VERSION 0.D – 17/04/2025

Kings Meadows Community Health Centre

Submission to the Parliamentary Standing Committee on Public Works

Business Unit **Infrastructure**
Department of **Health**

Tasmanian Government

Document Development History

Build Status

Version	Date	Author	Reason	Sections
0.A	6/3/25	Rebecca Ramage	Initial draft	all
0.B	11/3/25	Rebecca Ramage	Edits	Project Summary and Sections 2.2/3.1
0.C	31/3/25	Rebecca Ramage	Edits (for JS)	1.2,2.2,2.3,4.1
O.D	16/4/25	Rebecca Ramage	Edits (for JH)	3.1, 3.2, 4.2.1 & 6.1

Amendments in this Release

Section Title	Section Number	Amendment Summary
Overall project cost summary table	3.1	Additional breakdown of costs
Commentary on Overall Project Cost Summary Table	3.2	Replaced – commentary on costs validated by a quantity surveyor
Expected outcome	4.2.1	Added population data and needs analysis
Risk	6.1	Risk mitigation methodology

Distribution

COPY NO	VERSION	ISSUE DATE	ISSUED TO
1	0.B	17/3/25	Julie Seeber for comment
2	0.C	31/3/25	Julie Seeber for review and approval
3	O.D	16/4/25	Jon Hughson for review and approval
4	O.D	17/4/25	Fiona Lieutier for review and approval

Table of Contents

	NAME	DATE
Endorsed by:	Richard Rainbird Senior Project Manager Infrastructure	07/03/2025
Endorsed by:	Julie Seeber Nursing Director Sub Sub-Acute & Ambulatory Services	14/4/2025
Approved by	Jon Hughson A/Director, Programming and Delivery Infrastructure Services	17/04/2025
Cleared by	Fiona Lieutier Chief Executive, Hospitals North	

1 Introduction

1.1 Project Name

Kings Meadows Community Health Centre Redevelopment.

1.2 Project Summary

The Kings Meadows Community Health Centre site consists of two buildings, the Joan Marshall building which is the smaller building and the Community Health building. Services delivered from this site include renal dialysis, social work, maternal health and child health and parenting services, home therapies, physiotherapy, podiatry and dental services.

The project's objective is to redevelop the Kings Meadows Community Health Centre Site commencing with a new renal unit via:

- Demolition of the Joan Marshall building
- Construction of a purpose-built 18-bay renal dialysis unit (on the site of the former Joan Marshall building)
- Civil works to the surrounding car park including safer pedestrian access and wayfinding, additional car spaces and soft landscaping to embed the building into its urban setting.
- Provision of additional footings at ground level to facilitate future expansion of the new Renal Unit that would allow six additional treatment bays, taking total treatment spaces 24 should demand increase further for the service.

1.3 Existing Renal Dialysis Service Delivery

Currently, renal services are delivered from the existing Community Health building. Services have been delivered from the Community Health building for the past fifteen years when the centre was retrofitted for renal treatment.

As part of the commission for the architects to develop a design for the new renal unit, a building condition report was undertaken on the Community Health centre. The report details significant issues with the building including:

- Water ingress and sub-floor undermining, with evidence of rising damp
- Visible cracking throughout the building indicating movement
- Windows and window furnishings at the end of their useful asset lifecycle
- Capacity and function no longer fit for purpose
- No fresh air capacity
- Non-compliance with Australasian Health Facility Guidelines
- Non-compliance with the Disability Discrimination Act
- Non-compliance with car parking allocation and accessibility
- Non-compliance with Local Government Association of Tasmania Standard Drawings for two-way traffic flow

1.4 Renal Dialysis in Northern Tasmania – evolving needs

The Launceston General Hospital (LGH) is designated as a Level 5 Nephrology Service and its Department of Renal Services provides renal services for the population of North and Northwest Tasmania. As a Level 5 service, the LGH provides nephrology support and coordinated care for patients with acute renal failure, chronic kidney disease and end-stage kidney disease. It also provides ambulatory dialysis services from the following centres:

- LGH In-Centre Unit - six haemodialysis chair units provide haemodialysis and acute renal treatments for inpatients, private hospital inpatients and acute outpatients
- Launceston Satellite Unit at the Kings Meadows Community Health Centre - 16 haemodialysis chairs providing a satellite haemodialysis service for stable outpatients and Home Base Therapy Services – Peritoneal Dialysis and Home Haemodialysis – training and support.
- Northwest Satellite Unit at Parkside Burnie - 15 haemodialysis chair unit providing a satellite haemodialysis service for stable outpatients.

1.5 The new renal unit addresses several needs:

- Building agility and responsiveness into the Tasmanian health service, allowing it to meet the changing health needs of the community.
- Built infrastructure that supports clinicians and health professionals to deliver superior service to the community safely and more efficiently.
- Building in redundancy, allowing for future expansion of services as the health needs of the community and models of care change and evolve in the future.
- Support and capacity for the social model of health, that is engendered from community health centres such as the Kings Meadows Community Health Centre.
- Contribution to renal dialysis treatments.
- Supports the strategic ambitions of *Our Healthcare Future 2040:* better and more accessible community care, strengthening prevention, partnering with Consumers and Clinicians and delivering the Health Infrastructure of the Future.

1.6 The progress to date includes:

- Successful application for funding from the Australian Government Community Health and Hospitals Program (CHHP) $10 million for the new renal unit and associated civil works
- Appointment of a Project Manager to lead the project
- Award of a Contract for a lead design consultant (Architect)
- Award of a Contract for a Quantity surveyor
- Award of Contract for a Superintendent
- Approval of the Project Scoping Report
- Completion of a concept design
- Approval of the Schematic design
- Commencement of the detailed design for Tender issue
- Approval of a development application with Launceston Council for the new renal unit (demolition of the Joan Marshall building and construction of a purpose-built 18-bay renal dialysis unit)
- Development of a Stakeholder and Community Engagement Plan (SCEP)
- Preparation of an approach to the construction market for the procurement of a lead contractor to undertake the works

- Successful amendment to the development application

1.7 Project Location

The project is located at 22 McHugh Street Kings Meadows, Launceston, Tasmania, the whole site is named Kings Meadows Community Health Centre and consists of two separate buildings joined by external walkways and car parking.

The site is at the end of a no-thru road which is flanked by residential homes. The centre backs onto a council car park, commercial retail, and the Launceston Golf Club. The site is well-serviced by public transport and pedestrian walkways, as well as arterial roadways delivering clients to the centre.

Figure 1 Kings Meadows Community Health Centre 22 McHugh Street Kings Meadows

1.8 Related Projects and Strategic Context

This project is underpinned by the Long-Term Plan for Healthcare in Tasmania 2040, June 2023, in that it is consumer-centred, collaborative, integrated, equitable, and evidence-based. Further, it meets the strategic ambitions of the plan by providing better accessible community care and delivering health infrastructure for the future.

2 Project Scope

2.1 Problem / Opportunity Statement

The drivers for this project are twofold: the first is a requirement to meet the increased clinical need for additional renal dialysis services in the North of Tasmania. Demand stems from an ageing population living with complex long-term comorbid health conditions and a lack of subacute, primary, community and home-based services. More ambulatory care services are needed to minimise demand for emergency and acute inpatient services.

The second is to remove the renal service from an unfit-for-purpose-built asset that is at the end of its supportive lifecycle.

The existing building is inadequate in terms of storage, safety, natural light, and thermal comfort, nor does it provide a supportive health environment. Renal services share the building with allied health and oral health services, and therefore cannot expand to meet increasing demand.

The project offers the Tasmanian people sustainable growth, through a purpose-built renal unit that will adapt to changing health needs within a safe, supportive and welcoming environment for staff and patients.

2.2 The Project

The redevelopment project is within the funding allocation from the Australian Government, allows detailed clinical planning to be undertaken to direct future redevelopment onsite, enables a more manageable decanting methodology and maintains continuity across all services.

The redevelopment will commence with the demolition of the Joan Marshall building and the construction of a new 18-bay renal dialysis unit, increasing the capacity from the current 16 bays.

The new unit will also be constructed to future-proof the service by including the installation of footings at ground level to allow for the future expansion of an additional 6 renal dialysis treatment bays if needed.

The table below details existing service capacity on site at the Community Health unit, the increased capacity once the new unit is built, and potential capacity to meet the expected increase in future demand.

Existing	16 treatment bays	32 treatments per day, 6 days a week = 192 treatments per week
New **(new renal unit)**	18 treatment bays	36 treatments per day, 6 days a week = 216 treatments per week
Future addition to the renal unit	6 treatment bays (additional, subject to additional funding)	48 treatments per day, 6 days a week = 288 treatments per week

During demolition and construction, all renal services and most allied health services will operate from the existing community health building. Upon completion of the new renal unit, the renal dialysis team will be relocated to the new into the new Renal Dialysis Unit.

Future redevelopment onsite at the Kings Meadows Community Health Centre will be subject to funding.

2.3 Scope of Project

The redevelopment project commences with the construction of a new Renal Unit. The phases of the project include feasibility and scoping, planning, design, construction and internal fit-out, commissioning and operationalisation. The new renal dialysis unit project will include:

- Design of a new 18-bay renal unit with footings providing capacity for an additional 6-bays to meet future increases in demand if required.
- Decanting of some services for the duration of the construction of the new renal dialysis unit.
- Demolition of the existing Joan Marshall building
- Construction of a purpose-built 18-bay renal dialysis unit
- Civil and soft landscaping works to the surroundings of the site to improve access, wayfinding and amenity for staff, patients, and visitors to the centre
- Relocation of the renal dialysis team into the new Renal Dialysis Unit

3 Project Cost

3.1 Overall Project Cost Estimate Summary Table

Base Project Cost Estimate (Construction plus Design & Management fees) *Includes Reverse Osmosis Water plantroom, ICT/Communications plantroom	$7,200,000
*Fittings, Fixtures & Equipment ICT/Communications, security room/treatment chairsx2, dialysis machinesx3	$1,784,800
Project fees (project manager/superintendent)	$644,000
Subtotal 1 Project Cost Estimate (construction, design and management)	***$9,538,000***
Stakeholder engagement	$51,200
*Art purchase	$80,000
Post Occupancy Allowance	$85,000
Principals Insurance (Construction Material Damage and Construction Liability)	$50,000
Relocation of services and storage (if required)	$150,000
Subtotal 2 (associated costs)	***$416,200***
Total Outturn Cost Estimate	**$10,000,000**

All cost estimates exclude GST

- Note: all existing renal treatment chairs (16) and dialysis machines (18) will be transferred from the Community Health building into the new renal unit.
- Note: This component of the redevelopment is funded by the Australian Federal Government and is not subject to the Tasmanian State Government Art Scheme. However, Art will be incorporated into the building either by image licencing for wall application or a piece of work by a Tasmanian artist.

4 Project Benefits

4.1 Expected positive outcomes and benefits to be delivered by the Project

The expected outcome of the project is a purpose-built 18-bay renal dialysis unit, for improved patient care, and increased capacity and efficiency within the healthcare system, namely:

- Increased capacity to provide18 treatment bays which equates to 36 treatments per day, six days per week.
- Provision for future building expansion by using building footings that would facilitate an additional 6 treatment bays
- Shorter waiting times for treatment which will improve patient experience and health outcomes
- Consistent access to dialysis within proximity of patients
- Improved physical and mental well-being for patients and staff in a new purpose-designed and built renal unit
- A specialised facility that will improve the quality and efficiency of dialysis treatments
- Integration of healthcare services in the Northern Tasmanian region
- A Community Health centre that can support the evolving health needs of the community
- Contribution to the social health model, providing strong community connections through health service and support for people with complex comorbidity illnesses,
- Agility to meet the projected needs of an ageing Tasmanian population (i.e., more ambulatory care to minimise demand on emergency and acute inpatient services).

Moreover, the new 18-bay renal dialysis unit will improve access to care, enhance patient outcomes, strengthen the local community, and demonstrate a commitment to healthcare infrastructure investment in public health.

The community will benefit from:

- proximity to care, thereby alleviating logistical challenges of accessing treatment
- service continuity and reassurance, strengthening the sense of community that the centre fosters
- provision of equitable access to essential healthcare, addressing disparity in medical services
- enhanced quality of life with improved physical and mental well-being for greater participation in family and community life
- a welcoming and supportive environment for patients and family/careers

The State will benefit from:

- increased capacity within the new renal unit to service more patients and alleviate pressure on emergency and acute inpatient services
- increased visitation to local businesses and demand for transportation, thereby boosting the local economy
- mitigation of complications through consistent dialysis treatments, which will reduce the financial burden on patients and the healthcare system
- improved community health and higher productivity

Building a new renal unit rather than refurbishing the existing building represents significant value for money and maximum benefit for the community. This is attributed to the new buildings' increased capacity, future expansion options, agility and fit-for-purpose design. Staged redevelopment mitigates the need to decant multiple services at once and the costs and time associated with this.

Also, renewing built assets within a community shows support for patients and the broader community who will see the government's commitment to the local area as an investment in their health and well-being.

4.2 Health Planning and Clinical Design Principles

There has been consultation with key stakeholders throughout the design development process to ensure the new renal unit meets the requirements of the renal service as well as emergency management, infection control requirements, Information and Technology requirements and building and regulatory codes.

ARTAS Architects have developed the design and specification in partnership with specialised sub-consultants regarding mechanical systems and engineering requirements. The design is aligned with the Model of Care and have been approved by the Department of Health and Renal Health clinical staff and management.

The design is guided by the following design principles:

1. Enable the person by providing a supporting environment that fosters health and wellbeing
2. Cultivate a calming environment to alleviate the stress associated with dialysis treatment
3. Provide visual and or physical connection to the outdoors and nature
4. Optimise workflow by providing adequate space for treatment stations, waiting areas and administrative spaces

4.3 Strategic Planning

The Kings Meadows Community Health Centre plays a vital role in providing comprehensive, coordinated, primary healthcare for the community. The centre provides primary care, illness prevention and health promotion at a one-to-one, group and community level interventions.

The Community Health Centre operates from a social model of health with a strong community connection to enable a better response to community health needs and the ability to influence better health outcomes sooner.

The new renal unit will emphasise a welcoming and accessible patient-centred approach to provide for an ageing population living with complex co-morbid health conditions. It will also support operational safety and efficiency.

4.4 Launceston Satellite Renal Unit – Kings Meadows

Once a person has reached end-stage renal failure, renal replacement therapy is required to sustain life. Options include haemodialysis, peritoneal dialysis, or kidney transplantation. Options for haemodialysis include satellite haemodialysis or Home haemodialysis.

The Launceston Satellite Renal unit was established at Kings Meadows Community Health Centre in 2010. The current building was designed with the premise that the patients undergoing dialysis there would be self-caring to a point i.e. be able to set up their own machine or prepare for haemodialysis to some degree.

The patients are now older, have less mobility and begin haemodialysis with complex co-morbidities which reduces their capacity to set up a haemodialysis machine or be self-caring.

4.5 Population data

The Tasmanian Government projects very small overall increases in population over the next 20 years in Northern Tasmania, but substantial shifts in the age mix to much higher proportions of residents aged over 65 years. This demographic change will have the largest overall impact upon future service demand, with demand for services for more people with complex, long-term conditions expected to rise.

The median age for Launceston and the Northeast at the 2016 census was 43 years, compared with 44 years, in the South and 40 years, in the Northwest respectively. Whilst the overall population growth in the primary and secondary catchments of the LGH is low, these people will be 65+ years old in the next 20 years which will impact on future demand for health services.

Reference: Kings Meadows Community Health Centre Expansion and Upgrade Project Strategic Services Overview, 30 May 2022.

4.6 Renal Service Need

There is a projected increase in the number of patients requiring renal replacement therapy including dialysis and renal care in the Launceston region. This is primarily due to an ageing population with an increase in the number of comorbidities and health complexities each patient presents with. The Launceston Satellite Unit at the Kings Meadows Community Health Centre currently has 16 treatment bays for haemodialysis treatment with a capacity to treat 32 patients per day five days a week.

4.7 Patient Flow Optimisation

The treatment bays encircle the nurse's station which is immediately encountered via the front airlock entry which assists with wayfinding. The eight central treatment bays have low walls to ensure visual access across the clinic for patient monitoring and people's safety.

Storage and services are consolidated and contained at the southern end of the building, while the staff room is at the opposite end of the building to provide a clear delineation between treatment space and staff space. The floor plate is divided economically to accommodate all functions within their zones.

4.8 Regulatory Compliance & Australian Health Facility Guideline:

The design incorporates all abilities access, in accordance with Australian Standard AS1428.1-Design for Access and Mobility. The design will adhere to fire safety, ventilation, and infection control regulations to ensure safe and efficient operations and the fundamental principles outlined in the Australasian Health Facility Guidelines.

5 Architectural Statement

ARTAS's design approach for the 18-bay Renal Health Unit is centred on patient comfort, operational efficiency, and connection to the local environment.

Patient-centred Design
The new Renal Unit will prioritise a welcoming and calming atmosphere in recognition of the extended treatment times that dialysis patients endure. The building will have abundant natural light, views to the landscape and neighbourhood beyond. Materials and colours are selected for their sense of warmth and well-being. The unit is designed to provide a restful, calming space to enhance the patient experience.

Efficient Clinical Workflow
The centralised nurse's station allows for constant monitoring of patients and passive surveillance for operational safety. The treatment bays are arranged predominantly around the outer wall with some bays centred adjacent to the nurses' station. This layout provides privacy whilst maintaining a visual connection for monitoring. Supporting spaces, like linen stores, clean stores, medicine rooms, and the Reverse Osmosis water plantroom, are positioned to optimise operational flow, minimise staff travel distances and improve service delivery.

Sustainability & Local Context
The building's design responds to the site, allowing natural light to penetrate throughout its interiors with views of nature and the neighbourhood beyond. Soft landscape will surround the building and be incorporated across the car park to embed the building to its urban surroundings and give shade and scale to the built form. The material palette references the textures and tones of the Tasmanian landscape, integrating timber look finishes to create a familiar and comforting environment.

Community Integration
In recognition of the importance of social connection in long-term healthcare, the renal unit includes communal areas that foster interaction while ensuring privacy where needed. A landscaped entry and lower-level courtyard will provide respite spaces for patients, visitors, and staff alike. This project represents a thoughtful blend of functionality and human-centered design, delivering a high-quality healthcare environment that supports both patients and caregivers in its suburban Launceston setting.

5.1 Entry

The entry will incorporate an airlock from the car park into the waiting room with a clear line of sight to the nurses' station to ensure staff and patients have clear view lines on entry and egress for safety and timely treatment. The Airlock will also help maintain the thermal comfort of people within the building.

5.2 Waiting Area

The waiting area off the airlock will feature comfortable all-abilities seating, filled with natural light, and level access to the nurses' station and renal bays beyond to ensure people with mobility issues can access treatment easily and safely. Power points and charging ports will be provided for patients to use their own devices while they wait for treatment. Muted tones and tactile finishes will be incorporated for a welcoming and calm first encounter with the renal unit.

5.3 Renal Bays

These spaces are primarily clinical and must function efficiently for staff and effectively for patients' dialysis treatment. Skylights have been incorporated in the ceiling over the eight internal renal treatment bays and large feature windows in all perimeter treatment bays with views into trees to create a calm light-filled environment.

5.4 Nurses Station

The nurses' station is centralised on the floor, with a clear line of sight to the main entry, waiting room, and renal bays. The desk height will provide for the safety, privacy, and also accessibility visually and physically for people who have mobility issues or use a wheelchair.

5.5 Materials and Colour Palette

Neutral and natural tones combined with warm tactile materials such as timber and textured finishes will be used to create a calming, welcoming environment throughout the unit. The palette is intentionally subdued to mitigate the stress commonly associated with clinical settings, and images of nature will feature to provide visual interest and a calming scene for patients' eyes to rest upon while undergoing dialysis treatment.

5.6 Lighting Design

Integrated lighting strategies, including accent lighting and natural light from expansive windows and skylights, will enhance the space giving people a connection to the world beyond and to natural light. Because the duration of renal treatments is typically 4 to 5 hours at a time, lighting over renal bays will be controlled by patients from their treatment chair to enable them to adjust the light for either a restful treatment or reading/viewing. Lighting will be used both functionally and emotionally to create spaces that are supportive of good health and well-being.

5.7 Incorporation of nature-inspired imagery

To enrich the healing environment, selected Tasmanian-inspired vinyl prints will adhere to walls to provide a calming scene for patients receiving dialysis treatment.

5.8 Building Materials and Reference Images

Selecting appropriate building materials for this project is an important decision that impacts the facility's safety, functionality, durability, and maintenance. Several factors are considered when choosing building materials for this development.

- Ease of construction with minimal ongoing maintenance
- Readily available off-the-shelf items
- Environmentally friendly/sustainable

5.9 Infection Control

The Renal Unit must prioritise materials that are easy to clean and disinfect. Non-porous and smooth surfaces are essential to prevent the buildup of bacteria and pathogens. Materials like solid surface countertops, antimicrobial paint, and seamless flooring are commonly used.

5.10 Durability

Medical facilities are high-traffic environments with a constant flow of people and equipment, some of which can be quite heavy. Materials will be durable and resistant to wear and tear, i.e., impact-resistant wall coverings and flooring designed for high-traffic areas.

5.11 Maintenance and Repair

The design of the renal unit will consider the ease of maintenance and the availability of replacement materials. Building materials that require minimal maintenance and can be easily replaced or repaired reduce downtime and operational disruption.

5.12 Fire Resistance

The building materials will be selected to comply with the relevant sections of the National Construction Code and relevant Australian standards.

5.13 Sound Control

The renal unit will require a quiet and healing environment, and sound-absorbing materials will be used to reduce noise levels, such as acoustic ceiling tiles, sound-absorbing wall panels, and noise-reducing flooring where allowable and required.

5.14 Patient Comfort

Patient comfort is a key objective of the fit-out of the unit. Materials will be selected to create a warm and welcoming atmosphere that can improve the patient experience. Soft colours, timber look finishes, and comfortable and accessible furniture will contribute to the overall patient experience.

5.15 Sustainability

Sustainable building materials and equipment that are eco-friendly and energy-efficient will be considered and used where possible. This includes using a percentage of recycled materials, low-VOC (volatile organic compound) paints, and energy-efficient lighting and heating and cooling systems. The use of concrete and steel has been minimised, the lower ground and ground floor slab will be made of masonry/concrete, and the wall and roof framing of the ground floor will be made from protometal timber.

All windows and skylights will be double-glazed with internal blinds to enable users to control the amount of direct daylight into the building. most of the windows will have external awnings to help deflect the sun in warmer months and allow it to penetrate the building in cooler months to assist with passive heating and cooling.

The demolition of the existing Joan Marshall building will involve separating building materials (i.e., timber, metal, and brick) for reusing/recycling to minimise the volume of material sent to landfill.

Existing healthy mature trees will be retained, and new soft landscape will be planted throughout the car park with concentrations of soft landscape near the building for improved amenity, legibility, and shade.

5.16 Cost Efficiency

Budget considerations are crucial, the design process will balance the quality and performance of materials with budget constraints. Building Materials and Reference images are presented in Appendix A.

6 Finance and Procurement

6.1 Preferred Procurement Method for the Project

An Open Tender will be advertised to secure the services of a lead contractor to undertake the demolition of the existing Joan Marshall building and the construction of the new 18-bay renal dialysis unit.

An Open Tender will result in a more competitive price, and diverse proposals and drive innovation and standards, mitigating the risk of monopolies and supply chain bottlenecks. Only Tenderers who are prequalified will be eligible to Tender, prequalification includes:

- Prequalification with Treasury and Finance in the 'Building Contractor – Institutional' Category to a value equal to or greater than $7,000,000.
- Accreditation under the Australian Government Building and Construction Work Health and Safety (WHS) Accreditation Scheme.

To ensure transparency and probity the procurement will adhere to the Department of Treasury and Finance's Treasurers Instructions and be guided by Health's Contract Service Team and the Procurement Review Committee. In addition, Crown Law will advise contract negotiations once a preferred tenderer is selected by the Tender Evaluation Panel.

6.2 Project Timeline

The project is not dependent on other projects however there are some dependencies, namely, vacating the Joan Marshall building to enable its demolition.

Permits and approvals to date are limited to:

- A Development application, approved by Launceston Council on 14/11/2024
- An amendment to the development application was submitted to Launceston Council on 3/3/2025 (the amendment included: minor internal changes, an additional emergency egress point with an all-abilities external ramp, and additional roof height to accommodate mechanical services so they do not have to be mounted on the roof). This amendment was approved on 21/3/25.

KEY MILESTONES/ DELIVERABLES	TARGET DATE	ACHIEVEMENT DATE
Project Brief		11/1/2022
Release RFQ/RFT For Consultant Appointment		7/3//2022
Consultant Appointment		22/4/2022
Release RFQ/RFT For SCEP Consultant		24/5/2023
SCEP Consultant Appointment		30/6/2023
Project Scoping Report Approval		25/2/2025
Briefing And Schematic Design Completion		7/2/2025
PSCPW on Capital Works Meeting Date	12/5/2025	
Construction /RFT Advertised	3/5/2025	
Contractor Appointment	11/8//2025	
Construction Commencement	10/9/2025	
Construction Finish	29/9/2026	
Contractual Practical Completion	6/10/2026	
Operational Readiness	20/10/2026	

7 Risk and Sustainability

7.1 Major risks, and proposed mitigation strategies

The Project Risks were identified by the Project Reference Group and Project Manager and rated using the Department's Risk Register template. The Project Risk Register is reviewed and updated regularly by the Project Reference Group and Project Manager.

7.2 The Key Project Risks are:

ID	Risk Category (project phase)	Risk/Opportunity Description	Risk level prior to mitigation	Mitigation	Residual risk
1	**Planning & Scoping**	Inability to vacate the Joan Marshall building (decant select teams to a suitable alternative location to continue services)	Medium (C/3)	Validate clinical needs with clinical staff research suitable property (Department properties and commercially leased properties) Seek assistance from Project Sponsor to determine the best fit for decanting location/s and team/s to decant Assist the nominated team to relocate	Low (C/1)
2	**Planning & Scoping**	The design does not meet the needs of the service	Medium (C/3)	Hold multiple design workshops with the nominated Project Reference Groups (PRG) at all stages of the design process (i.e., concept, schematic, detail design) and seek their input Manage input via either meeting minutes, approval sheets, and or Actions and decisions register and make this available to the PRG as a	Low (A/1)

				record of the needs, decisions and approvals Do not progress the design until approval has been given in the form of a signed document identifying the changes	
3	**Tender**	The project budget is insufficient	Medium (C/3)	Multiple quantity surveys have been completed throughout the design process (concept to detail design) and a final quantity survey will be provided before the Tender is advertised According to the quantity surveyor, the current local construction market is in a downturn and returning more realistic to lower prices in response	Low (C/1)
4	**Scope**	Scope creep	High (C/4)	Respond to the project Initiation Brief Develop a Scoping Report and have it approved before progressing the project Socialise the scoping report with the PRG and maintain its integrity alongside clinical needs Vs wants Provide reports to the Sponsor as needed Manage changes via Change requests Hold multiple workshops with the nominated PRG	Low (B/1)

				throughout the project lifecycle	
5	**Stakeholders**	Competing requirements/changing needs (scope creep)	High (D/4)	Develop a Stakeholder Communication and Engagement Plan (SCEP) Develop a Scoping Report and have it approved before progressing the project Manage changes via Change requests Provide reports to the Sponsor as needed	Low (C/2)
6	**McHugh St Residents** **Hobart Rd commercial operators**	Issues during construction (disruption, traffic volumes, noise)	High (D/3)	Stakeholder Communication and Engagement Plan (SCEP) Letter drops to impacted neighbours (mainly McHugh Street residents) before construction commences to alert them and provide a conduit for communications. The Department's consultant RPS will monitor all communications with the public and provide timely responses via phone, mail and email as required *(note a letter, flyer and poster have been developed and will be sent out and posted on*	Medium (D/2)

				the site on the date of the Tender advertisement)	
7	**Construction**	Latent conditions/principal caused delays	High (D/3)	Approved decanting plan to provide vacant possession of the site and allow for the demolition of the Joan Marshall wing Site assessment and building condition report completed on 24/3/2024 Resolved design including all information from PRG, Health ICT, Sub-Consultants, Emergency Management, & Infection Prevention Control	Medium (D/1)
8	**Construction**	Delay damages	Medium (C/3)	Timely provision of site, construction issue documentation, timely response to RFI's, timely assessment of payment claims, timely assessment of Extension of Time Claims Ongoing communications in line with the Stakeholder Communication and Stakeholder Plan	Low (C/1)

Risk Matrix reference

Medium	High	High	Very High	Very High	5 - Catastrophic
Medium	Medium	High	High	Very High	4 – Major
Low	Medium	Medium	High	High	3 – Moderate
Low	Low	Medium	Medium	High	2 – Minor
Low	Low	Low	Medium	Medium	1 - Notable
A - Rare	B - Unlikely	C - Possible	D - Likely	E - Almost Certain	

7.3 Major dis-benefits including likely impacts to the community and environment

Overall building the new renal dialysis unit is very beneficial for the community, however, some disadvantages may result including:

- High cost of construction and operational costs of maintaining the unit
- Limited access for people in distant or underserved locations
- Traffic and noise may increase with higher visitation.

Environmental disadvantages are limited; however, energy consumption, water usage, and medical waste can be negative without good design and efficient management. The long-term sustainability of the clinic relies on mindful planning and design, stakeholder engagement, sustainable practices, and efficient management and operational practices.

7.4 Detail any sustainability strategies that will be adopted

Refer to Architects Statement point 4.4.7

8 Stakeholder Engagement

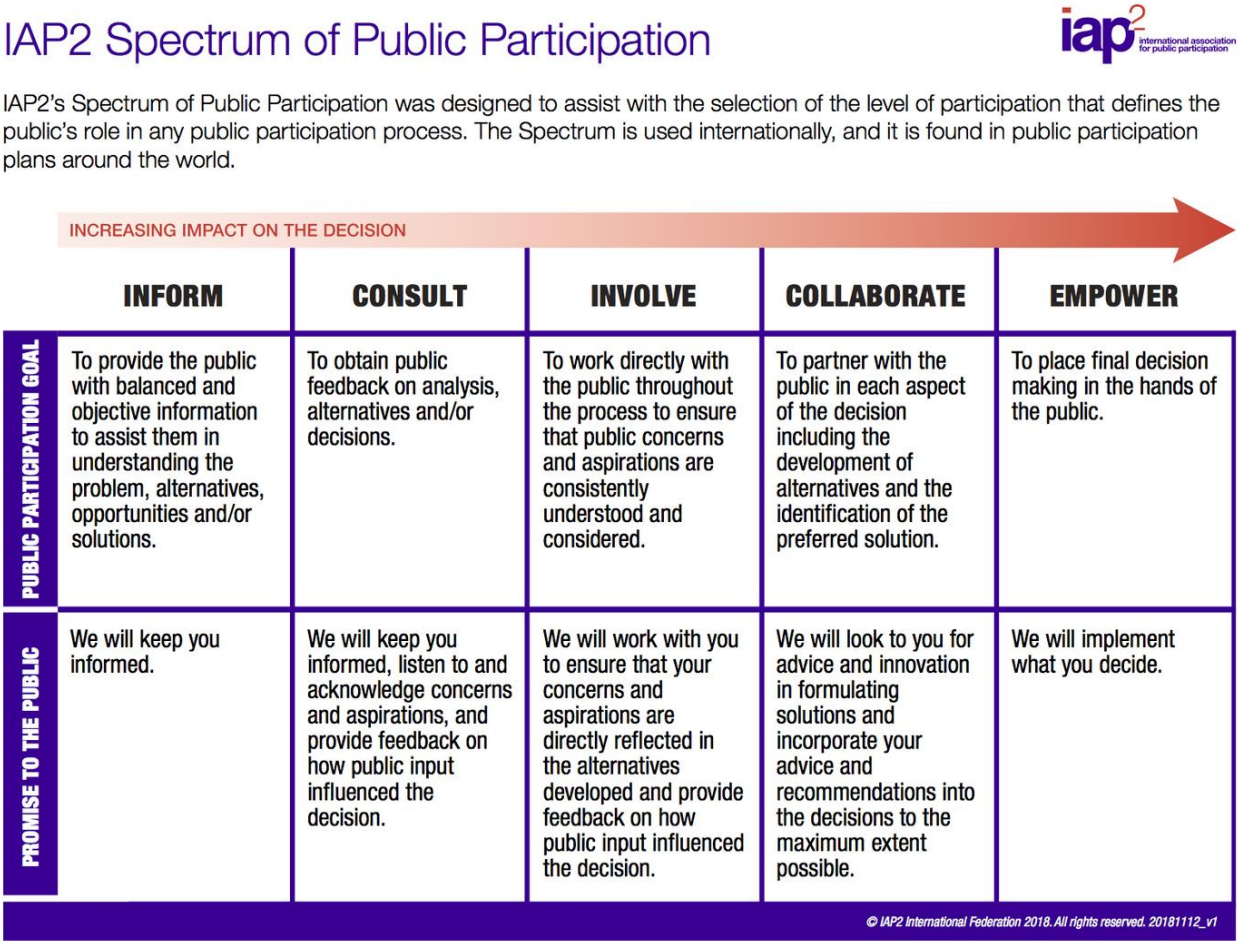
Stakeholder Engagement is managed by an active Stakeholder and Community Engagement Plan (SCEP). RPS has been appointed as the dedicated SCEP consultant for the duration of the Project.

8.1 Public and Stakeholder participation and consultation

Public and Stakeholder participation and consultation was developed as part of the Stakeholder and Community Engagement Plan using the Public Participation Spectrum developed by The International Association for Public Participation (IAP2).

The IAP2 Spectrum demonstrates the possible types of engagement with stakeholders and communities and shows the increasing level of public impact as engagement progresses from 'inform' through to 'empower'.

With a commitment to effective community engagement as part of Department of Health's core business through project planning, development, design, construction and completion, the engagement strategies and support.



IAP2 Spectrum of Public Participation

IAP2's Spectrum of Public Participation was designed to assist with the selection of the level of participation that defines the public's role in any public participation process. The Spectrum is used internationally, and it is found in public participation plans around the world.

INCREASING IMPACT ON THE DECISION

	INFORM	CONSULT	INVOLVE	COLLABORATE	EMPOWER
PUBLIC PARTICIPATION GOAL	To provide the public with balanced and objective information to assist them in understanding the problem, alternatives, opportunities and/or solutions.	To obtain public feedback on analysis, alternatives and/or decisions.	To work directly with the public throughout the process to ensure that public concerns and aspirations are consistently understood and considered.	To partner with the public in each aspect of the decision including the development of alternatives and the identification of the preferred solution.	To place final decision making in the hands of the public.
PROMISE TO THE PUBLIC	We will keep you informed.	We will keep you informed, listen to and acknowledge concerns and aspirations, and provide feedback on how public input influenced the decision.	We will work with you to ensure that your concerns and aspirations are directly reflected in the alternatives developed and provide feedback on how public input influenced the decision.	We will look to you for advice and innovation in formulating solutions and incorporate your advice and recommendations into the decisions to the maximum extent possible.	We will implement what you decide.

© IAP2 International Federation 2018. All rights reserved. 20181112_v1

The Stakeholder and Community Engagement Plan is presented in Attachment 1.

8.2 Record of Stakeholder Consultation

DATE	TYPE OF CONSULTATION	ISSUES RAISED	MANAGEMENT PLAN
Ongoing	Project Reference Group (PRG)	General Project progress, risk and issues management	The Project Governance Framework sets the escalation and resolution process for risks and issues.
Ongoing during the Design stage	Workshops with Business unit	Approval of fitness for purpose of the proposed Design.	Workshops and review until approval of 100% Design

8.3 Directly affected landowners and property acquisition

Residents of McHugh Street, Commercial businesses in Hobart St Kings Meadows and the Launceston Golf Course.

9 Compliance

9.1 List Commonwealth or State legislation triggered by the Project

The legislation triggered by the Project is limited to the Building Code of Australia.

9.2 Noise

Noise during construction works will impact renal and allied health services that will remain operational from the existing Community Centre building. Similarly, noise may impact nearby residents on McHugh Street, commercial businesses on Hobart Road, and the adjoining Golf Club.

Specific noise mitigation measures will be requested in the Tender documentation, the Lead Contractor will be required to provide a methodology for how they will go about the demolition of the Joan Marshall building and construction of the new renal clinic, including noise attenuation methods to the Department for approval.

9.3 Environment (Flora, Fauna, Landscaping and visual amenity)

The site has several mature trees that provide habitat for fauna, visual amenity to the streetscape and contributes to the canopy cover of the neighbourhood. These trees have been assessed by an Arborist, the trees will be managed under the dead, diseased or dangerous methodology. Additional tree planting and soft landscape will accompany the new building to soften its presence in the street and contribute to the visual and physical amenity of the site for staff and patients.

9.4 Heritage (Aboriginal and Historic)

No impacts on Aboriginal and Historic heritage values have been identified for the Project.

9.5 Planning Approvals

The planning approvals process for the Project include:

A development application was submitted to the Launceston Council on 25/9/2023 on behalf of the Department by the Architect, ARTAS, with the following details:

Applicant: Alisdair McPhee – ARTAS Architects
Proposed Development: Launceston Community Health Centre, Kings Meadows Redevelopment
Address: 22 McHugh St, Kings Meadows TAS 7249
PID: 6661272
Title: 119620/1

The proposal: Demolish the Joan Marshall building and construct a new 18-bay renal dialysis unit including reconfiguring the car park and associated infrastructure.
The development application was approved on 13/11/2024.

An amendment to the planning application was approved on 21/3/2025. The amendment included minor changes to the internal arrangement and an additional emergency evacuation door and ramp.

Appendix A: Reference Images

Existing Conditions

Figure 1 Community Health Centre and Joan Marshall Wing

Figure 2 non-compliant parking space across the site, minimum parking bay size is 2.6m x 5.4m under AS2890

New Renal Unit

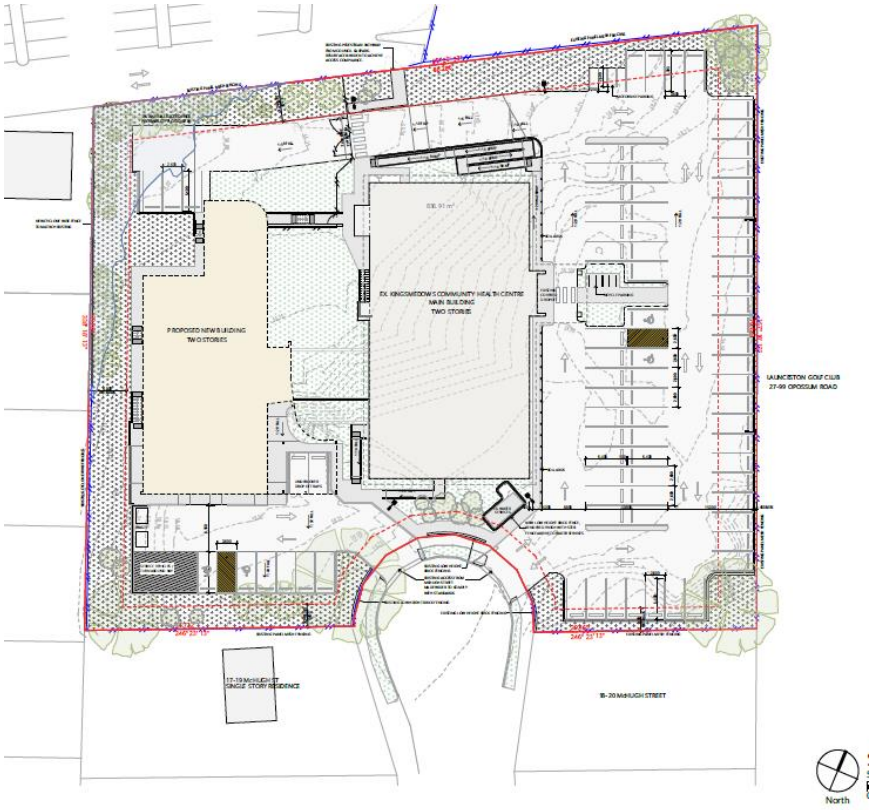


Figure 3 Site Plan

Figure 4: Floor plans, Ground (Renal Unit) and Lower Ground (Communications Room)

Figure 5 Front Elevation from McHugh Street (indicative render)

Figure 6 Rear Elevation (indicative render)

Figure 7 Indicative interior materials and colours (to be confirmed)

Figure 8 Indicative layout of renal bays

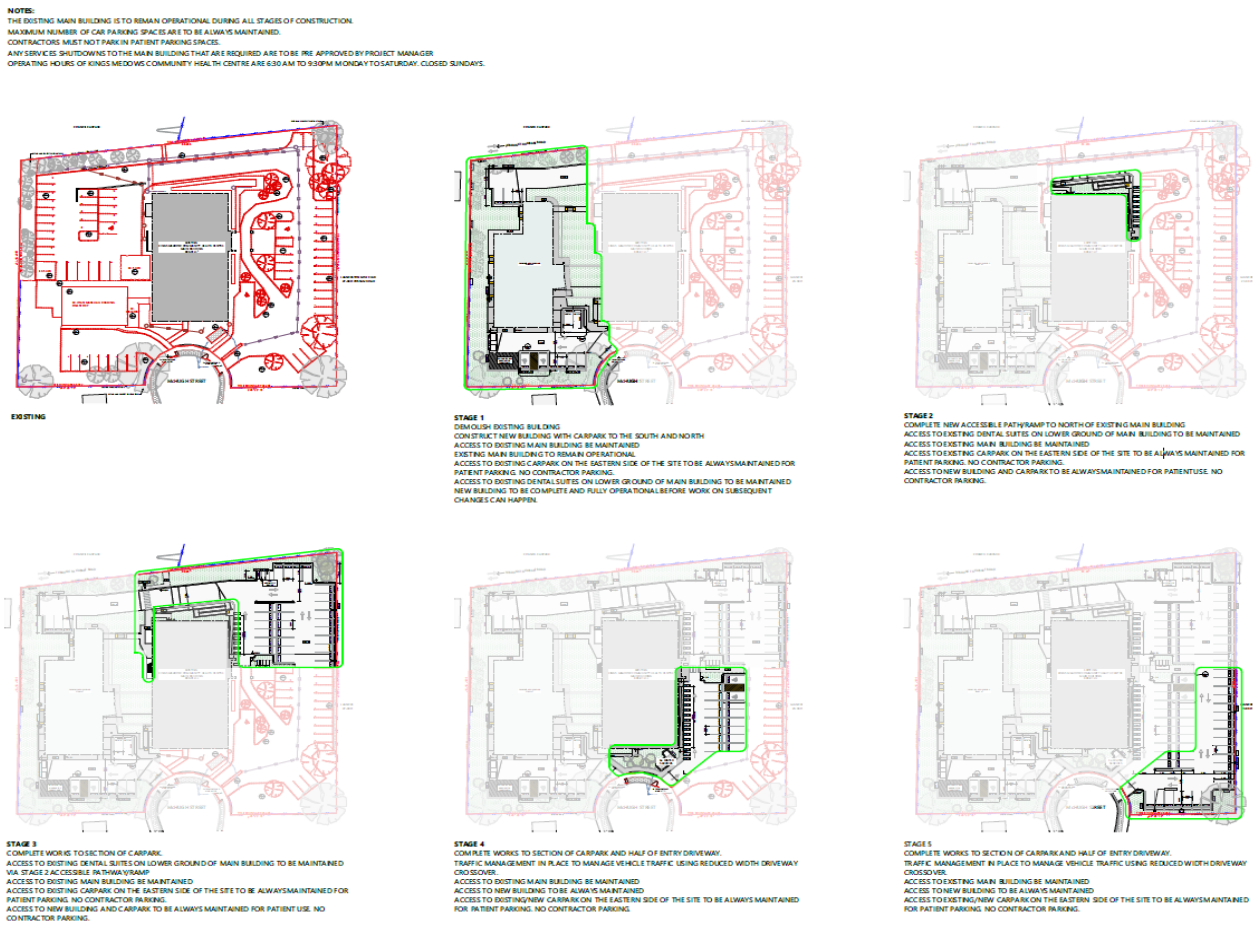


Figure 9 Construction Staging Plan - New Renal Unit

Appendix B: Stakeholder Consultation and Engagement Plan and Community Consultation & Feedback Report

DATE	Type of Consultation	Issues raised	Actions / Management
5/6/2023	Project Working Group (PWG) Project initiation meeting, virtual	Project background, briefing and plans shared	Ongoing design process, internal engagement and refinement
21/06/2023	PWG Workshop, virtual	Design planning workshop with Project Manager and Lead Designer	Ongoing design process, internal engagement and refinement
4/7/2023	PWG Workshop, virtual	Design planning workshop with Project Manager and Lead Designer	Ongoing design process, internal engagement and refinement
18/7/2023	PWG Presentation of Schematic Design, virtual	Schematic Design presentation	Ongoing design process, internal engagement and refinement
27/11/2023	PWG Project Update, virtual	Communicated that cost estimates by a Quantity Surveyor revealed that construction of a new building and expanded facilities cannot be delivered to a compliant standard within the available budget. Meeting topics: • Design to date • Estimated cost and market conditions	Ongoing project scope and budget process, internal engagement

DATE	Type of Consultation	Issues raised	Actions / Management
		• Funding availability • Next steps • Brief discussion.	
October 2024	Internal – Internal news article	Project update: Development Application, two stage	Internal communication
October 2024	Internal – Internal stakeholder emails	Project update: Development Application, two stage	Internal communication
October 2024	External – letterbox drop	Development Application, project update	Neighbours advised
11/7/2024	Internal meeting – Renal lead and KINGS MEADOWS COMMUNITY HEALTH CENTRE Manager, virtual	Project update, discuss latest proposal plans	Ongoing engagement and refinement
16/12/2024	Internal – Subject matter experts Onsite	Review of decant plan required Nurses station Sink location	Ongoing engagement and refinement
17/12/2024	Internal – Subject matter experts Onsite	Review of plans	Ongoing engagement and refinement
20/12/2024	Internal – virtual	Decant planning	Ongoing engagement and refinement
14/01/2025	Internal – onsite	Decant planning	Ongoing engagement and refinement
15/01/2025	Internal – onsite	Decant planning	Ongoing engagement and refinement
30/01/2025	Internal – virtual	Decant planning	Ongoing engagement and refinement

DATE	Type of Consultation	Issues raised	Actions / Management
05/02/2025	Internal – virtual	Decant planning	Ongoing engagement and refinement
13/02/2025	Internal – virtual	Decant planning	Ongoing engagement and refinement
19/02/2025	Internal – virtual	Decant planning	Ongoing engagement and refinement
05/03/2025	Internal – virtual	Communications and stakeholder engagement – Tender advertisement planning	SCEP
12/03/2025	Internal – virtual	Decant planning	Ongoing engagement and refinement
18/03/2025	Internal – virtual	Decant planning	Ongoing engagement and refinement
25/03/2025	Internal – Project Reference Group	Decant planning	Ongoing engagement and refinement