically sustainable. General practitioners must be able to take advantage of the latest techniques and ideas in building cost friendly practices
- General practice needs to be safe, both for patients and practice staff
- Reducing the threat of emotional or physical harm to staff and patients may involve hands free sinks (to reduce spread of disease), reductions in ambient noise and greater access to natural light.
- General practitioners are interested in innovation. The new generation of medical graduates have come of age in a culture of innovative technology and new forms of electronic communication. This may be reflected by creating space for group education sessions and incorporating wireless technologies.
- General practice seeks to be 'green', with environmentally sustainable, 'low impact' clinics that place low demands on water and electricity. General practice also has a role in promoting environmental awareness for the ultimate health benefit of the community.
- General practice is 'neighbourly', and is situated at the heart of a community's health.

Specialist Dental Surgery
Design of the dental unit will allow for sound isolation from GP consulting rooms.

While a separate receptionist will cater for dental patients, space will be shared with general-practice receptionists in the main reception station and dental patients will also share the main waiting area. Writeup space will also be provided within the reception workstation itself for dental assistants/technicians.

Connection to Existing Community Centre
The preferred site (Riverside Dr site) for Katungul ACCMS allows convenient access into the existing Narooma Community centre and its associated community services.

Accessible design
Accessible design has been a cornerstone of the design of Katungul ACCMS:

- Katungul ACCMS is designed to facilitate full access for the aged as well as young families with small children.
- Space for prams is accommodated within the main waiting area and closely accessible to the main entry.
- Bicycle parking and mobility scooter parking is accommodated at the main entry.
- Accessible toilets and wide corridors will allow for maximum accessibility throughout the building.
- Throughout design planning consideration has been given to the requirements of access into rooms by patients in wheelchairs or using walking aids such as walking frames, crutches, etc.

- All door entries to rooms requiring access by patients/clients are provided with latchside clearance to accommodate wheelchair entry.
- Signage is to incorporate Braille as well as clear sign font of a size and contrast suitable for persons with vision impairment
- Since there is emphasis on opportunities for access by patients and staff to exterior and landscaped areas, these areas must be fully accessible.
- Accessible car parking spaces are provided within easy reach of the main entry.
- Throughout, design planning the principles of equitable access have been considered (as defined under the provisions of the Disability Discrimination Act).

These principles will need to be carried through to the detail design level.

Interior Design Concept

The interior design concept, including artwork, should facilitate a calming and relaxing environment for patients as well as providing a professional and hygienic environment for staff and patients.

Interior design planning, particularly related to art works, should encourage local and indigenous community input.

As with all medical facilities, particular attention must be directed toward safety of both staff and patients and issues such as slip resistance need to be properly addressed, particularly in wet areas.

Lighting

Clinical lighting will be required in all new GP and RN consulting rooms and dental surgeries.

Appropriate lighting will be required for all staff-occupied areas elsewhere in the facility.

In addition, an emphasis on daylight, wherever possible, has been a feature of the design proposals put forward for the preferred site. Both the environmental advantages of this approach as well as its psychological benefits have been considered in including daylight opportunities throughout the design. Generally, any rooms which involve access by patients as well as areas in which staff will be working are provided with external windows and the opportunities for views to natural landscaping.

Landscaping

Landscaping works are required to integrate the Katungul ACCMS unit into the local environment. Existing trees will be retained wherever possible and new trees planted to provide shading and external recreation areas.

Several significant existing trees can be retained through careful design of the proposals for the preferred Riverside Dr site.

In planning the landscaping, designers will liaise closely with community representatives in determining culturally sensitive selections of plant species as well as choosing plants for their potential healing benefits.

Signage (identifier and directional)
Throughout the facility the signage will be required to comply with AS1428 and DDA requirements.

Opportunities will be considered for local indigenous artists and craftspersons involvement in providing culturally appropriate signage and graphics.

Cultural Considerations
Design of the new Katungul ACCMS facility will be sensitive to cultural and ethnic considerations for patients of an Aboriginal background.

Opportunities will be considered throughout the design and construction of the facility for indigenous artworks, craftspersons input, and exercising landscaping and external works.

Careful consultation will be appropriate in regard to selections of plant species of appropriate meaning to the local aboriginal peoples.

C.1.5 Schedule of Accommodation
Please refer to Appendix 3.

C.1.6 Workforce Requirements
Katungul ACCMS currently employs a small dedicated team of clinicians to service the primary health care needs of the Aboriginal community residing in the NSW South Coast between Ulladulla and Eden.

Adequate numbers of medical, dental and allied health professionals in rural and regional areas of NSW are vital for the health of these populations and support local community structures and economies.

Katungul is presently unable to employ sufficient clinical staff to meet Aboriginal community needs which is related to both inadequate and unsuitable accommodation and shortage of funding. The NSW Government and OATSIH recognize Katungul's accommodation issues and this is currently being addressed with a capital funding commitment. Over time, Katungul intends to generate sufficient operating funds to recruit additional clinical staff. The following table defines existing and planned future high priority staffing requirements.

Repeated page 36.

Summary of Workforce Requirements

	Existing Staff Narooma (FTE)	Future High Priority Staff Narooma (FTE)
CEO	1.0	1.0
Practice Manager (vacant)	1.0	1.0
Finance Manager	1.0	1.0
Enhance Primary Care/Statistics	1.0	2.0
Otitis Media	1.0	2.0
Eye Health	1.0	2.0
Sexual Health	1.0	2.0
Domestic Violence	-	1.0
Mental Health. SEWB, D&A, BTH	4.0	6.0
General Practitioner/Student	2.0	3.0
Registered Nurse/Midwife	1.0	3.0
Diabetes Educator RN	-	1.0
Dental	1.2	4.0
Social Workers	-	1.0
Public Health	-	1.0
Youth Worker	-	1.0
Transport Driver	1.0	2.0
Handyman	-	1.0
Receptionists	3.0	3.0
Total	**19.2**	**38.0**

C.1.7 Room Data Sheets

Please refer to Appendix 14.

C.1.8 Furniture Fittings and Equipment

Please refer to Appendix 15.

C.2 Concept Planning

C.2.1 Concept Plan Parameters

Access Requirements/Site Description

The preferred site for the Katungul ACCMS project is located on Riverside Drive, Narooma. Its real property description is Lot 7020 in DP 1029163. It is a Crown land site under the control of Eurobodalla Shire Council.

The site has an existing frontage to Riverside Drive, and has boundaries to two other defined roadways, Field Street and Barker Parade. Barker Parade, is an unformed roadway understood to be pending future use as a potential Narooma bypass. We are advised this is unlikely to occur in the short to medium term. While part of Field Street does have a frontage to the site to the south-east, a section of Field Street which bends to form a perpendicular intersection with Riverside Dr, is also unformed (see survey plan below) . The current intersection of Field Street and Riverside Drive occurs within Lot 7021 of DP

1029163. There is a sewer pumping station located on the adjoining land parcel, Lot 913 of DP 821427.

The site enjoys views across Riverside Drive to the Wagonga Inlet. There are several existing mature trees on the site.

Model of Care
Please refer to section C.1.1 above.

Operational Policies
Please refer to Appendix 1.

Existing Site and Building Constraints
The site at present is zoned recreational open space and as such is not subject to specific setbacks and site controls as normally apply to development sites in the Eurobodalla Shire Council area. Once the land is purchased or otherwise acquired, its zoning will be required to be the subject of either:

- A re-zoning application
- Zone definition in the new LEP to be released, reportedly, some time in 2011

For the purposes of preparing a concept plan, setbacks to each street have been assumed based on Council advice

- 5.5m setback to the property boundary to Riverside Dr
- 3.0 setback to frontages to Field Street and Barker Parade

These will be subject to specific site controls imposed by Council once the zoning is amended and potential inclusion of the site into one or more specific precinct control areas defined by Council.

As of Monday 30 August 2010, the site is subject to the new Narooma Township Development Control Plan, which at that date repealed the former 'Narooma Plan'.

Height controls on the site are expected to be to a maximum of two storeys of commercial scale development. The current concept plan is entirely single-storey.

Once under a specific zoning category further development controls will come into play, including suitability of materials, opportunities for views and landscaping requirements.

Sea Level Rise/Inundation

The proximity of the site to Wagonga Inlet and the low elevation of the site presents the risk of site inundation and the issue of sea level rise.

The draft geotechnical report for the site prepared by Cottier Consulting suggests that its risk category for sea-level rise (and hence relevant planning controls applicable) is subject to a number of factors, and recommends the engagement of a qualified Coastal Engineer to determine the risk category.

If the Coastal Engineer recommends the need to mitigate sea level rise by raising the building platform by approximately 0.5m to 0.6m this can be accommodated on the site and with concept planning substantially unaffected. Allowance has been made in capital cost estimates for a building platform height adjustment of approximately this height.

Refer

It is noted that in the *Interim Sea Level Rise Adaptation Policy* (issued by Eurobodalla Shire Council), "that the areas is identified as 'The Flat' within the Narooma Structure Plan … will be assessed on merit", but that, "These areas are protected from coastal erosion by current mitigation measures".

Building Code of Australia

The current concept plans have been designed following Building Code of Australia (BCA Standards). The progressive documentation leading to the development of a tender package will need to be reviewed by a BCA consultant. It is intended that all plans and specifications tendered for approvals (Development Application) will have full BCA certification prior to lodgement.

The Katungul ACCMS building when complete will be BCA compliant and will necessarily carry BCA certification, inclusive of performance under 'Part J' of the BCA.

Site Opportunities
Eurobodalla Shire Council has indicated that certain opportunities may exist to effectively enlarge the available area of the site of Lot 7020. These are:

- The potential to encroach on the site of the adjoining sewer pumping station. This would require detailed investigation as to practicability and the need to ensure no interference is caused to site access, power supply and maintenance of the facility and associated underground pipework.

- The possibility of purchasing or using the unformed part of Field Street, either for:
  - Car parking only for Katungul ACCMS (car parking and driveway tarmac area is assumed to be included in this option);
  - Actual built structure, after site purchase, as part of the Katungul ACCMS facility or its future expansion.

The options offered by the unformed section of Field Street are investigated in two of the options included with this document.

Schedule of Accommodation
Please refer to Appendix 3.

Environmentally Sustainable Design Requirements
The design of the Katungul ACCMS Unit will emphasise:

- Energy efficiency
- Use of solar hot water
- Harvesting of rainwater for watering of landscaped areas
- Healthy and safe indoor environment
- Minimise non-renewable resource consumption
- Minimise solar gain in summer and maximise in winter by careful design of sunshading and the use of insulation as well as technological options such as solar-efficient glass
- Opportunities for maximising daylight
- Use of renewable energy systems
- Use of environmentally sound materials

Energy
Preliminary concept plans have been developed within the basic principles of good environmental design recognising Narooma's temperate coastal climate. As the design is developed and full engineering support documentation is applied, the project will be certified to conform to the BCA requirement for energy management as well as the energy requirements laid down in the health engineering documentation TS11.

Katungul ACCMS will expect a high level of performance in terms of energy efficiency and environmental responsibility.

In addition, NSW Health also encourages the development of building stock that demonstrates clever design and engineering standards which are higher than mandated standards and implements community expectations in environmental conservation on the south coast of New South Wales.

C.2.2 Concept Plans

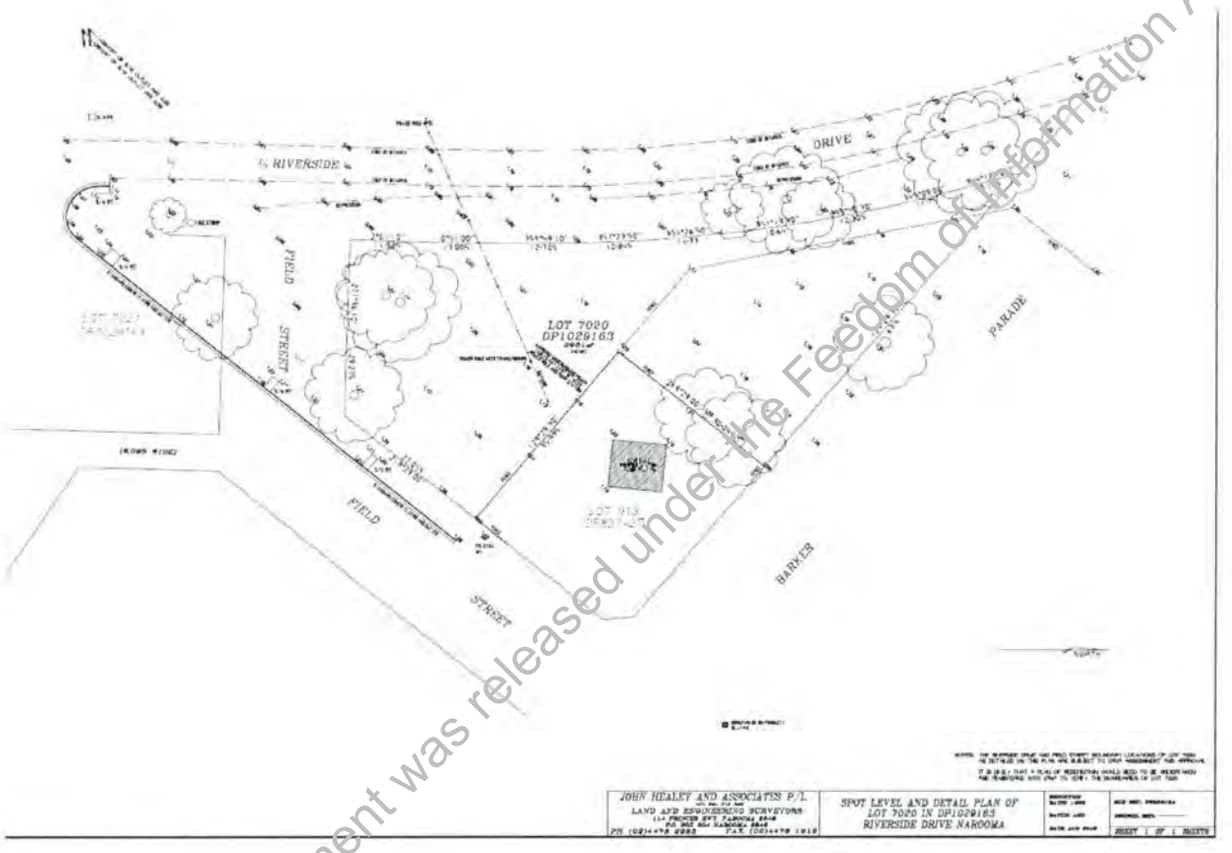
A survey of the preferred Riverside Drive site (Lot 7020, DP1029163) is shown on the following page. Key features of the site include:

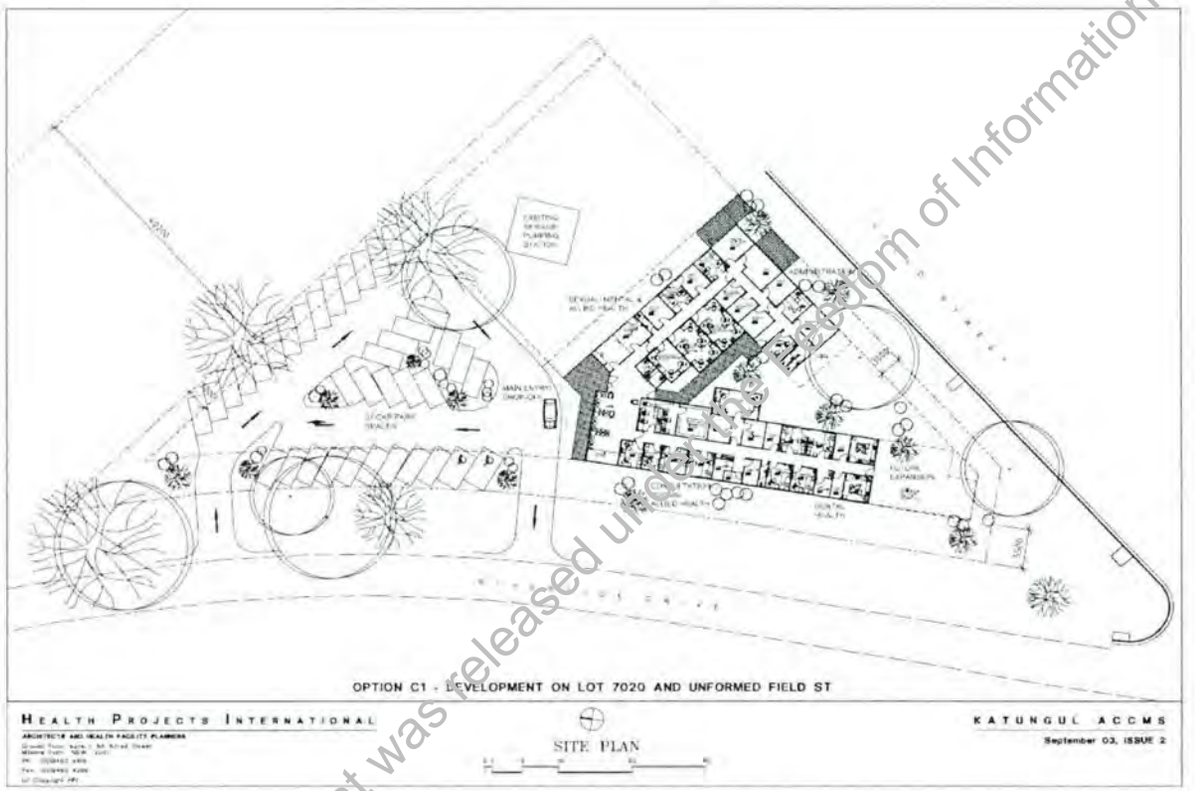
- Field Street is shown as a right turn immediately south of Lot 7020. In reality this section of Field Street is unformed and Field Street actually meets Riverside Drive as a straight line through Lot 7021.
- Council has indicated there is potential for this unformed section of Field Street to be acquired which would increase the size of Lot 7020 as noted above.
- The survey determined that the boundary on the western side of Lot 7020 was 12.5 metres from the centre of Riverside Drive. A 5.5 metre setback is then also required. A significant proportion of available land abutting Riverside Drive, therefore, is not available for development.
- There is a pumping station (Lot 913) on the eastern section of the site bounded by Field Street and Barker Parade. Eurobodalla Shire advise that the boundary of Lot 913 could be adjusted to enlarge Lot 7020.
- Barker Parade is an unformed road that was reserved many years ago as a Narooma by-pass road although research indicates it is unlikely to be developed in the short to medium term.

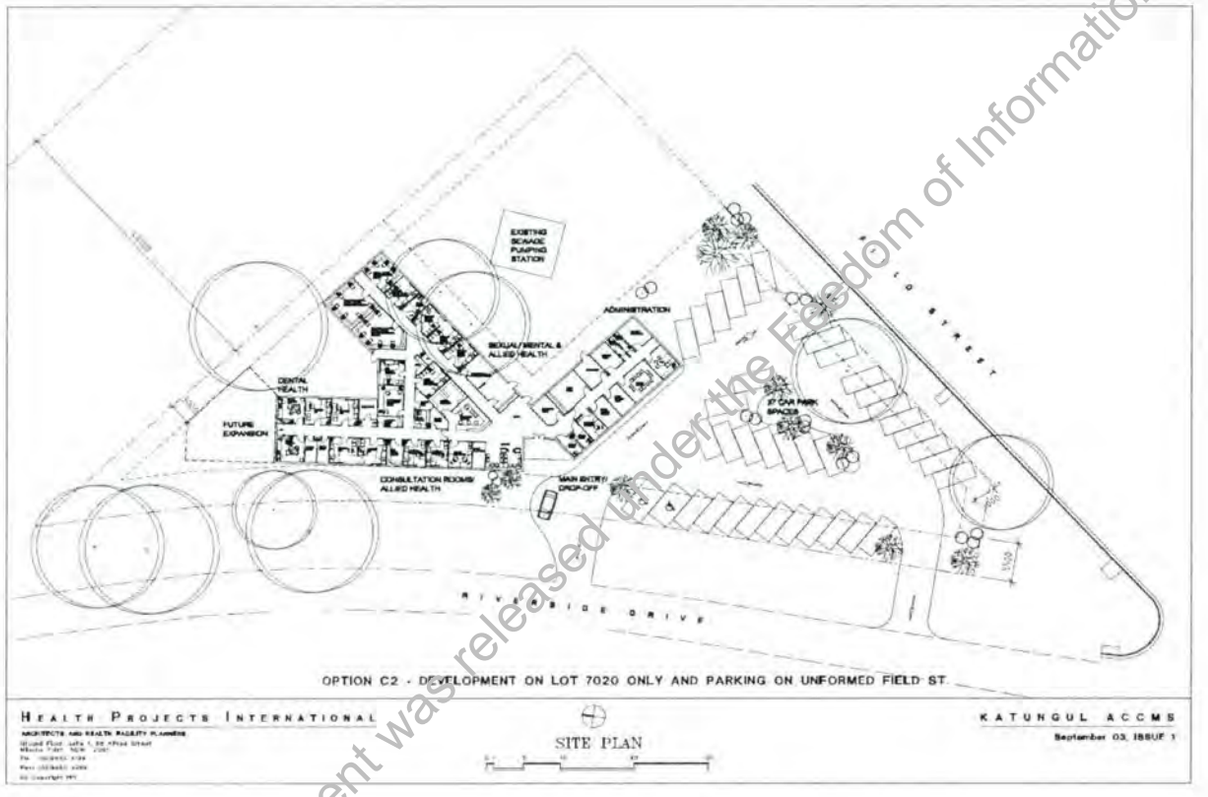
Three concept plans have, therefore, been prepared based on the following assumptions for the Riverside Drive site:

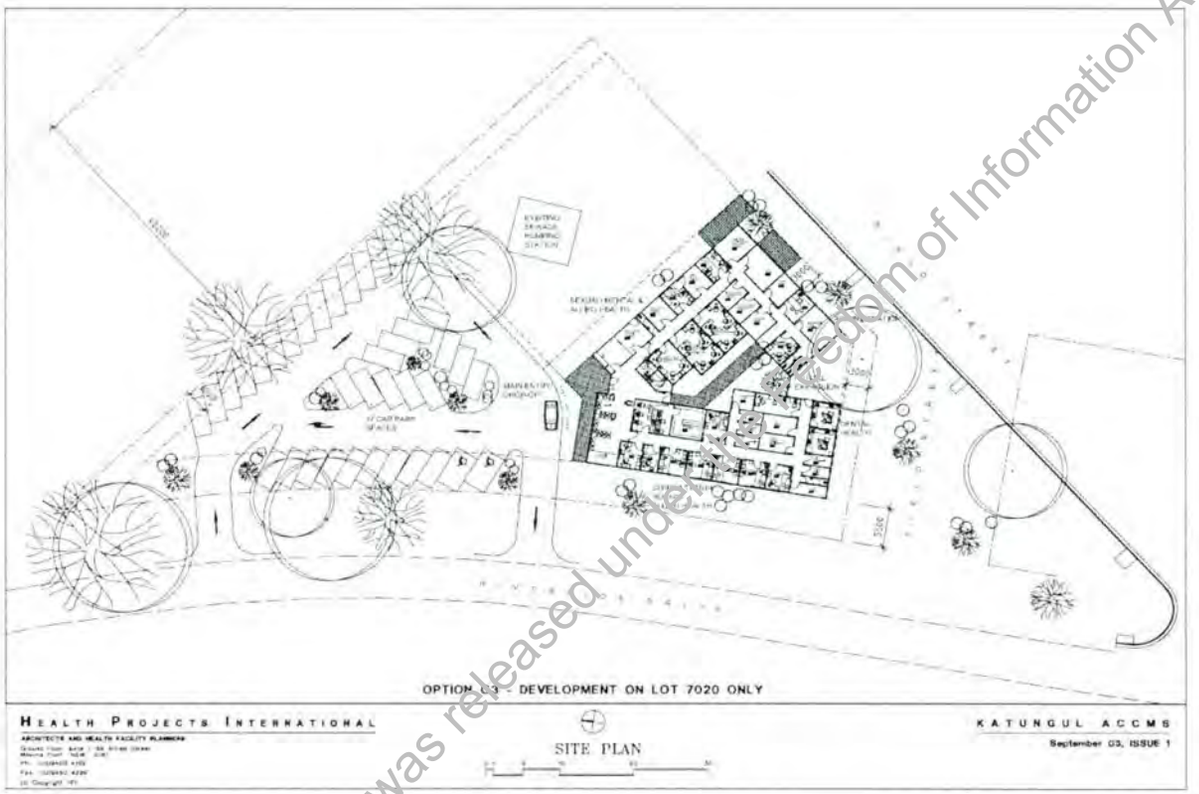
- Assumption 1 – the development can utilize Lot 7020 and the adjacent unformed Section of Field Street.
- Assumption 2 – development on Lot 7020 and use of the unformed section of Field Street for car parking only.
- Assumption 3 – the development can only occur on Lot 7020.

The 3 concept plans are attached after the survey plan.









C.3 Key Supporting Strategies

C.3.1 Change Management

Effective change management and communication strategies are important for the successful implementation of new capital investments to ensure that the community and staff are well informed and that the aims and objectives of the project are fully achieved.

Summary of Proposed Changes

The development of a new Narooma based Katungul main clinic and Head Office will result in a number of changes for staff and the community. These changes include:

- The creation of a new efficient health facility that will require staff to adopt new methods of working to achieve the full benefits of the new development.
- The new facility will, over time, integrate existing and new clinical services and a range of visiting services supplied by external providers. The new model of care requires new ways of working together and in managing the client continuum of care.
- The Katungul facility will relocate to a new site.
- Locating the Katungul ACCMS adjacent to the Narooma community health centre will facilitate a closer service working relationships.

Change Management and Communication Strategies

The overall aim of the change management strategy is to ensure that the staff and the community are well informed, consulted and prepared for the changes that will result from the implementation of the project. Katungul is developing a stakeholder management plan that will form the basis of the change management and communications management strategies.

Some of the key issues to be addressed as part of change management relate to maximising the productivity of the new facilities, to integrate primary and community health services and support the ongoing recruitment and retention of staff.

Achieving the best value outcomes from the new services and facilities requires staff to be fully aware of the objectives.

A Structured Approach to Change Management

The following staged approach to change management is recommended to support adoption and implementation of the proposed new service model.

Staged Approach to Change Management

Stage	Tasks
1	Clearly outline how existing services operate.
2	Clearly define the desired outcomes of the new operational models.
3	Analyse and identify the required changes to realign existing services to the proposed operational models.
4	Develop strategies for addressing issues that will arise.
5	Manage the successful implementation of changes.
6	Monitor the ongoing implementation of new services

Skills Development

Katungul ACCMS will integrate the services of three groups of staff:

- Multi-professional clinical staff (GPs, practice nurses, Aboriginal health workers, oral health staff, , allied health personnel, educators, etc)
- Management/administrative/ clerical staff
- Visiting services and private providers.

Skills development during the planning and initial operation of the facility will target staff acquiring or refreshing skills in:

- Providing a coordinated and patient centred experience
- Coordination, communication and integration – with associated protocols;
- Joint case management;
- Change management, including workplace culture and improved sharing of information;
- Clinical skills to address the focus on health promotion, prevention and early detection, targeting vulnerable sectors of the community;
- Business skills to support the new model of care;
- Promotion of innovation and a proactive approaches to health care;
- IT skills relevant to the communication systems established.

C.3.2 Communication and Consultation

Stakeholder consultations were undertaken throughout the research and analysis phases of Functional Brief development and preparation. Individuals and groups

who have had active involvement in service and facility planning included the following:

Repeat

Stakeholder Consultation

Stakeholders	Involvement
• Steering Committee	• Full Participation throughout
• Katungul Board of Directors	• Briefing on project objectives
• Katungul Staff	• Consultation on services/facilities
• GSAHS	• Service planning, VMS attendance
• SGPN	• Service planning, VMS attendance
• NSW Health	• Steering Committee
• OATSIH	• Steering Committee
• Eurobodalla Shire Council	• Site acquisition and development planning
• Wagonga Aboriginal Land Council	• Site acquisition
• Department of Lands	• Site acquisition
• Corrective services, Probation Payroll	• Services
• Centrelink	• Services
• Aboriginal Housing	• Services
• Fair Trading	• Services
• Aboriginal Land Council	• Services
• Police	• Services

Katungul will continue to communicate with all stakeholders and the Aboriginal community to advise on redevelopment and service planning.

Katungul's management and staff will continue their strong involvement in planning the redevelopment of the new Narooma facility.

C.3.3 Engineering and Building Services

Level A air conditioning will be installed to clinical areas (only) as defined in Health Facility Guidelines. Allowances will be made for air conditioning to other areas as applicable. All offices will have external windows and air conditioning to these areas should be flexible to allow occupants the opportunity to open windows and lower demand on air conditioning system.

Medical gases will be provided into all new GP and RN consult/examination rooms and Dental surgeries.

Access to Site Services

The Riverside Drive site is technically unserviced and there is a capital cost provision of $180,000 to bring services to the site. Existing services are in reasonable close proximity as follows:

- **Power** –Power is available on the other side of Field. A power pole and line th Riverside sit, which services the pump station will need to be relocated.
- **Gas** – no gas pipes in Narooma
- **Telephone** – Line in nearby Field Street

- **Water** – Lead in works for water, mains extension
- **Sewer** – The block is not sewered and a new sewer line connection is required

C.3.4 Workforce Development

Please refer to Section C.1.6 above

C.3.5 Benefits Realisation

Redevelopment of Katungul's Narooma based main clinic and head office on the preferred Riverside Drive site will realise significant benefits for Katungul staff and the Aboriginal population serviced. A summary of benefits that can be realized is as follows.

- The Katungul main clinic and head office is retained in Narooma which is centrally located for the Aboriginal population serviced.
- A new and expanded state-of-the-art medical facility is provided with patient and staff friendly facilities.
- More clinical staff can be recruited and accommodated over time. A modern facility will help attract new staff.
- Katungul can develop and implement a functionally integrated model of care incorporating general practice, dental services, specialist Aboriginal health workers, practice nurses, allied health staff and transport officers.
- Multi-purpose space will be made available for visiting services delivered by a range of providers including GSAHS and SGPN. Service agreements could be signed with both of the key service providers.
- A general purpose group room will be made available, on a controlled basis, to the Aboriginal community on an after-hours basis.
- A far broader range of service will be provided
- An expanded transport service will enable more clients to be driven to Narooma and elsewhere to receive health services.
- The resulting facility will be culturally appropriate and more acceptable to the Aboriginal community.
- Sufficient parking will be provided to meet client and staff needs and Eurobodalla Shire Council requirements.
- The new facility will feature courtyards, Aboriginal artwork and natural lighting.

C.4 Other Requirements

C.4.1 Confirmation of Land Title

The preferred Riverside Drive site is Lot 7020, DP 1029163. It is a Crown Land site under the control of Eurobodalla Shire Council.. The site is zoned RE1 Public Recreation and 6a1 Public Open Space. A change of zoning is, therefore, required to enable construction of a medical facility. This should not be a difficult, time consuming process per Eurobodalla Shire Council.

C.4.2 Traffic and Car Parking Studies

Car parking and vehicular access

Eurobodalla Shire Council's typical car parking controls for this type of development is 2 spaces for every doctor / medical practitioner / allied health professionals.

Typically, a medical centre of this type will have fairly demanding needs concerning car parking. However, the Council rule-of-thumb approach ignores certain factors such as the use of the Katungul bus and other transportation options to bring patients to the site.

The eventual Development Application presented to Council will be accompanied by a Traffic Engineer's assessment and report based on actual demand profiles of traffic flow over the working day. Concept plans, to date, have made a provisional assumption that approximately 36 car parking spaces will be required, inclusive of at least two accessible disabled car parking spaces. Current concept plans show at least 37 car parking spaces.

Ample drop-off zone space is also provided, and incorporates space for ambulance and patient transport vehicles. All vehicles will be able to enter and leave the site in a forward direction, and all vehicular entries and exits to the site will be from Riverside Drive.

C.4.3 Site Acquisition

Advice has been received from Department of Lands and Eurobodalla Shire Council regarding acquisition of the Riverside Drive site. The main obstacles that prevent the site being allocated to NSW Health/Katungul at this stage, as defined by Department of Lands (LMPA), are as follows:

1. **The land is subject to a current Aboriginal land claim (No 19886) that was lodged by the Wagonga Aboriginal Land Council on 9 November 2009.**
   LPMA cannot consider allocation of the land while it is subject to an undetermined land claim. ALC 19886 has not been investigated to date to determine whether the land is claimable land or not and is unlikely to be investigated in the short term.

   Should the claim be withdrawn by the Wagonga Aboriginal Land Council , LPMA could then consider allocation of the land. LPMA will write to the Land Council to advise them of NSW Health's request for the site and request that they consider withdrawing the claim over the land. It may be to NSW Health/Katungul's advantage to contact the Wagonga Land Council directly to discuss the proposed use of the site and get an agreement to the proposal and withdrawal of the claim.

   Should the Wagonga Aboriginal Land Council not withdraw the claim then the claim will need to be investigated and determined. If the claim is granted the land

would become freehold land in the ownership of the Wagonga Aboriginal Land Council and NSW Health / Katungul would need to deal with the Land Council. If the land claim is refused then LPMA can proceed with investigating the disposal of the land.

2. **Native title has not been extinguished over the land.**
LPMA cannot consider allocation of the land by sale or lease unless native title is shown to be extinguished over the site or the allocation of the land is an allowable act under the provisions of the Native Title Act. LPMA's normal approach here would be to issue a licence for site investigation to NSW Health to create an interest in the land and then have the Corporation lodge a non-claimant application with the Native Title Tribunal for determination. The Tribunal would advertise the non-claimant application and if an opposing claimant application is not lodged following the advertisement then the Tribunal can rule that LPMA is allowed to proceed with the disposal of the land. This process through the Native Title Tribunal can take considerable time and would delay the allocation of the land.

Preferred Site Acquisition
The NSW Department of Health has the power to undertake a compulsory acquisition of the site under the Land Acquisition (Just Terms Compensation) Act. The land would need to be acquired for a public purpose (eg health facility) and following acquisition the land would be freehold land in the ownership of NSW Health who can then allocate the land to Katungul ACCMS. The acquisition would require payment to LPMA of the current market value of the land at the date of acquisition.

Compulsory acquisition of the site by NSW Health is the preferred option for LPMA because it is the quickest way of dealing with native title. Approval of the acquisition would be dependent on the withdrawal of the land claim.

C.4.4 Eurobodalla Shire Council

Discussions have been held with Eurobodalla Shire Council particularly focusing on site availability, site acquisition, setbacks, zoning and car parking. Reference to these discussions is documented above.

As noted in section C.2.2 concept plans above, an unformed section of Field St is the southern boundary of preferred site Lot 7020. This unformed road is an open grass field extension of lot 7020. The preferred site would increase in size where the unformed road could also be acquired and utilized for development and parking space. The redevelopment of Katungul ACCMS on this site would benefit from acquiring this section of Field Street.

Council advise the acquisition of this site could be applied for and Council could approve the request. Should this be approved the unformed roadway would need to be closed.

The site survey for Lot 7020 establishes a boundary for the preferred site which is 12.5 metres from the centre of Riverside Drive. A 5.5 metre setback would also apply. Council advises that a 3.0 metre setback would be required for the site's other boundaries.

C.4.5 Service Agreements with Other Providers

Greater Southern Area Health Service and the Southern General Practice Network participated in the Functional Brief planning process. Both organizations attended Katungul's Value Management Workshop. Both organizations will discuss the drafting of a service agreement with Katungul to provide services to Aboriginal clients from Katungul's new Narooma facility. It is necessary for Katungul to continue discussions with these organizations to negotiate service agreements/partnerships that will improve the scope and depth of services provided to the South Coast's Aboriginal community.

C.4.6 Conservation Management Plan

General

The preferred Riverside Drive site for the Katungul ACCMS, currently contains no existing building works. It is used primarily for open space and pony club riding activities. There are various heritage and conservation issues usually addressed on sites with existing European era heritage present. However, this site is unlikely to require that category of assessment and conservation. Other areas of potential heritage and conservation will nevertheless require closer investigation and, as such, appropriate consultants in due course may be required to confirm or otherwise the existence of site properties that might be subject to conservation management.

European Heritage

No European Heritage items are evident on the site that may require management under a Conservation Management plan. The site has been surveyed and all salient features identified.

Aboriginal Heritage

Normal processes of investigation where National Parks and Wildlife are custodians of the register of Aboriginal Heritage will need to be undertaken. Consultation with local indigenous groups will be a useful corroborative measure to ensure that no items or areas of aboriginal heritage are overlooked before proceeding with detailed design work and subsequent development application, etc.

Environmental Heritage

A suitable consultant may need to be engaged to investigate existing flora on the site (notably several mature trees), to ensure that any proposed removal of either vegetation or trees will be contraindicated. Consideration of fauna may also be required, including issues of habitat. Current concept planning has endeavoured to conserve as many existing trees on the site, though some mature specimens are expected to require removal depending upon the final concept plan adoption.

Conservation Management Plan
If any heritage items as outlined above are identified, a Conservation Management Plan will be required to be created and acted upon. The Conservation Management Plan will accompany any application for removal of items identified as heritage or to assess the impact of the proposed development on identified heritage items.

C.5 Estimated Capital Cost

s22 , quantity surveyors provided an estimate of capital costs to develop the required Schedule of Accommodation on the preferred Riverside Drive site. A summary of the capital cost estimate is provided in the following table with a more detailed cost plan contained in Appendix 4.

Estimated Capital Cost – Riverside Dr Site Redevelopment

	Preferred Option 3
Site	Riverfront Site
Work Type No. of Levels	New Build
Optional Areas	Single Storey
Revision	Included
	Rev.D (16-Jul-10)
Nett Functional Cost	$1,772,540
Travel and Engineering	$0
Gross Functional Cost (G.F.C)	$1,772,540
Project Specifics	$836,635
Preliminaries and Margin	$470,695
General Allowances	$862,000
Project Costs	$1,052,000
Escalation	$0
Total Estimated Cost (T.E.C) (excluding GST) $ Jun-10	**$4,993,870**
Rounded	**$4,990,00**

Capital Cash Flow
The estimated capital cash flow assumes that the majority of professional fees and authority costs are incurred during detailed design and planning in 2010/11. The site is also purchased in that year. The majority of construction cost is then incurred in the following year 2011/12.

Estimated Capital Cash Flow – Preferred Option

Year	**$Million**
2010/11	$0.770
2011/12	$3.820
2012/13	$0.400

	$4,990

R-H Valuers estimated, in May2010, that the existing Katungul facility in Narooma can be sold for approximately $900,000. The proceeds are to be applied to capital costs required to redevelop Katungul's facilities.

C.6 Recurrent Cost Implications

The following table reflects existing recurrent costs 2009/10 and estimated recurrent costs in 2021/22 when the new facility is forecast to have operated for approximately 10 years. The greatest recurrent cost increase relates to 18.8 new FTE staff positions proposed to be added over time linked to increasing revenues from funding bodies. OATSIH, NSW Health and Medicare are Katungul ACCMS's major funding bodies.

Estimated Recurrent Costs – 2009/10 and 2021/22

	2009/10	2021/22
Salaries and Wages – 19 new positions	$1,744,100	$3,029,100
Medical surgical Supplies – additional staff/services	$73,200	$130,000
General Practitioners – 1 new position	$87,800	$175,600
Direct Travel and Expenses – no change	$78,900	$378,900
Motor Vehicle – 1 new driver	$62,500	$110,000
Staff Travel - +90%, more staff	$69,300	$131,670
Administration – no change	$226,100	$226,100
Telephone - + 90% more staff	$67,300	$127,870
Rents – no change	$20,200	$20,200
Program Set-up – no change	$7,100	$7,100
Legal Costs – reduce by 50%	$100,100	$50,000
Power – additional space	$19,000	$30,000
Repairs and Maintenance – 1% of capital cost	$64,400	$49,900
Total	**$2,620,000**	**$4,466,440**

A Financial Impact Statement is included as Appendix 12.

C.7 Procurement Methodology

The proposed procurement for there development of Katungul ACCMS facility is full documentation and lump sum tendering. This process involves the following tasks:

- Tendering of architectural, structural and services consultancies.
- Preparation of full tender and construction documentation for all consultancy disciplines, including drawings, specifications, room layout drawings, room data sheets, schedules and finishes.
- Tendering to selected contractors for a lump sum cost of construction works.
- Selection of winning tender based on cost and performance criteria of selected tenderers.
- Contract administration.

Procurement method advantages include:

- Full documentation and lump sum tender minimises risk to contractors and, therefore, proves a competitive construction cost.
- Full documentation with sign off by client and stakeholders minimises risk to end users and ensures that the end product meets stakeholder requirements.

Procurement method disadvantages include

- Full documentation and lump sum tender, particularly for alterations and additions to existing buildings does not allow for hidden or unknown works. In any existing building, consultants are never able to allow for all works that may be revealed during the construction process. For example, opening up of ceilings may reveal that existing electrical services require complete replacement or that traces of asbestos may be found that were not evident in initial site inspections. This allows contractors to potentially claim for variations to the scope of works. The client in this case takes the risks associated with hidden or unknown works. By contrast in a Design, Development and Construct procurement method the contractor will take the majority of such risks.

However, there is no redevelopment of existing buildings associated with the Katungul redevelopment project and minimal potential for hidden costs to be encountered.

C.8 Project Program

A full program is attached to the Functional Brief as Appendix 13. Major milestones within the forecast program are shown below.

Project Program – Major Milestones

Milestones	Estimate Timing
Functional Brief Approved by NSW Health and OATSIH	Nov 10
Appoint Design Consultants	Jan 11
Approve Scheme Design	April 11
Award Tender	July 11
Complete Construction	Oct 12
Commence Services from New Facility	Nov 12

C.9 Project Risk Management

Project risk management is the identification of those objectives, elements or constraints which may adversely affect the functional, budgetary or program performance of a project and the selection of an appropriate procurement system, which will best manage the identified risks.

The proposed site is Crown Land adjacent to Riverside Drive in the Narooma 'Flats'. The existing services can continue to be provided while the new facility is constructed. There is, therefore, no potential for the construction process to impact upon the working environment of existing services, amenity of patients and the normal operations of existing services and systems.

The preferred site for the redeveloped Katungul ACCMS is Crown Land under the control of Eurobodalla Shire Council. There is a native title claim on this site that will need to be removed before NSW Health can undertake a compulsory acquisition of the preferred site.

The procurement approach selected should provide the greatest flexibility in managing construction risks on a day to day basis. This approach will allow flexibility in reacting to local requirements and eliminate cost claims for delays and unforeseen circumstances which are likely to ensue.

A table summarising the identified risks, with assessment ratings, identification of responsibility and an action plan is provided below. Particular attention should be paid to all issues which have the potential to impact on Katungul clients and staff to ensure that such impacts are either eliminated where possible or minimised if not.

The assessment rating applied to each of the identified risks is in accordance with capital works planning and implementation processes for Government Agencies and the management of project risk guidelines - Department of Commerce.

Project Risk Management

Risk identification		Likelihood	Consequence	Responsibility	Management / Mitigation
1.	Preferred site is subject to a Native Land Claim that according to Department of Lands must be removed before it can be compulsorily acquired by NSW Health.	High	High	Katungul	• There are few other site options in Narooma. Wagonga Aboriginal Land Council should be made aware of the importance of this site for the Katungul redevelopment.
2.	Council may resist a change of zoning for the site.	Low	High	NSW Health	• Discussions with Council and make all appropriate applications for change of zoning.
3.	The preferred site in the Narooma 'Flats' could be impacted by high tide events and sea level rises.	Medium	Medium	NSW Health	• Development must follow Councils Interim Sea Level Rise Adaptation Policy. The Katungul Building site will be elevated and a Coastal Engineers Report will be required.
4.	Capital cost overruns/delays, site condition, contract issues.	Medium	High	NSW Health	• Capital cost contingencies of 28% of gross building cost and strong contract management.
5.	Recurrent costs – inability of Katungul to generate sufficient funds to acquire additional clinical staff.	High	High	Katungul	• Katungul's ability to request and compete for all available funding sources.
6.	Clinical Staff – limited availability of clinical staff on the south coast of NSW.	High	High	Katungul	• New facility will enhance Katungul's ability to attract and retain clinical staff.
7.	Functional Brief Approvals.	Low	High	NSW Health Katungul	• Final Functional Brief to be approved by the steering Committee and NSW Health.
8.	Asset Management implications for the new facility.	Medium	Medium	Katungul	• Strict preventive maintenance programs to be adhered to.

Risk identification		Likelihood	Consequence	Responsibility	Management / Mitigation
9.	Equipment requirements	Medium	Medium	Katungul	• Preliminary costings to date. Maximise re-use of existing equipment.
10.	Change management strategies.	Normal	High	Katungul	• A detailed change management plan will be developed then implemented when the new facility is occupied.
11.	Best practice operating policies.	Normal	Medium	Katungul	• Draft operational policies are included as Appendix 1. Katungul will build on these policies and implement them.
12.	Site remediation / contamination	Low	Low	NSW Health	• Geotechnical report concludes the site is suitable for proposed purposes with no contamination.
13.	Main construction contract.	Normal	High	NSW Health	• Lump sum contract recommended.
14.	Construction program.	Normal	Medium	NSW Health	• Weather conditions may at times restrict construction.
15.	Traffic management (staff and public)	Normal	Low	NSW Health	• Traffic management plan to be prepared and agreed with Council.
16.	Noise, dust.	Normal	Low	NSW Health	• Plan to be prepared and approved.
17.	Neighbours inconvenience.	Normal	Low	NSW Health	• Plan to be prepared and approved.
18.	FFE Budget.	Medium	High	NSW Health	• Currently at Functional Brief stage of planning, $300,000 is provided for FFE. Staff are assessing condition of existing FFE.

Risk identification		Likelihood	Consequence	Responsibility	Management / Mitigation
19.	User Function acceptance.	Normal	Medium	GSAHS	• User involvement during detailed planing processes.
20.	Full Room Data Sheets.	Low	Medium	NSW Health	• Following NSW Health guidelines.
21.	Development Application approval.	Low	Medium	NSW Health	• Eurobodalla Shire Council is aware of the proposed project.
22.	Proven contractors.	Normal	Medium	NSW Health	• Use of Department of Commerce Constructor List.
23.	Contract administration.	Low	Medium	NSW Health	• Use of Department of Commerce approved procedures.
24.	Contract finalisation.	Low	Medium	NSW Health	• Use of Department of Commerce approved procedures. •
25.	Budget Control.	Medium	Medium	NSW Health	• QS to be appointed and implementation of control procedures.
26.	Program control.	Low	Medium	NSW Health	• Ongoing monitoring and revision.
27.	Management control.	Low	Medium	NSW Health	• Project procedures, documentation manuals, Planning and Development Committee meetings.
28.	Waste Management: Builders	Low	Low	NSW Health	• To be included in contract documents.
29.	Environmental Protection: noise, dust, waste runoff during construction	Low	Low	NSW Health	• To be included in contract documentation

Risk identification		Likelihood	Consequence	Responsibility	Management / Mitigation
30.	Community objection	Low	Low	NSW Health	• Public Relations policy during construction to be developed after approval of PDP. Narooma public partly aware and supportive of project.
31.	Buildability	Low	Low	NSW Health	• Domestic scale project. Project to take into account location and weather conditions.
32.	Geotechnical condition	Low	Low	NSW Health	• Geotechnical testing of preferred redevelopment site which revealed no major construction issues and a preliminary environmental site assessment revealed a very low potential for contaminants of concern.
33.	Industrial Relations	Normal	Low	NSW Health	• To be included in contract documents. Consideration made for temporary fire egress during construction works.
34.	Services Strategy	Normal	Low	NSW Health	• Consultants to prepare completed strategy once appointed •
35.	OH&S factors	Normal	Low	NSW Health	• To be included in contract documents. Consideration made for temporary fire egress during construction works.
36.	Natural events (flood, fire, wind)	Normal	Low	NSW Health	• Already considered in preliminary assessments