

SUBMISSION TO

**PARLIAMENTARY STANDING COMMITTEE ON PUBLIC
WORKS**

**WELLINGTON CENTRE AT 42 ARGYLE STREET
HOBART: FIT OUT AND AIR BRIDGE FOR
AMBULATORY CLINICS**

AUGUST 2011

PARLIAMENTARY STANDING COMMITTEE ON PUBLIC WORKS

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1. INTRODUCTION

Approval of the Parliamentary Standing Committee on Public Works is sought for building works to fit out leased spaces in the Wellington Centre building in Argyle St, Hobart, and to construct an air bridge across Argyle St.

The leasing of approximately 5000 m² will establish a much needed ambulatory care centre, which was previously to have been an element of the "New Royal". It will overcome existing lack of capacity and will support the on-site redevelopment by relieving congestion.

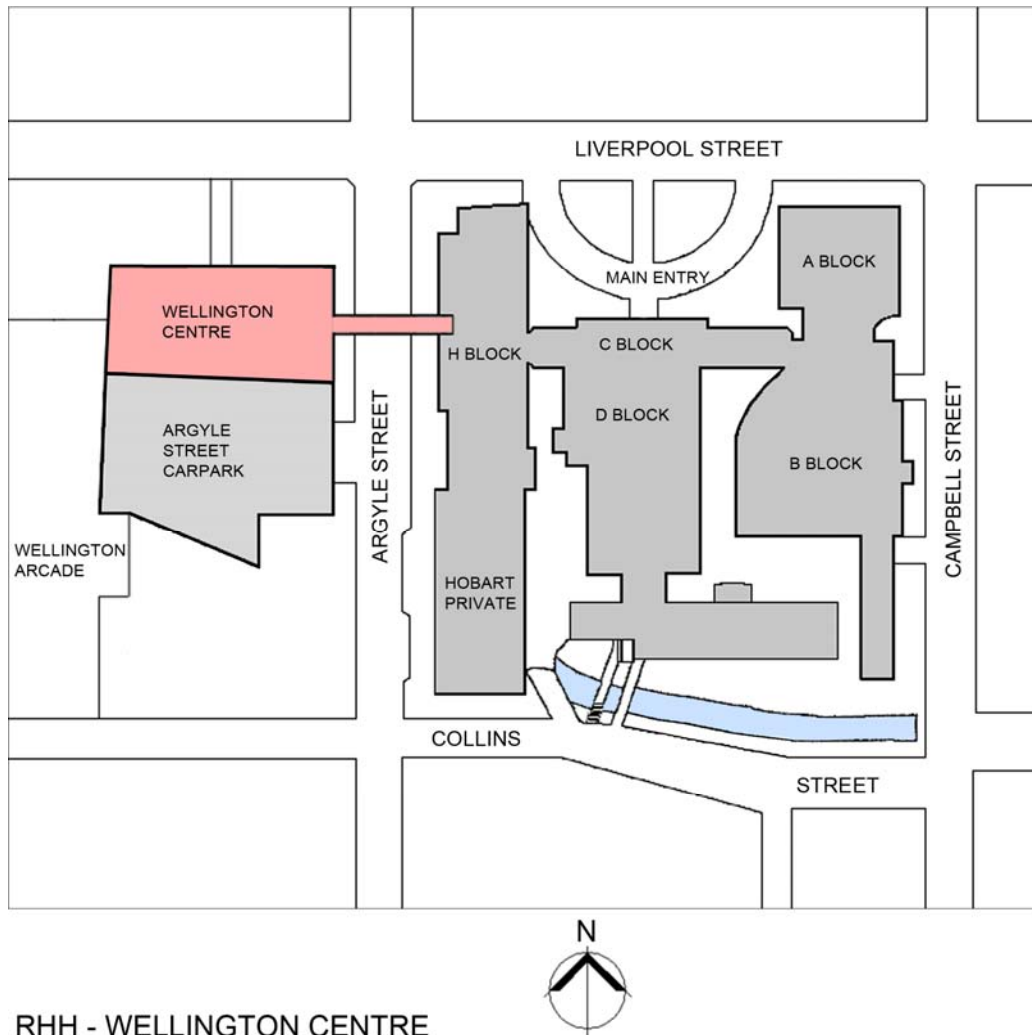
The clinics to be relocated are:

- Pharmacy
- Centrepath
- Specialist Clinics - Medical
- Specialist Clinics - Surgical
- Hand Physiotherapy
- Cardio Respiratory
- Audiology
- Ear, Nose, Throat (ENT)
- Eye Clinic
- Special Dental
- Oral Maxillo-Facial Unit
- Orthopaedics
- Plaster
- Medical Imaging (X-Ray only)

The Wellington Centre is owned by Sultan Holdings, and is currently under construction. Once complete, the Centre will include a Woolworths supermarket and 15 speciality retail shops, 6 levels of car parking connected to the existing Hobart City Council Argyle St Carpark, and approximately 6000 m² of leased office and consulting space. DHHS will be leasing ~5000 m², with one floor available for another tenant.

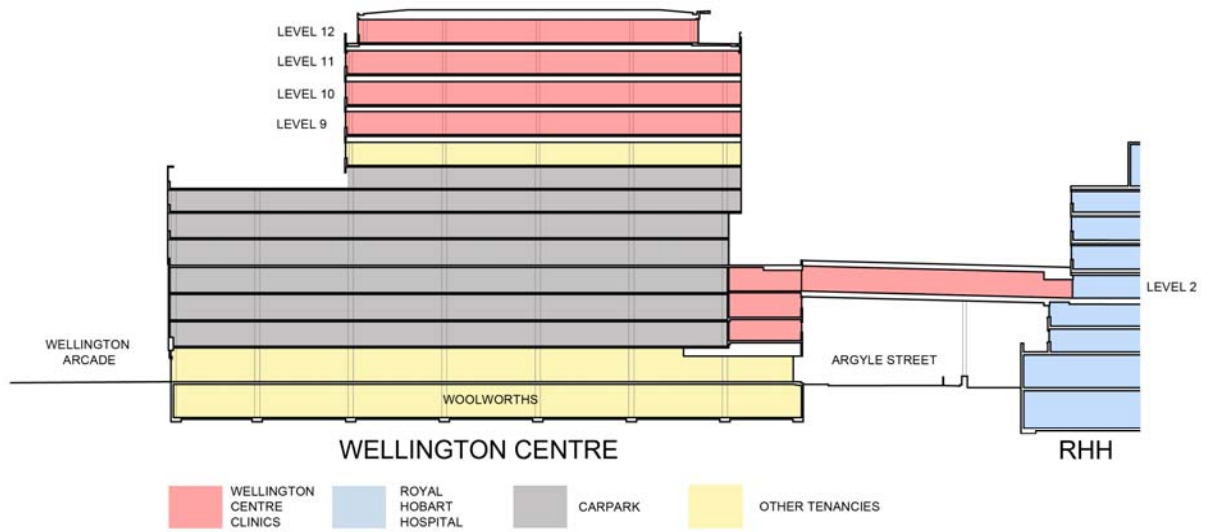
Key benefits of this project are:

- Provide vastly improved spaces for provision of the above clinical services, including the opportunity to gain additional revenue from additional services
- Move the above clinical services off the RHH site for the medium term, to free up existing spaces to be redeveloped and allow other projects to proceed.
- Proximity to the RHH (unique) enabling excellent access for clinicians working across sites and for patients referred to and from other services on the RHH campus.
- Excellent adjacent car parking for patients and their carers.



RHH - WELLINGTON CENTRE

Site Plan indicating the location of the Wellington Centre in relation to RHH Campus.



Section indicating Functional uses of the Wellington Centre and its sectional relationship with the RHH.



SITE PLAN

Ground Floor Plan showing Wellington Centre Clinics street level entry.

2. BACKGROUND

The Royal Hobart Hospital has existed on its current site for 190 years, with the oldest current buildings dating back to 1939. In recent decades a succession of expansions, redevelopment projects and upgrades have occurred in response to clinical needs but have been constrained by funding. Typically investment has been in tranches of less than 1% or 2% of replacement value.

Between 2006 and 2009, the Tasmanian Government investigated the feasibility of replacing the hospital on a Greenfield site. In May 2009, the Tasmanian Cabinet decided not to proceed with a Greenfield redevelopment and committed \$100 million over five years (Phase One) to keep the current campus safe and operational. The majority of this funding has been committed to urgent works and infrastructure upgrades, including the Wellington Centre project.

Other Phase One projects (the larger of which are already approved by PSCPW) include.

- Department of Medical Imaging: PET/CT Suite and improvements to Nuclear Medicine rooms
- Department of Medical Imaging Ultrasound and Fluoroscopy rooms
- Department of Medical Imaging Balance of Works – improved reception, reporting rooms and other staff spaces
- Department of Critical Care Medicine: Enlarged Intensive Care Unit, 9 additional beds
- Assessment and Patient Flow Unit
- Upgrade works in Emergency Department
- Equipment Store
- Engineering Workshops
- Kitchen upgrade
- Infrastructure upgrades, including chillers, high and low voltage electrical works and fire separation works.

Additionally sums of between \$2 million and \$20 million have been secured for specific purposes including Cancer Services (A Block - North East corner of the Campus) and Day Surgery (off site).

The opportunity for major funding arose in late 2010 when the DHHS submitted a business case to the Commonwealth Health and Hospital Fund. This submission has been successful and the RHH now has the opportunity to make a quantum change in its operation to redevelop the campus to meet contemporary needs.

The overall RHH Redevelopment project now has confirmed funding of \$565 million for Stage 1, consisting of:

- (a) Phase One: \$100 million over 5 years “Keep safe and operational” funding (Phase One – as above).
- (b) Phase Two: \$100 million Federal funding for the creation of a Women’s and Children’s precinct.

- (c) Phase Three: \$365 million HHF and State funding to substantially redevelop the RHH in accordance with an established business plan, providing a new 13 level inpatient tower in the centre of the RHH site. This new building will provide accommodation for RHH's expanded Women's and Children's Services (Phase Two above), expanded diagnostic and interventional facilities and new inpatient wards. The redevelopment works will include a new main entry for the Hospital, a new internal circulation 'street' (part) and a new front entry atrium for the Integrated Cancer Centre. It will also include refurbishments and additions to other areas of the Hospital including the operating theatre suite and loading dock / supply areas.

Master Planning for Stage 1 (Phases Two and Three) and Stages 2 & 3 is underway, focusing on assessment of clinical needs and interaction between clinical units in order to plan the overall site for best efficiency and effectiveness.

Stage 2 will duplicate the Stage 1 inpatient tower. Stage 3 will develop an on-site ambulatory care centre on the site of the current H-Block. Stages 2 and 3 are currently unfunded and Stage 3 is expected to be 10 years into the future. The proposed Wellington Centre lease reflects this planning.

3. CLINICAL NEED

There is an increasing demand on RHH resources due to the ageing population and current and projected increase in the incidence of chronic disease. Ambulatory services at the RHH are either at or near to capacity. There is limited opportunity to increase the footprint of these services on the existing RHH campus, until later stages of the Redevelopment proceed.

The specialist outpatient services at the RHH provide high volume services including scheduled medical, nursing and allied health care to non-admitted patients that require the focus of an acute setting to ensure the best outcome for a patient. These include assessments pre- and post-hospital admission and management of medical conditions, including chronic disease and complex health problems. Patients are referred to outpatient services from a range of providers, including general practitioners (GPs), private medical specialists and medical practitioners in emergency departments, inpatient units and other areas of the hospital.

Historically clinic space has been allocated as space and time have become available. This has led to complimentary services, such as ENT and Audiology and Hand Physiotherapy and Plastics clinics, being located in different parts of the RHH campus. Patients are required to travel long distances between these departments and administration functions are often complicated as a result of this. Clinical support services, such as Pharmacy and Radiology, are located in different blocks on the RHH campus. Patients currently attend their clinic appointments and then have to walk great distances in order to gain access to the necessary support services. This leads to a large amount of outpatient foot traffic all over the main campus.

Additionally, the establishment of clinics on site has reduced the space available for inpatient wards, contributing to inefficiencies.

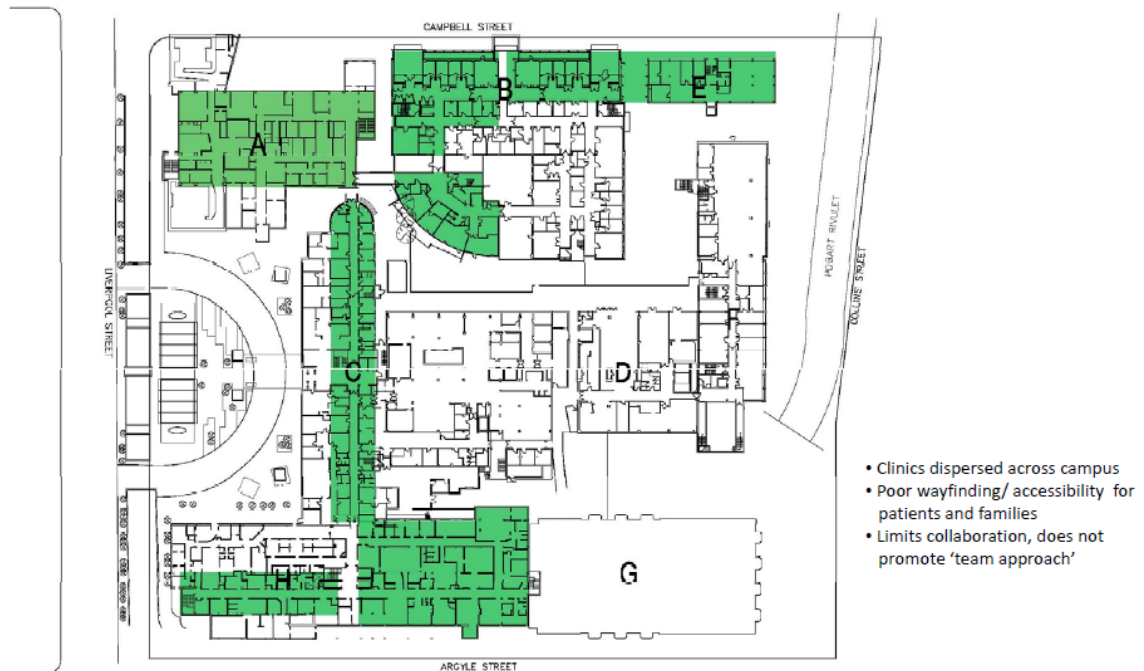
The Customer Service Unit receives regular complaints from patients and family members attending clinics who have to wait in corridors, often standing for extended periods of time. Complaints are also received from patients and family members required to provide confidential personal health details in the middle of a corridor with other patients within hearing distance. The issue of lack of privacy often arises in complaints – while patients reluctantly accept the fact their clinic appointment is held within cramped, unsuitable consulting rooms, this should not extend to patient's privacy being breached (unintentionally) due to the lack of appropriate clinic space. Referrals and discussions regarding patients are currently conducted in an open area within earshot of the waiting areas. This poses a significant risk of confidential information being overheard. There are currently no meeting rooms where meetings and confidential discussions can be held. Inadequate working space leads to confidential information being on display on computer screens in corridors used by patients and family members.

Inappropriate waiting areas increase risk of aggression and dissatisfaction of consumers. Administration staff are currently scattered throughout different parts of the specialist clinic area. Some are even located in other departments as a result of lack of space. This leads to inefficient administration of the specialist clinics and delayed actioning of referrals. Lack of space around the reception area where patients are required to queue causes blockage to corridors which is an Occupational Health and Safety (OH&S) risk.

Due to space constraints there are clinic rooms with more than one piece of equipment set up. Not only does this cause vastly overcrowded rooms, but it affects the efficiency of service delivery in that only one piece of equipment can be used at any time.

The large volume of Outpatient attendances (approximately 75 000 per annum) create a significant amount of foot traffic within the main campus. This increases infection control and OH&S risk, congestion in corridors and lifts and it complicates way finding.

Specialist Clinics will be greatly impacted by the RHH Redevelopment as clinics are currently spread over most blocks on the RHH campus.



Distribution of Existing Outpatient Clinics/ Allied Health

BENEFITS

Service related benefits

- Service modernisation and redesign of specialist outpatient services in line with best practice.
- Improved patient flow.
- Administration staff will be located in close proximity to nursing staff in order for complimentary tasks to be carried out more efficiently.
- More efficient use of equipment as multiple pieces will not be located in a single rooms as a result of space restraints.
- Complementary services can be grouped together for increased efficiency.
- Inclusion of procedure rooms to allow minor procedures such as removal of skin lesions and “lumps and bumps” will help alleviate the elective surgery waiting list.
- Expansion in clinics would allow an increase in attendance and address waiting list issues in these areas.
- The co-location of Medical Imaging (plain film only) will improve the patient journey as currently patients arrive at clinic then have to go down two floors to have an x-ray and then return to clinic.
- The co-location of a satellite Pharmacy for outpatient needs will considerably reduce the foot traffic to the main Pharmacy and again free up resources on the main campus, including space, to focus on inpatient requirements.
- The close vicinity of the Argyle Street car park to the clinics will significantly advantage patients, especially those with mobility issues, when attending clinic appointments.
- Considering the volume of Outpatient attendances (approximately 75 000 per annum), there will be a significant reduction in foot traffic within the main campus. This reduces infection control risk, congestion in corridors and lifts and it will improve way finding.

Improved models of care

- The Patient Focused Clinics Project was established in 2010 following site visits to leading facilities. The objective of this project was to address long standing issues in relation to delivery of outpatient services by implementing high impact service delivery improvements in line with best practice.
- The following working groups were established and reported to the Patient Focused Clinics Project Steering Committee on a monthly basis:
 - Governance
 - Models of Care/Workforce
 - Information Systems
 - Outpatient Performance Measurement
 - Sustainability
- Outputs from the Patient Focused Clinics Project include:
 - New models of care for nursing management of clinics
 - Identification of opportunities that will utilise expanded scope of practice for nursing and allied health in the delivery of outpatient service
 - Business cases supporting the introduction of automated arrival, electronic tracking of referrals and further integration with the DMR

- Identification of opportunities for application development to support the core business of outpatient services
 - Policies and model business rules supporting corporate governance.
 - A performance measurement suite for outpatients
- The Patient Focussed Clinics Project has been completed and recommendations are being addressed in line with the Wellington Centre Project.

4. ADDRESSING THE NEED: LEASING NEARBY SPACE

While it is not necessary that ambulatory clinics provided by the RHH are located *within* the RHH Main Campus, close proximity is required, to allow the easy movement of clinical staff and the occasional inpatient with specialist clinic needs (e.g. a car accident survivor requiring dental surgery), and provision of support services including cleaning, linen management and security.

In addition, patients must be able to easily access the clinics – while the clinics are for ambulatory patients, many of these patients cannot walk long distances and some cannot manage public transport. Close proximity of parking makes a considerable difference to these patients.

There are no sites available for DHHS purchase close to the RHH. The opportunity to lease space in a nearby building, with substantial adjacent parking, is therefore ideal, providing a medium term (10 to 14 year) solution for these clinics, while the RHH campus is developed and improved.

The long term plan includes moving these clinics back to the RHH campus: this option involves major demolition and rebuilding and the funding for this long term plan is uncertain (it is included in Stage 3 of the Redevelopment as outlined in Section 2).

The lease rental will be market rent, with the terms and conditions of the lease having regard to the functionality and other attributes of the Wellington Centre and is supported by independent valuation by the Valuer General.

Modifications to the Wellington Centre building are required, in order to accommodate the needs of clinical areas which are different to the needs of conventional tenancies such as office areas. These include modifying air conditioning and acoustic treatment, to allow for multiple rooms rather than an open plan environment and manage patient privacy. It is fortunate for DHHS that the Wellington Centre building is currently under construction, as these modifications are thus able to be carried out at reduced cost (compared to retrofitting a fully complete building).

5. ADDRESSING THE NEED: DESIGN RESPONSE

DESIGN PHILOSOPHY

The design philosophy for the new RHH Outpatient Clinics accommodated within the new Sultan Holdings development is:

- Best practice design to enable optimum clinical services;
- Patient Focussed;
- Innovative planning that provides efficient and effective workflow;
- High quality work and patient environment;
- Responsive to the new models of care for nursing management that were developed in the RHH Patient Focussed Clinics Project;
- In accordance with the Australasian Health Facility Guidelines (AHFG);
- To accommodate flexibility and adaptability for future changes;
- To optimise energy efficiency and maximise environmental benefits of natural light, views and indoor air quality;
- Incorporates best practice Environmentally Sustainable Fitout Design.

WELLINGTON CENTRE SPECIALIST CLINICS FITOUT

Circulation

The Wellington Centre Development, once complete, comprises:

- Lower Ground Floor Supermarket;
- Ground Floor Specialty Shops and arcade;
- 6 Levels of Carparking;
- 5 levels of Office Accommodation;
- 2 levels of Office Accommodation with the existing Argyle Street Buildings;
- 1 Level of Air Bridge circulation.

The Wellington Centre Specialist Clinics Project will be accommodated in 4 levels of office at Levels 9, 10, 11 and 12, together with Levels 1, 2 and 3 at Argyle Street.

Access to the Wellington Centre Clinics is via:

- Argyle Street Foyer;
- Level 3 Air Bridge
- Access to Level 3 Foyer via the carpark for ambulant patients.

The Wellington Centre Clinics are serviced by two dedicated lifts that have a lift car size suitable for accommodating hospital beds and accord with Building Class 9a (Hospital) BCA standards.

The major clinic floors (Levels 9, 10 11 and 12) are serviced by two stairs with security control, in addition to the lifts, that enables controlled and easy movement of staff between the floors.

FUNCTIONAL PLANNING

Site

A summary of the whole of facility planning is:

Ground Floor	Foyer, street level entry
Level 1	Pharmacy
Level 2	Centrepath (Pathology)
Level 3	Air Bridge link to RHH Campus and entry from main carpark
Level 9	Specialist Clinics – Surgical, including Hand Physiotherapy
Level 10	Specialist Clinics – Medical, including Cardio Respiratory Clinics
Level 11	Specialist Clinics – Audiology – Ear, Nose, Throat (ENT) – Special Dental – Oral Maxillo-Facial Unit (OMFU) – Eye Clinic
Level 12	Orthopaedics, including Medical Imaging and Plaster.

A summary of the functional planning issues are:

Grouping of complimentary services for increased efficiency and patient flow, i.e.:

Level 9	Hand Physio – Surgical Clinics
Level 10	Cardio Respiratory – Medical Clinics
Level 11	ENT – Audiology, Special Dental – OMFU
Level 12	Orthopaedics – X-ray – Plaster.

- Work flow design to separate client circulation/clinical work flow and a centralised clinical work area to allow streamlined clinical attendance;
- Design to best practice, incorporating Australasian Health Facility Guidelines together with RHH input for work flow efficiency;
- Patient presentation streamlined with integrated IT arrival / appointment / consultation software system.

Detailed Functional Planning

The design of the Wellington Centre incorporates:

- Common Reception and waiting areas for each floor, providing outlook and good access to natural light;
- Staff and Patient amenities are provided on each floor;
- Training/Meeting rooms on Levels 9 and 10 are available for 'whole of facility' staff;
- To provide high quality work environment and clinical spaces there has been extensive use of high level glazing to maximise natural light and reduce compartmentalisation whilst retaining visual and acoustic privacy;
- Detailed design incorporates RHH Infection Control input for finishes, ceiling tiles, light fittings, material selection, fixtures and fittings etc;
- Incorporation of IT, integrated building services and lighting system design with a high level of programming capacity, together with lightweight partition systems, provide long term flexibility and adaptability in accordance with DHHS requirements;
- Development to clinical functional space standardisation with RHH, to maximise functional use and efficiency;
- Staff areas have been planned to provide high quality amenity, including outlook/natural light and separation from clinical areas;
- Base building configuration of lifts largely predetermined the location of Reception/Waiting areas and access to patient amenities;

- Pharmacy and Pathology are located in the lower levels on Argyle Street. The planning of these spaces was contingent on the functional area requirements together with Pathology requiring close proximity to the Air Bridge for pneumatic tube reticulation.



Reception and Waiting Area, highlighting outlook and natural light.



Staff access to consulting rooms and break out space, providing space for clinical discussions and mentoring separated from patient traffic areas.

AIR BRIDGE

The Air Bridge Planning Permit was obtained by Sultan Holdings and the permit PLN-10-00324-01 was issued on the 5th July 2010.

The DHHS Consultant Brief required the consultant team to include the Air Bridge within the Wellington Centre Project. The design and documentation accords with the Planning Permit.

Design

The Air Bridge is owned by the DHHS/RHH. It connects the RHH Level 2 with Level 3 of the Wellington Centre. The floors are not coincident, accordingly the structure is an even gradient between the two buildings.

The Air Bridge is predominantly enclosed circulation space. Its key design features include:

- Integrated conduits that provide IT services that link the Wellington Centre with the RHH;
- Provision for future services with additional conduits;
- Pneumatic tube connection of Pathology/RHH for the rapid transit of collected samples for analysis;
- Seating within both the RHH and the Wellington Centre for ambulant patients.

The design of the Air Bridge is a light and open structure, which was developed by Sultan Holdings in consultation with HCC and the Tasmanian Heritage Council. The brick facade of the Argyle Street building within the Sultan Holdings Development is Heritage Listed, as is the Royal Hobart Hospital Site.

The Air Bridge is a composite steel truss to accommodate the construction span, with extensive glazing to the perimeter. The Hobart City Council Planning Approval requires an opaque film to 1000mm high be applied to the Southern facade, to prevent motorists being distracted by people moving across the Air Bridge.

Construction

The Air Bridge structure is connected to both the Wellington Centre and RHH H Block. There is a structural column at Argyle Street level and an integral concrete wall that has been designed to withstand vehicle impact and protect the Air Bridge Column.

HCC have been consulted to integrate the street level works into their long term urban design requirements for the RHH/Argyle Street precinct.

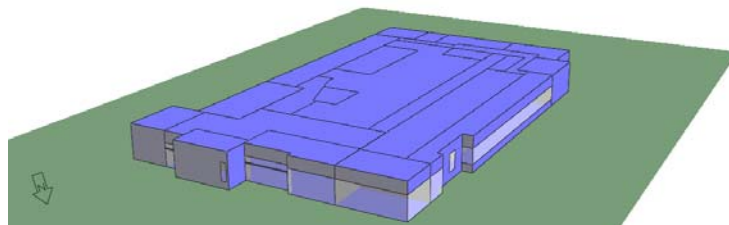
ENVIRONMENTALLY SUSTAINABLE DESIGN

Mechanical Services

Variable Refrigerant Flow (VRF) systems have been nominated by the Developer for the air-conditioning systems. VRF systems are an effective means of providing energy efficiency. They minimise fan power by providing local indoor fans and employ heat recovery between zones requiring heating and zones requiring cooling. They also have high efficiencies owing to the sharing of spare heat exchanger area across multiple zones.

Use of Building Thermal Modelling: Particular attention was paid to two areas by conducting extensive thermal modelling:

- The northeast and northwest perimeter zones on Levels 9, 10, 11 and 12. These areas have high occupant density and are subject to high incident solar energy. The modelling was able to confirm the need for high performance glazing to minimise the solar heat gain and also reduce transmission loss. The resulting double glazing with low E film is a good example of contemporary best practice in glazing.



- The Air Bridge has been designed for limited heating and airconditioning to minimise energy consumption whilst maintaining acceptable inside temperatures. Modelling has been used in this instance to provide guidance on the actual conditions which may be experienced within the Air Bridge.

Electrical Services

Energy efficient luminaires have been installed utilizing T5 lamps. The lighting design has incorporated a DALI control system that allows smart dimming and switching of fluorescents that minimise usage when natural light is available, or movement has not been detected. This system significantly reduces ongoing maintenance and energy usage.

Hydraulic Services

An instantaneous recirculating Natural Gas Hot water system has been designed for all levels. The system incorporates solenoids that control the flow and usage of the gas when the building is unoccupied. This will significantly reduce energy usage.

ENGINEERING SERVICES DESIGN

MECHANICAL SERVICES

Design aspects of the mechanical (air conditioning) system, in addition to the ESD aspects outlined above, include the following:

Zoning is provided to special use areas such as meeting rooms and staff rooms in addition to the standard perimeter and interior zones.

The supervisory control of the air conditioning systems (timing and temperature control) will be by the building owner. RHH Facilities staff will be able to view current system status and conditions via access to an Ethernet based control system

The hours of operation of the mechanical plant are normal business hours. After hours operation will be provided at a zone by zone level through the use of 'afterhours' buttons. Central exhaust and fresh air systems will also operate whenever any part of the premises is occupied after hours.

The waiting areas which will have a high and variable demand of fresh air, therefore damper and pressure control will be provided to modulate the amount of fresh air delivered to these areas.

A thermostatically controlled ventilation fan will circulate air through each IT room from adjacent spaces.

ELECTRICAL SERVICES

Metering

Additional metering has been included allow close monitoring power consumption of individual floors. The meters will be connected through DHHS IT infrastructure.

All power and lighting sub-circuits will be provided with earth leakage protection and/or Medical/Cardiac protection as required as per AS/NZS3000:2007, AS/NZS 3003:2011.

General purpose power outlets (GPOs) will be provided throughout and Medical Outlets with the suitable level of protection throughout all treatment areas.

The Developer is providing a 250KVA generator that will be located on the roof platform and connected to the main switchboard. This generator will supply DHHS switchboards and Lifts 3 and 4 only with power in the event of a building (or Aurora) power failure. This essential power will be distributed to monitored fridges, treatment room and IT rooms.

Lighting

Lighting levels in treatment, consulting and other spaces will be in accordance with the recommendations of AS 1680.1 and AS 1680.2.5. All luminaires will be provided with a layin diffuser to meet the infection control requirements.

The lighting system is a DALI system that allows flexibility and dimming of all luminaires.

Local light switching using wall mounted single and multi-gang switch plates will be provided in consulting rooms and offices where specific on/off switching is required. Recessed motion sensors are proposed in spaces such as toilets, cleaners and utility rooms to ensure luminaires are not operating when there is no occupancy.

Exit and emergency lighting

Single point Exit and Emergency Lighting complying with AS 2293 will be provided throughout with test switches located in each distribution switchboard.

Communications

A new category 6 voice and data system backbone will be provided utilising four pair unshielded twisted pair (UTP) cabling and RJ45 outlets in a star topology. Two dual redundant 24 core, single mode optic fibre backbone infrastructure between each new communication rack to the Royal Hobart Hospital Communications Room will be provided.

Security / Access system

A new smart card access control system will be provided throughout the DHHS tenancy and adjoining areas as part of this project. This will be linked to the existing system in the Royal Hobart Hospital.

The system will also provide the duress alarm system connected back to RHH security. There will be localised displays indicating where the alarm has been activated in the Wellington Centre.

CCTV

A CCTV system will be installed through all public spaces with localised viewing screen in staff areas. The system will be connected back through the existing building management system that serves the RHH.

Public Address

A public address system will be provided throughout the site connected back to the RHH existing system. This system will be standalone and not connected to the EWIS speakers. The system will be zoned by each level.

FIRE SERVICES

Sprinklers

A sprinkler system complying with AS 2118.1 will be provided throughout all the DHHS tenanted areas with flow switches connected to each level.

Fire Detection

Smoke detection system will be provided throughout all levels. The installation will be in accordance with AS 1670. This is an RHH requirement, above the requirements of the Building Code of Australia, which will provide substantially increased patient and staff safety in the event of a fire.

Warning and Intercom System

A full control and intercom system complying with AS 1670.4 will be provided throughout the building. This will be activated by the sprinkler and detection system and have manual call points throughout the building. Warden intercom points will be provided on each floor.

HYDRAULIC SERVICES

The building is to be provided with sanitary and storm-water drainage, cold, tempered and hot water reticulation. All hydraulic services are to be designed and installed in accordance with AS3500.

Hot water shall be supplied to the site through a natural gas recirculating hot water system. The building shall be split into a number of loops to provide future flexibility for servicing and maintenance.

Tempering valves will be provided to sanitary fixtures to prevent hot water scalds, and temperatures will to be limited to 42 degrees.

6. PROJECT SCHEDULE

A summary project timeline is provided below.

Activity	2011				2012								
	Timing	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
PSCPW Presentation													
Tender for Fit Out & Air Bridge: advertise, review, appoint.													
Developer works to Base Building: construction													
Fit Out construction													
Air Bridge construction													
DHHS occupation of tenancy – refer below													

Construction Contractual Issues

The current proposal is that after the Developer works to each floor are completed, DHHS's Fit Out contractors will be able to commence on that floor. This will require close cooperation between Sultan Holdings' builder (Kerry Vince Builders) and the DHHS Fit Out contractor. Contract clauses are being developed to clearly define risks and responsibilities for all parties.

Staged Occupation

The current proposal is that as significant zones are completed, DHHS will move in and occupy these zones before other zones are complete. The current zones are:

- Levels 1, 2 and 3 (Pharmacy, Pathology & Air Bridge foyer)
- Levels 9 and 10 (Medical & Surgical Clinics)
- Levels 11 and 12 (Hand Physiotherapy; Cardio Respiratory; Audiology; Ear, Nose, Throat (ENT); Eye Clinic; Special Dental; Oral Maxillo-Facial Unit; Orthopaedics; Plaster; Medical Imaging X-Ray).

Unexpected construction delays may impact the practicality of this proposal; accordingly it will be reviewed as construction proceeds.

7. PROJECT BUDGET

The capital budget for the Wellington Centre Ambulatory Clinics project is \$12.2 Million, as below.

Design & Construction

Includes design consultants, CPI, escalation and contingencies

Fit Out	\$ 7,200,000
Air Bridge	\$ 1,500,000
Subtotal	\$ 8,700,000

Medical Equipment	\$ 1,500,000
IT including VOIP & Patient Appointment Management systems	\$ 470,000
Furniture, fittings & general equipment	\$ 400,000
Artworks	\$ 80,000
Set up & relocation costs	\$ 50,000
Subtotal	\$ 2,500,000

Initial rental contribution*	\$ 1,000,000
	\$ 12,200,000

The initial project budget was developed knowing that DHHS requirements for clinic space would be higher than a landlord would usually provide, in terms of building services such as air handling and acoustic protection. This is in part due to the medical needs of the space and in part due to the number of enclosed rooms on each floor compared to open plan office space.

Sultan Holdings, as the building owner, is installing those building services which would conventionally form part of Lessor's Works to DHHS standards and design. Sultan Holdings will continue to own and maintain these services over the life of the DHHS lease.

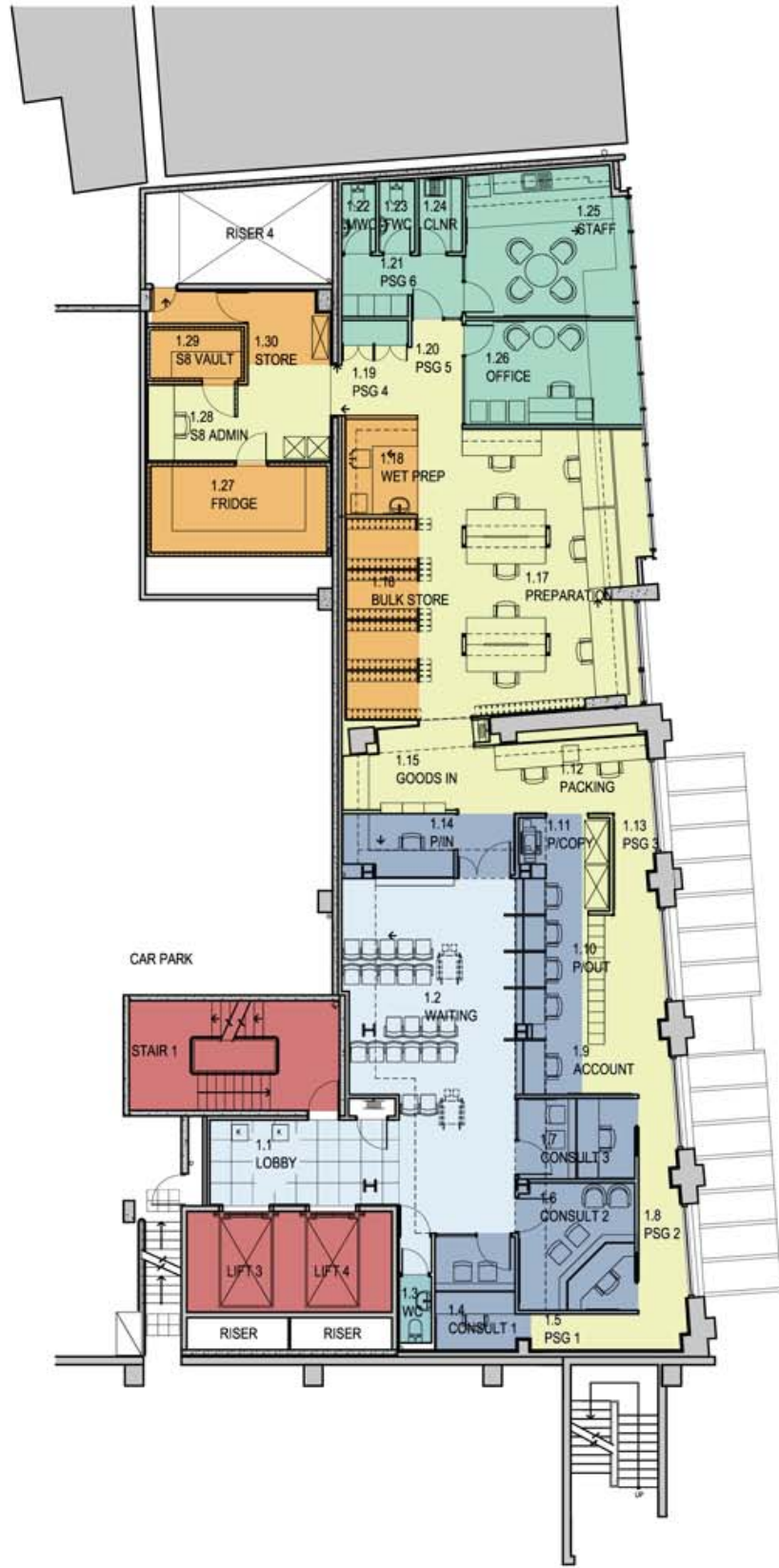
In order to minimise RHH ongoing recurrent costs, RHH has elected to make an initial rental contribution.

* The final amount to be confirmed once actual construction tenders are received.

8. RECOMMENDATIONS

The Wellington Centre: Fit Out and Air Bridge for Ambulatory Clinics project will provide considerably improved ambulatory clinic services and free up space up to allow other RHH Redevelopment projects to continue.

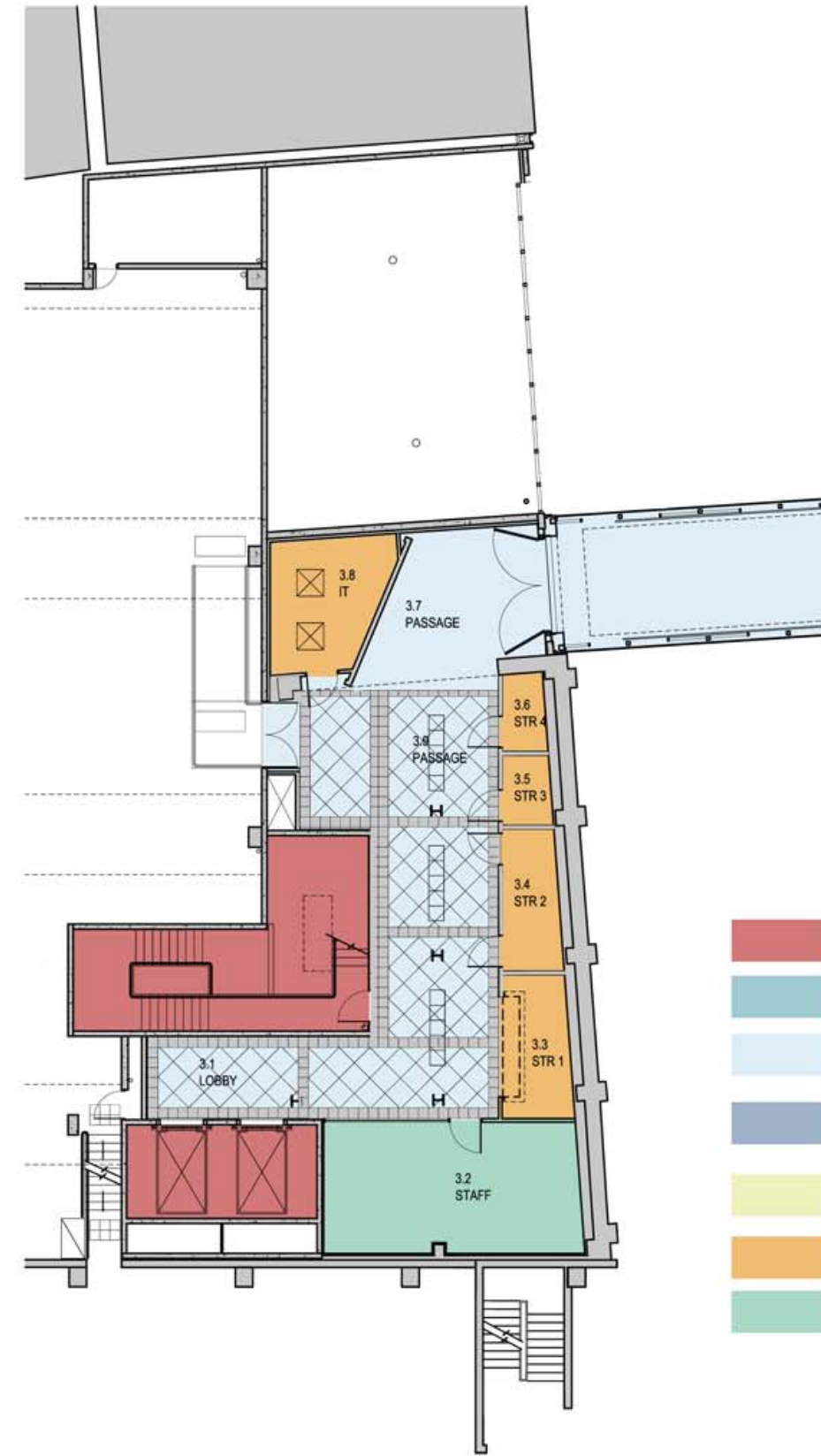
It is recommended that PSCPW approve this project.



LEVEL 1 FLOOR PLAN - PHARMACY



LEVEL 2 FLOOR PLAN - CENTREPATH



LEVEL 3 FLOOR PLAN - AIR BRIDGE LANDING

- VERTICAL CIRCULATION
- PUBLIC AMENITIES
- PUBLIC CIRCULATION
- CONSULT, PROCEDURE & TREATMENT ROOMS
- STAFF CIRCULATION / WRITE UP
- UTILITIES ROOM
- OFFICES / STAFF AMENITIES



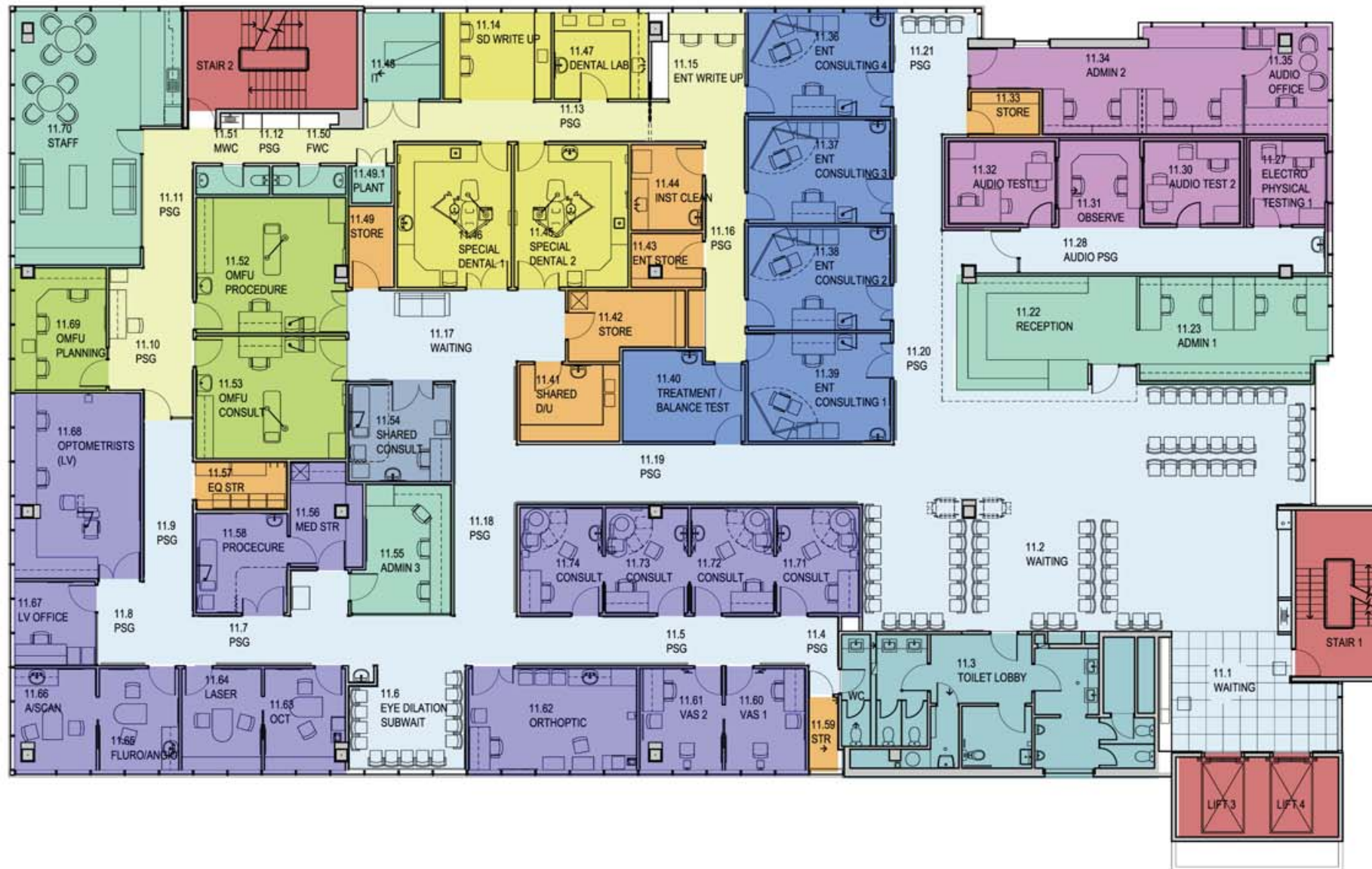
- VERTICAL CIRCULATION
- PUBLIC AMENITIES
- PUBLIC CIRCULATION
- CONSULT, PROCEDURE & TREATMENT ROOMS
- STAFF CIRCULATION / WRITE UP
- UTILITIES ROOM
- OFFICES / STAFF AMENITIES

LEVEL 9 FLOOR PLAN - SURGICAL



- VERTICAL CIRCULATION
- PUBLIC AMENITIES
- PUBLIC CIRCULATION
- CONSULT, PROCEDURE & TREATMENT ROOMS
- STAFF CIRCULATION / WRITE UP
- UTILITIES ROOM
- OFFICES / STAFF AMENITIES

LEVEL 10 FLOOR PLAN - MEDICAL



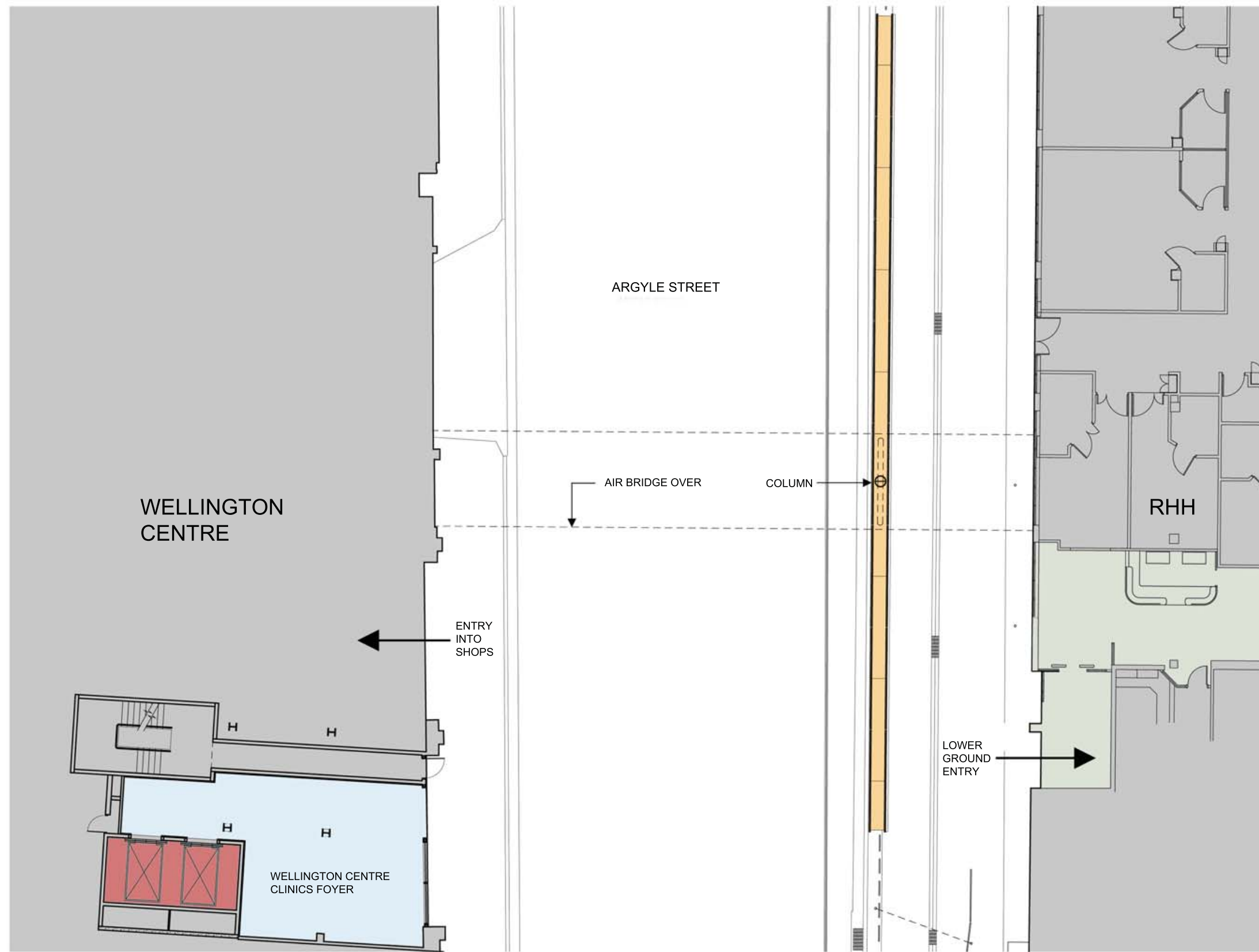
- VERTICAL CIRCULATION
- PUBLIC AMENITIES
- PUBLIC CIRCULATION
- CONSULT, PROCEDURE & TREATMENT ROOMS
- UTILITIES ROOM
- OFFICES / STAFF AMENITIES

- LEVEL 11 FLOOR PLAN -
- AUDIOLOGY
 - ENT
 - SPECIAL DENTAL
 - OMFU
 - EYE CLINIC



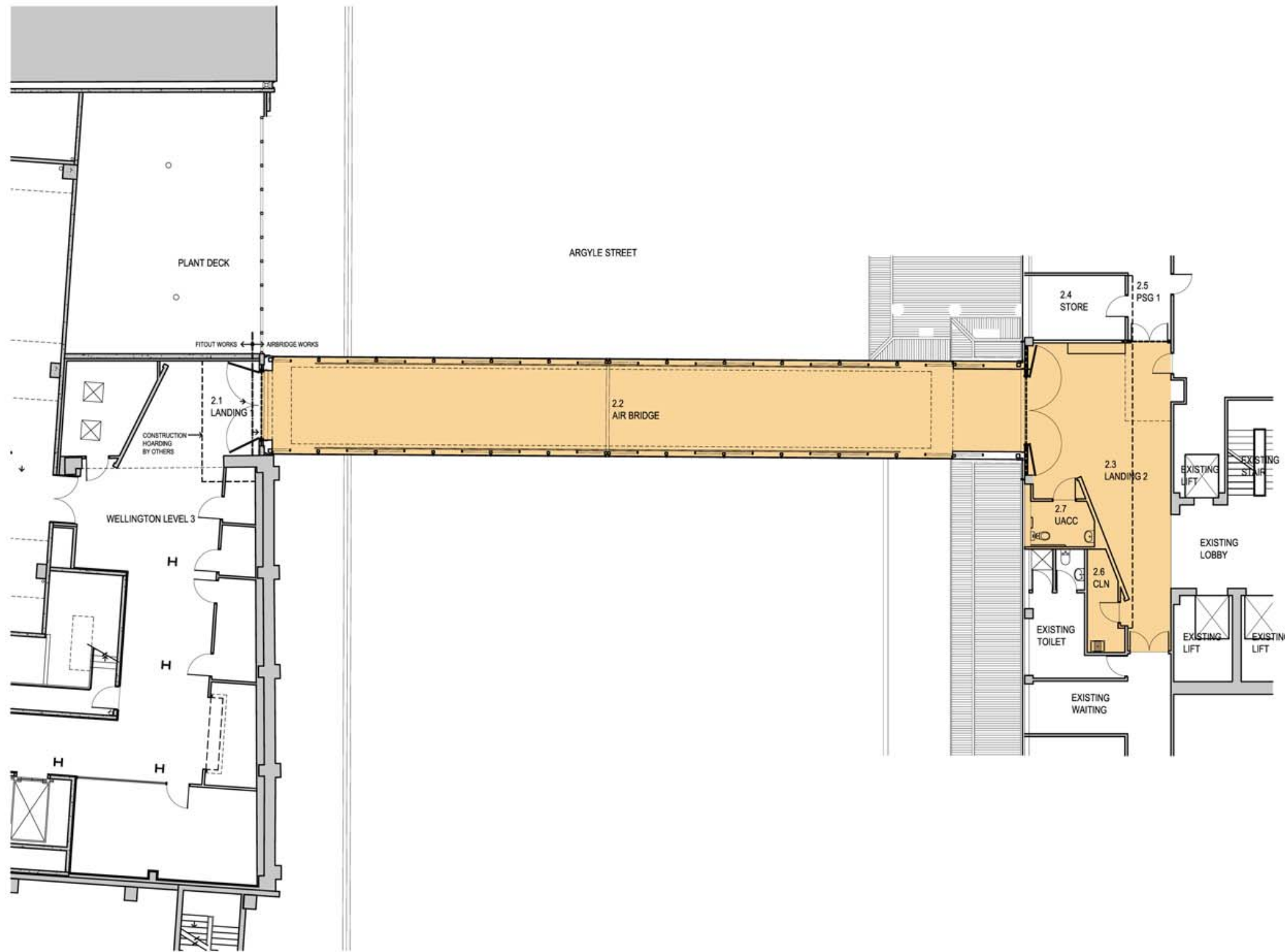
- VERTICAL CIRCULATION
- PUBLIC AMENITIES
- PUBLIC CIRCULATION
- CONSULT, PROCEDURE & TREATMENT ROOMS
- STAFF CIRCULATION / WRITE UP
- UTILITIES ROOM
- OFFICES / STAFF AMENITIES

LEVEL 12 FLOOR PLAN - ORTHOPAEDIC CLINIC
 MEDICAL IMAGING
 PLASTER



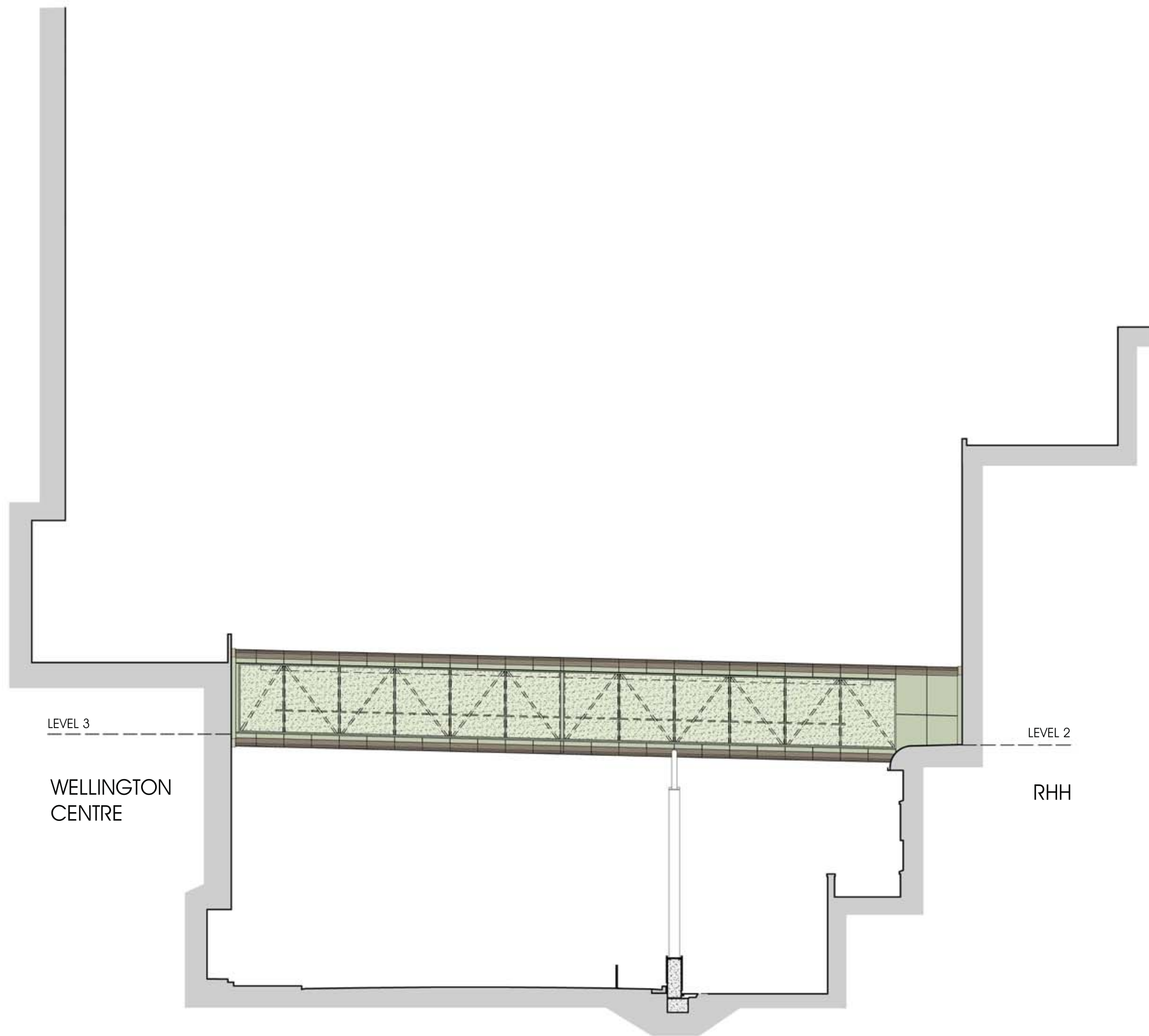
AIR BRIDGE - ARGYLE STREET

- AIR BRIDGE WORKS
- WELLINGTON CENTRE PUBLIC FOYER
- WELLINGTON CENTRE CLINICS VERTICAL CIRCULATION



 AIR BRIDGE WORKS

AIR BRIDGE - RHH LEVEL 3



ARGYLE ST ELEVATION