

Implementation Plan for Toowoomba and South West Queensland Integrated Cancer Service

NATIONAL PARTNERSHIP AGREEMENT ON HEALTH INFRASTRUCTURE

PRELIMINARIES

1. This Implementation Plan is created subject to the provisions of the National Partnership Agreement on Health Infrastructure and should be read in conjunction with that Agreement. The objective in the National Partnership Agreement on Health Infrastructure is to improve the health and wellbeing of Australians through the provision of high quality physical and technological health infrastructure.
2. The funding for this project has been allocated from the Health and Hospitals Fund (HHF) under the Regional Cancer Centres (RCC) initiative. The RCC initiative aims to improve access to essential cancer services for as many people as possible living in rural, regional and remote areas, to help close the gap in cancer outcomes between the city and the country. The broader objectives of the HHF, whilst not replacing State and Territory effort, are to:
 - invest in major health infrastructure programs that will make significant progress towards achieving the Commonwealth's health reform targets; and
 - make strategic investments in the health system that will underpin major improvements in efficiency, access or outcomes of health care.
3. This project will expand the capability of Toowoomba Hospital to deliver effective cancer care to rural and regional patients. This will include the expansion of medical oncology services at Toowoomba Hospital to increase patient access to affordable cancer care in this region, in line with the HHF RCC initiative funding application dated 7 January 2010 and additional advice provided on 15 January and 25 February 2010.
4. The project outputs outlined in this Implementation Plan have been assessed by the Health and Hospitals Fund Advisory Board. Consistent with the *Nation-building Funds Act 2008* any proposed variation from this project as assessed by the Advisory Board requires the reassessment of the Board. The Commonwealth funding contribution for the project is also subject to the re-assessment of the Advisory Board should proposed variations require the Board's consideration

TERMS OF THIS IMPLEMENTATION PLAN

5. This Implementation Plan will commence as soon as it is agreed between the Commonwealth of Australia, represented by the Minister for Health and Ageing, and the State of Queensland, represented by the Minister for Health.
6. This Implementation Plan will cease on completion of the project as specified in this Implementation Plan, including the acceptance of final performance reporting and processing of final payments against performance milestones specified in this Implementation Plan.
7. This Implementation Plan may be varied by written agreement between the Ministers.
8. Either Party may terminate this agreement by providing 30 days notice in writing. Where this Implementation Plan is terminated, the Commonwealth's liability to make payments to Queensland is limited to payments associated with performance milestones achieved by Queensland by the date of effect of termination of this Implementation Plan.
9. The Parties to this Implementation Plan do not intend any of the provisions to be legally enforceable. However, that does not lessen the Parties' commitment to this Implementation Plan.

PROJECT OBJECTIVE

10. The objective of this Implementation Plan is to refurbish an existing building at Toowoomba Hospital and expand the Toowoomba Oncology Day Unit to provide four additional chemotherapy chairs.

PROJECT OUTPUTS

11. This project will work with the Enhancement of Service Capability of the St Andrew's Cancer Care project (St Andrew's Toowoomba Hospital) to:
 - 11.1. Provide a 24 bed ward for multi-day inpatient care (12 beds will support medical oncology and haematology services and 12 beds will be for the provision of palliative care)
 - 11.2. Build on and improve current pathways for access to multidisciplinary care and treatment decision making through existing links between private and public sector providers.
 - 11.3. Improve the number of low risk ambulatory patients and inpatients requiring combined chemotherapy/radiation treatment to receive services in Toowoomba. The service capability framework for cancer services in Queensland will assist in determining the low risk patients suitable for this service.
 - 11.4. Allow development medical training positions in medical oncology at Toowoomba Hospital due to increased treatment complexity with inpatient care and combined chemotherapy and radiation will

ROLES AND RESPONSIBILITIES

Role of the Commonwealth

12. The Commonwealth is responsible for reviewing Queensland's performance against the project milestones specified in this Implementation Plan and providing any consequential financial contribution to Queensland for that performance.

Role of Queensland

13. Queensland is responsible for all aspects of project implementation, including:
- (a) fully funding the project, after accounting for financial contributions from the Commonwealth and any third party;
 - (b) completing the project in a timely and professional manner in accordance with this Implementation Plan;
 - (c) meeting all conditions including providing reports and evidence to demonstrate the achievement of a performance milestone and project completion in accordance with this Implementation Plan; and
 - (d) all aspects of the delivery, management and performance of the project including the management of all risks.

FINANCIAL ARRANGEMENTS

14. The maximum financial contribution to be provided by the Commonwealth for the project is \$9.55 million payable in accordance with performance milestones set out in Table 1. All payments are exclusive of GST.

MILESTONES AND REPORTING

Table 1: Performance milestones and associated payments

Performance milestone	Expected due date	Amount
(i) Agreement to the Implementation Plan	15 December 2010	\$0.97m
(ii) Final design and project work plan completed and submission of a progress report to the satisfaction of the Commonwealth	28 February 2011	\$1.0m
(iii) Site preparation completed and submission of a progress report to the satisfaction of the Commonwealth, in line with approved project work plan	31 March 2011	\$2.0m
(iv) Commence refurbishment works and submission of a progress report to the satisfaction of the Commonwealth, in line with approved project work plan	31 July 2011	\$4.0m
(v) Submission of a progress report to the satisfaction of the Commonwealth, in line with approved project work plan	30 November 2011	Nil
(vi) Completion of refurbishment works and submission of a progress report to the satisfaction of the Commonwealth, in line with approved project work plan	31 March 2012	\$1.0m
(vii) Submission of final report the satisfaction of the Commonwealth	31 July 2012	\$0.58m

Notes: The Project Work Plans must set out the timing for the project, including the preparation of the site and as a minimum must also include and address the following:

- (a) floor plans including elevations;
- (b) schedule of accommodation;
- (c) cost plan; and
- (d) project program and cashflow.

15. Any Commonwealth financial contribution payable will be processed by the Commonwealth Treasury and paid to Queensland Treasury in accordance with the payment arrangements set out in Schedule D of the *Intergovernmental Agreement on Federal Financial Relations*.

BUDGET

16. The overall project budget (exclusive of GST) is set out in Table 2.

Table 2: Overall project budget (\$9.55 million)

Expenditure item	2009- 2010	2010- 2011	2011- 2012	2012- 2013	2013- 2014	Total
(i) Commonwealth contribution	0.0	3.97	5.0	0.58	0.0	9.55

17. Having regard to the estimated costs of projects specified in the overall project budget, Queensland will not be required to pay a refund to the Commonwealth if the actual cost of the project is less than the agreed estimated cost of the project. Similarly, Queensland bears all risk should the costs of a project exceed the estimated costs. The Parties acknowledge that this arrangement provides the maximum incentive for Queensland to deliver projects cost-effectively and efficiently.

REPORTING

18. Queensland will provide progress reports to the Commonwealth to demonstrate its achievement of performance milestones set out in Table 1

19. Each progress report is to contain comprehensive information on the following:

- a description of actual performance of the State in the period to date against the performance milestones and project budget;
- details of any matter(s) that have arisen which could impact on the achievement of the Project Objective, and how Queensland proposes to resolve this/these matter(s);
- promotional activities undertaken in relation to, and media coverage of, the project during the reporting period; and
- a description of the work that will be undertaken to complete the remaining performance milestones and any expected promotional opportunities during the next reporting period.

20. Where Queensland is required to report against a significant construction milestone as specified in Table 1, the performance report must include a declaration from the contractor to Queensland Health indicating that the milestone has been achieved.

21. Other evidence¹ that may be submitted to the Commonwealth to demonstrate that a milestone has been met includes:

¹ Evidence to demonstrate that the milestone has been achieved is not limited to the information provided at paragraph 21. This has been provided as guidance only. The Commonwealth, from time to time, may request additional information to ensure it is satisfied that the milestone has been met.

- dated photographs;
 - schematic designs;
 - tender advertisements;
 - letters to offer contracts;
 - letters of contractor acceptance;
 - certificates of practical completion and occupancy; and/or
 - contractor / project director's reports.
22. The final progress report is due within 90 Business Days of the completion of the project or termination of this Implementation Plan.
23. If either party becomes aware of any matter which would affect the submission of the final report, this must be raised at least 30 days before it is due.
24. The final progress report will be a stand-alone document that can be used for public information dissemination purposes regarding the project and must:
- describe the conduct, benefits and outcomes of the project as a whole;
 - evaluate the project, including assessing the extent to which the objective in this Implementation Plan has been achieved and explaining why any aspects were not achieved; and
 - include a summary of the outcomes relating to the matters raised as per paragraph 23.