Department of Health and Human Services
SHARED SERVICES - ASSET MANAGEMENT SERVICES

Tasmania

ST HELENS DISTRICT HOSPITAL

SUBMISSION TO THE PARLIAMENTARY STANDING COMMITTEE ON PUBLIC WORKS

April 2017

EXECUTIVE SUMMARY

Document Purpose

The purpose of this document is to inform the Parliamentary Standing Committee on Public Works of the need for the proposed project and how the design of the works will address this need.

Objectives

The new St Helens District Hospital (SHDH) will achieve a safe, accessible, contemporary and efficient environment for facility patients/ clients, staff and community members. Given the flooding events experienced on the current site (requiring the transfer of inpatients) and the isolation of the community resulting from arterial road flooding, a new hospital building is required to maintain core health services for this relatively remote community.

Key risks associated with the current SHDH will be eliminated (including minimising the risk of adverse clinical and/or WHS events; reduced maintenance costs associated with patching up an ageing building; an adaptable and more community connected facility that can accommodate a range of services to meet current and future community needs etc).

The new Hospital will provide:

- Greater security of access to health care services for the St Helens and greater East Coast Community.
- Contemporary building design in line with current health facility standards for delivery of both inpatient and outpatient services.
- Increased inpatient privacy and amenities with increased single rooms and access to ensuite bathrooms.
- Improved health and safety infrastructure for staff and patients with provision of ceiling lifting systems in inpatient rooms, Treatment Room and Emergency Bay.
- Improved building security for patients and staff safety, including wandering patients.
- Adequate space for provision of Allied Health services, including increased number of Consult Rooms for visiting professionals.
- Provision of ample dedicated parking on site.

Project Budget

The total project cost is estimated at $12.1 million. Funding of $8.1 million has been provided to date in the Tasmanian 2016-17 Budget, with the remaining funds expected to be announced in the 2017-18 Budget. Current project cost planning confirms that the project can be delivered within this budget.

Project Program

Design and tender documents are scheduled for completion in July 2017 with the tender expected to be advertised in August 2017. Subject to the required approval process, construction would commence in November 2017. The construction program will be undertaken and is scheduled for completion by December 2018 with final completion of defects period December 2019.

General Project Scope

The project scope encompasses a new facility of nominally 2185m^2 in area, all on ground level with a further on site car parking allocation for over 40 vehicles.

The new facility will maintain existing hospital service levels, with spaces designed to offer flexibility of use for future requirements. Specifically the new hospital will include;

- 10 x Inpatient Ward Beds. The configuration of which is 4 x Single Rooms, 2 x Double Rooms, 1 x Bariatric Room and 1 x Palliative Care Suite reflecting contemporary design and practice.

- 4 x Emergency Treatment Bays, with 1 x Resuscitation Bay (larger) and one bay fitted with ceiling lifting rail.
- 4 x Consultation Rooms and 1 x Clinical Education Training Room.
- 1 x Community Nursing/Treatment Room
- 1 x Physio Room (large)
- 1 x Community Activity Room
- Renal Self-Dialysis facility
- Radiology facility (X-Ray)
- Oral Health Dental Suite
- Parking bay and services for mobile units including Oral Health.
- Clinical Administration areas, Meeting Room and Staff Offices and Amenities.
- Storage and Utility Rooms
- Full kitchen facility
- Visitor car parking

The development works will be in full compliance with contemporary standards and building codes.

Design Approach

The planning approach that has been adopted is based on meeting current and predicted service requirements. Key elements are adaptable to enable the building to meet evolving needs and future changes in service and to maximise the accessibility of the facility to the community.

The new SHDH will be located on a 'Greenfield' site identified as Lot 2 Annie Street, St Helens.

The site contains dedicated space for 40 cars including 4 disabled spaces, an emergency Ambulance pick up/drop off bay, bicycle parking, secure service areas, a dedicated zone for 9 staff vehicles. Emergency and service vehicle access has been deliberately separated from the public entrance to minimise conflict & potential congestion.

The Tasmanian Government has set an energy consumption reduction target of 60% across all of its Departments by 2050. This facility has been designed to incorporate integrated low energy consumption and sustainable features to support this aim.

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1. DOCUMENT PURPOSE

The purpose of this document is to inform the Parliamentary Standing Committee on Public Works (PSCPW) of the needs for this project and to explain the processes undertaken during the design phase to maximise the delivery of the desired outcomes.

The document includes the following:

- Confirmation that the proposed investment in infrastructure is the most appropriate means to support improved health services delivery.
- Confirmation that the project is consistent with the Department of Health and Human Services (DHHS) Strategic Asset Management Plan
- Evaluation of the suitability of the proposed Design
- Discussion of 'value for money issues' relating to the design and construction of this project.

2. PROJECT DEFINITION

2.1 Primary Objectives

The current St Helens District Hospital (SHDH), Circassion Street, St Helens, was built in 1975 providing 10 acute beds with an emergency response capacity as well as consulting rooms for visiting health services. It is a required, high priority rural health service in a location 2½ hours from the major regional hospital (Launceston General Hospital).

It serves a catchment population of up to 6 500 people with a high aged profile, as well as families. It is also subject to major population influx in holiday periods of well over 15 000 people.

Due to continual flooding events followed by major road damage, road access to St Helens can be significantly compromised. Consequently St Helens health services have to be more self-reliant since external help (e.g. paramedic, patient transport) may not be able to reach the site.

The existing hospital building sits in a minor depression on the block and is subject to periodic flooding during 'king' tides which back up through the Town plumbing system into the hospital's bathrooms forcing sewage overflow up into the shower bays and basins. In addition the site itself has been subject to the major flooding events experienced in the St Helens area.

The hospital has been evacuated on numerous occasions with patients being transferred to other facilities. Flooding events have also compromised access to emergency care and paramedic services and the kitchen has also been affected with food no longer able to be prepared on site.

The current facility suffers from a general lack of space, which subsequent analysis (and comparison with similar facilities) has indicated as an overall deficit of 25% (minimum). Parking is also very limited with only 4 places on site.

The deficits in space and design include no confidential treatment room space; no space for new visiting services and professionals; poor workflow and security risks. The configuration of ward space does not allow for patient privacy, ensuite bathroom access, and does not reflect contemporary standards (eg cannot easily accommodate patient lifting devices and there are no ceiling lifting frames; external doors that present a security hazard for wandering patients; toilet facilities for most patients are located in the hallway and shared by all).

The new SHDH will achieve a safe, accessible, contemporary and efficient environment for patients/ clients, staff and community members. Given the flooding events experienced in the current site (requiring the transfer of inpatients) and the isolation of the community resulting from

arterial road flooding, a new hospital building is required to maintain core health services for this relatively isolated community.

Key risks associated with the current SHDH will be eliminated (including minimising the risk of adverse clinical and/or WHS events; reduced maintenance costs associated with patching up an ageing building; an adaptable and more community connected facility that can accommodate a range of services to meet current and future community needs etc).

The new Hospital will provide:

- Greater security of access to health care services for the St Helens and greater East Coast Community.
- Contemporary building design in line with current health facility standards for delivery of both inpatient and outpatient services.
- Increased inpatient privacy and amenities with increased single rooms and access to ensuite bathrooms.
- Improved health and safety infrastructure for staff and patients with provision of ceiling lifting systems in inpatient rooms, Treatment Room and Emergency Bay.
- Improved building security for patients and staff safety, including wandering patients.
- Adequate space for provision of Allied Health services, including increased number of Consult Rooms for visiting professionals.
- Provision of ample dedicated parking on site.

2.2 General Scope

The project incorporates the construction of a new hospital on a green-field site located at Lot 2 Annie Street, St Helens. The project will provide greater security of access to health services, in light of flooding issues with the existing facility and road access to the township. It will also provide contemporary, flexible spaces that align with current health care standards to deliver inpatient and outpatient services.

Site Assessment

The Department initially looked at an alternate greenfield site at 36 Tully Street, St Helens (selected from a range of prospective properties) for potential development of a new St Helens District Hospital.

The acquisition of Lot 2 Annie Street, by Break O'Day Council in 2014 and Councils interest in establishing a health and aged care precinct, prompted DHHS to conduct a Feasibility Report in March 2014 of this site as a potential alternative to 36 Tully Street.

The Feasibility Report identified a number of recommendations for Break O'Day Council to manage including:

- a public survey of neighbours to gauge the level of support for the development of a new hospital
- implement Planning Scheme amendments necessary to render the hospital a 'Permitted Use' on this site prior to any land transfer

These two recommendations have been completed.

On identification of the preferred site a more detailed site assessment was undertaken including full geotechnical analysis, site survey and traffic survey.

New Facility Details

The new hospital will be 2,173m2 on one level with parking on site for over 40 vehicles. The land is an internal block located off Annie Street.

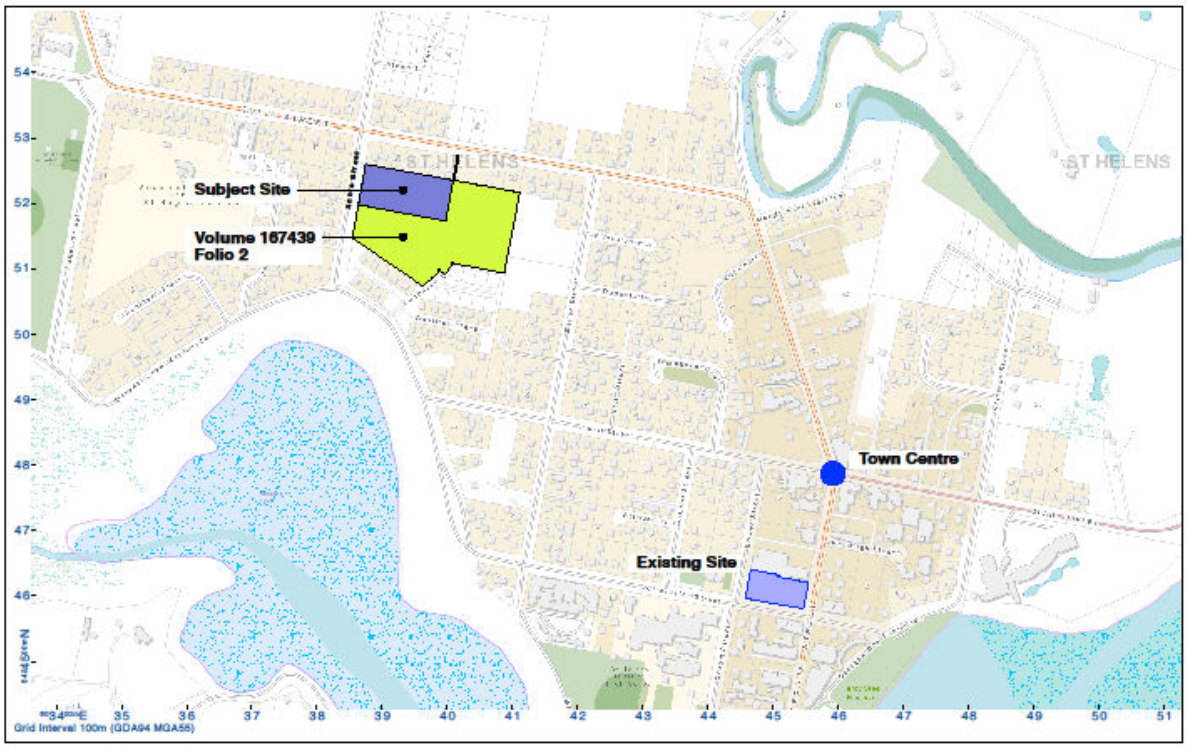


Figure 1 - Site Plan

3. NEED FOR THE PROJECT

3.1 Existing Facility

The current SHDH Circassion Street, St Helens, was built in 1975 providing 10 acute beds with an emergency response capacity as well as consulting rooms for visiting health services.

In addition to the identified flooding issues, the current facility suffers from a general lack of space, which subsequent analysis (and comparison with similar facilities) has indicated as an overall deficit of 25% (minimum). Parking is also very limited with only 4 places on site.

The deficits in space and design include no confidential treatment room space; no space for new visiting services and professionals; poor workflow and security risks.

The configuration of ward space does not allow for patient privacy, ensuite bathroom access, and does not reflect contemporary standards (eg cannot easily accommodate patient lifting devices and there are no ceiling lifting frames; external doors that present a security hazard for wandering patients; toilet facilities for most patients are located in the hallway and shared by all).

3.2 The Service

The SHDH will provide:

- increased inpatient privacy and amenities with increased single rooms and access to ensuite bathrooms.
- improved health and safety infrastructure for staff and patients with provision of ceiling lifting systems in inpatient rooms, Treatment Room and Emergency Bay.

3.3 New Functionality

General Configuration

The proposed facility has been divided into 4 main sectors; Allied Health, Patient Care, Emergency Department and Service Areas. The centralised Reception area will provide a secure portal to each of these zones whilst maintaining current staff levels. Segregation of allied health and patient care areas of the facility will also enable significant portions of the SHDH to be shut down after business hours to simplify operational demands and reduce energy consumption.

Emergency Department

The Emergency Department will maintain 4 x Treatment Bays, with the adjoining Treatment Room providing additional ED capacity if required.

The Treatment Bays, including 1 x Resuscitation Bay and 1 x Bay with ceiling lifting track, will be sized and fitted out to meet contemporary standards. The Emergency Department will include a dedicated Clean Utility and Dirty Utility space to maintain functional separation from the Inpatient Ward, and improve work flow efficiency and infection prevention and control. A separate Family Room has been included within the public wait area of the ED to offer a private space for patients or families. A Write Up Office for Ambulance/Clinician use has also been included within the clinical ED area.

Staff security will be been enhanced with electronic access control and remote door release systems, video intercoms and surveillance cameras included to allow greater visibility and control over building entrance points and access to clinical zones, including after-hours access to the Emergency Department.

Service Areas

A dedicated service zone to the rear of the building, with its own access driveway, will separate and streamline deliveries and collections to the new facility. This back of house area includes a full kitchen, maintenance facilities, bulk goods stores, separate clean and dirty linen store and waste disposal. It will also be the location for building plant and services infrastructure including electrical switchboards and generator, gas bottles, hot water and mechanical plant.

Internally, access to this service zone will be secured with electronic access control points for safety of patients, staff and contractors. Externally, the services area will be covered with an extensive 4.5 metre high canopy for weather protection and provision has been made for surveillance cameras.

Allied Health

The Allied Health/Outpatients space includes 4 x Consult Rooms for visiting clinicians (an increase from 3 Consult Rooms at the current site), dedicated Physiotherapy Room with ceiling lifting track and equipment storage, a Treatment Room primarily designed for wound care (additional to existing site), and an Oral Health Suite.

The Consult Rooms have a flexible design with space and services to accommodate a range of clinical requirements, including video link capacity. Each Consult Room also has dual exits and duress alerts to enhance staff security. The Activity Room in this zone will also have capacity to accommodate group therapy sessions. The Radiology service will relocate to the new site, with the X-Ray suite positioned to allow access from both the Emergency Department and Allied Health zones. The Oral Health Service will also relocate to the facility and retain a separate external entrance and wait area, accommodating 1 x chair and required equipment infrastructure as per the current site.

A large external parking bay and services will also be provided to accommodate a range of visiting mobile service units including Oral Health. There will also be ample public parking provided on site to cater for outpatient service users and visitors, and a substantial wait area adjacent Reception with a range of seating options.

Patient Care

The Inpatient Ward will maintain 10 beds, however the configuration in the new facility will reflect contemporary standards, with 6 x single rooms and 2 x double bed rooms all with own ensuite facilities (current facility includes 2 x 3 bed ward rooms).

The single inpatient rooms include a Palliative Care room with adjoining family area (including kitchenette and sleeping provision), a Bariatric Room, and flexible Independent Renal Dialysis Room. Five single rooms will include H-frame ceiling lifting rail systems, maximising flexibility and ease of patient transfers within the room and into ensuites. All patient rooms and spaces have been designed to accommodate patients with mobility impairments or aids, including standard inpatient room and ensuite door configurations capable of providing 1350mm clear openings (Bariatric Room with 1500mm clear opening).Inpatient rooms have been designed to maximise natural light, offer landscaped courtyard views and will be fitted with lighting and TV control handsets at the bedside, in addition to the standard nurse call functions.

The centrally located Clinical Staff Station and administrative zone will form an operations hub, with the addition of a Handover Room in this area providing private space for staff to undertake patient case discussions and housing of a patient journey board.

External Works

Vehicular, bicycle and pedestrian access has been developed to ensure all staff, patients and service vehicles are able to access the facility with minimum inconvenience. The site contains dedicated space for 40 cars including 4 disabled spaces, an emergency Ambulance pick up/drop off bay, bicycle parking, secure service areas, a secure zone for 9 staff vehicles with landscaped edges to road frontages and neighbouring property.

Emergency and service vehicle access has been deliberately separated from the public entrance to minimise conflict & potential congestion.

The external areas will be landscaped in a manner that will assist in sustainable outcomes through minimisation of water use, water harvesting and water recycling and re-use.

Selective planting will be applied to ensure compatibility with local soil types and minimal maintenance. Important visual connectivity to internal landscaped areas from patient wards has also been incorporated within this proposal.

Although located within an internal allotment, access to the site will be clearly identified via significant directional signage and unambiguous entrance points from the Annie Street frontage.

Consideration has been given to after-hours public presentation for emergency assistance, which would occur via the Emergency Department.

4. CONSULTATION AND GOVERNANCE

4.1 Consultation

An extensive community consultation process was undertaken in the initial stages of the project to ensure all views and concerns were heard.

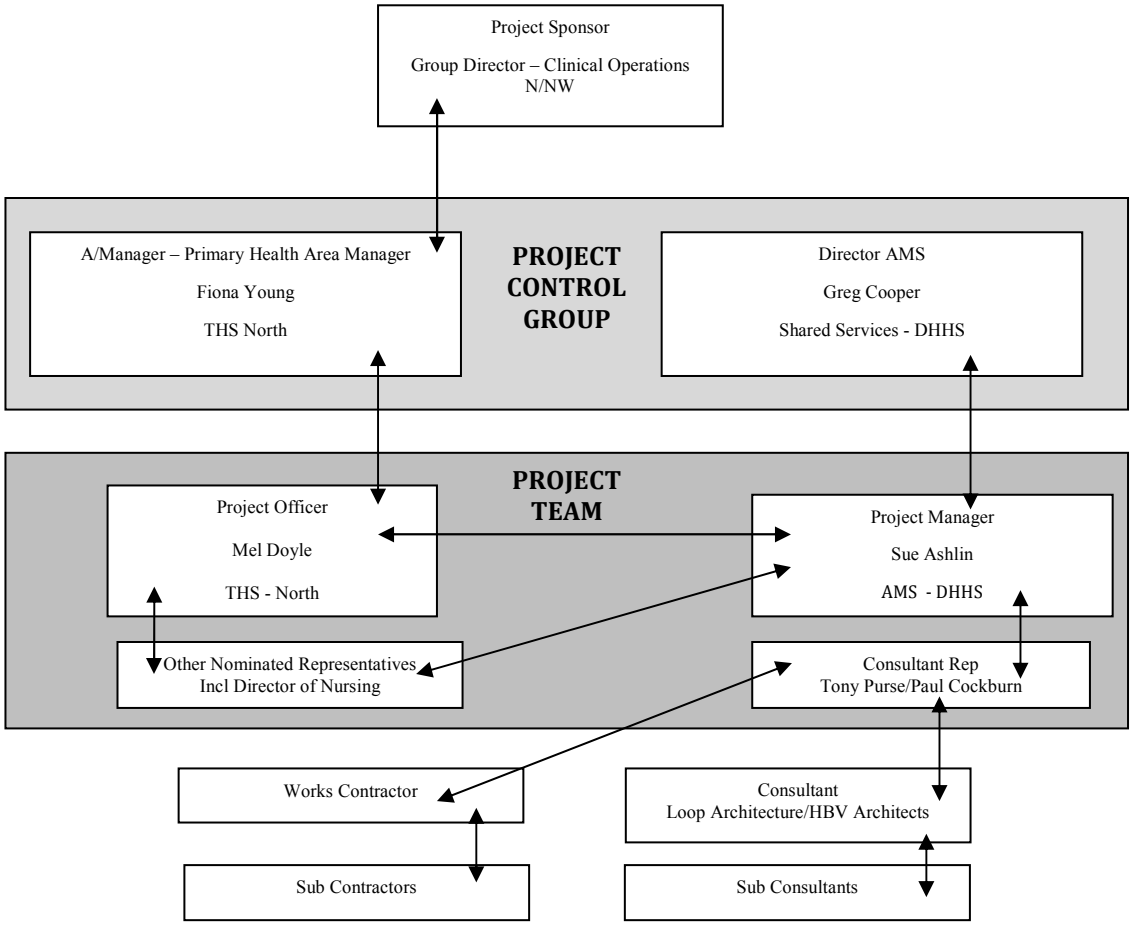
Detailed stakeholder consultation commenced immediately following appointment of the Project Architect – Loop Architecture/HBV Architects. The process focus was foremost on developing the services with further consultation to follow around design and construction of the new facility with the services that would be operating in the facility.

Consultation has continued to occur with all key services groups, other internal stakeholders and associated services.

More recently with the lodging of the Development Application with Break O'Day Council a Community Consultation Forum was held. This event was attended by over 40 people. The public response to the session was unanimously and positively supportive of a new hospital.

4.2 Governance

The following diagram illustrates the Project Control Group (PCG), Project Team and Consultant Team relationships.



The *Project Control Group* have been meeting as required to enable the project to evolve in line with the project timeline, providing an adequate consultation phase and sufficient time for Contract Documentation and Project Procurement.

Other Nominated Representatives comprised responsible delegates from other services planned to operate in the new SHDH including Ambulance Tasmania and Regional Imaging together with consultation with the Break O'Day Council on an as needs basis. These representatives have been formed into User groups during the Design Development phase of this project, ensuring that a consultative approach maximises the desired outcomes for this project.

4.3 Design Approval

The Project Control Group at its April 2017 meeting endorsed the project schematic design.

At these meetings to date all desired project outcomes have been tabled, discussed and then reviewed for compliance with the endorsed project brief and service model. This consultative approach has resulted in a design that allows all of the desired outcomes to be resolved and provides sufficient flexibility for future expansion.

Final sign-off of the developed plans is currently being undertaken with the services to ensure all their needs are met.

5. ADDRESSING THE NEED

5.1 Design Philosophy

The proposed relocation of the SHDH into a new facility upon a green-field site provides a unique opportunity to provide contemporary health care services in addition to addressing prevailing issues and demands upon the current ailing facility.

Detailed consultation with all major stakeholders has contributed to a health-care facility capable of efficient operation and maintenance by current staff numbers whilst providing commensurate levels of amenity to building occupants in addition to adjacent landowners. Simple and unambiguous planning principles, combined with appropriate zoning of integrated functions within the facility, will also facilitate appropriate levels of flexibility in relation to operation and occupation in addition to provision of an uplifting environment to assist with the healing process.

Input gained during early planning workshops undertaken with the Project User Group members identified the importance of connectivity between the varied functions of this facility. Initial relationship diagrams & area analysis spreadsheets were developed to embrace the detailed operational requirements of this regional 'self-sufficient' health care service.

The new SHDH will present as a welcoming, non-clinical environment where possible, that incorporates a sense of security whilst simultaneously conveying a quality environment for delivery of health care professionalism and integrated technical support systems.

This proposal will adopt an appropriate scale of building to each street frontage and elevation, articulating the long elevations into commensurate proportions compatible with surrounding development. The new facility will also incorporate pockets of landscape within the perceived building footprint to allow occupants to experience those landscape elements from within. Setbacks from the northern site boundary, combined with significant landscape treatment, will mutually preserve and enhance the amenity of existing residents in addition to providing pleasant vistas to and from the new facility. The layout will also facilitate future expansion of the primary allied health and acute care areas.

The building layout has developed to provide efficient, flexible and simple navigation for all users and occupants whilst capitalising upon external vistas and natural light where appropriate.

Emergency and service vehicle access has been deliberately separated from the public entrance to minimise conflict & potential congestion.

A range of meeting / consultation / function spaces have been included within the Allied Health section of the SHDH in response to comprehensive spatial requirements and an underlying requirement for flexibility.

5.2 Architecture & Interiors

This facility will provide a broad range of essential health services to the St Helens region for all age groups and various levels of ability. The design, therefore, has focussed upon ease of access via DDA requirements in addition to ambulatory needs.

Public access to the facility is from Annie Street, which connects to Tully Street (the major vehicular spine through the St Helens township) and is approximately 900m from the town centre. Access to the building is intended to be unambiguous and easily negotiated.

The layout of the centre incorporates a primary public entrance point, central to the northern elevation facing the public parking area. The main entrance is deliberately expressed to be easily recognised as such and will readily accommodate most vehicle types, including those of the fluctuating tourist population. Simplified pedestrian access throughout the facility was also a key factor during the planning process to provide clear paths of travel for staff and occupants whilst minimising unusable space.

The main entry funnels visitors directly into reception and associated waiting areas. The reception area is considered a key location for centralised visitor allocation and subsequent deployment to relevant functions / areas within the new facility.

Public waiting areas, strategically located throughout the various zones within the new facility will enjoy daylight and views created by landscape elements incorporated in and around the buildings footprint.

Due to the subject site's internal location, lack of existing vegetation and limited access to distant views, the landscape treatment for this facility is considered integral to providing a positive experience to the building's occupants, particularly those within the patient care areas.

External materials and finishes are intended to provide a warm, inviting community facility while combining robustness with low maintenance characteristics that represent elements associated with the St Helens context.

Utilisation of brick/masonry elements will provide an endurable, secure and locally available façade material that maintains a connection to neighbouring property.

Secondary facade systems are intended to be combination of glazed elements, pre-finished panel / cladding materials with appropriately insulated framing systems.

Colour and natural materials are intended to enrich the internal environment to create a homely atmosphere and offset clinical appearance often associated with medical facilities. Materials selection will be based upon durability and ease of cleaning in accordance with ESD principles.

The overall building form has been carefully articulated to provide a range of pleasant pockets of landscape treatment and access to natural light with particular emphasis upon the patient care areas. The lack of available views within the overall precinct has necessitated the creation of the buildings own positive outlook via creative and up-lifting outdoor spaces and reflective gardens.

5.3 Environmentally Sustainable Design

The Tasmanian Government has set an energy consumption reduction target of 60% across all of its Departments by 2050. This facility has been designed to incorporate integrated low energy consumption and sustainable features to support this aim. The environmentally sustainable development features of this building include the following:

- A floor layout that allows for maximum day light penetration into occupied areas where appropriate.
- Orientation of high occupancy areas to limit low angle sun penetration and consequential glare problems.
- Sun shading to reduce unwanted solar heat gain in summer provided to relevant windows other than those facing south.
- Inclusion of energy efficient light systems.
- All unglazed walls, ceiling and roof cavity spaces are insulated and sealed to exceed Building Code of Australia mandatory requirements to mitigate heat loss & gain fluctuations.
- Energy efficient hot water systems to be included for all potable hot water requirements. These will be additional to energy generating panels.
- Materials selection for the project will be based on low off gassing characteristics, low embodied energy and suitability for recycling.
- Appropriate use of double-glazing to avoid excess heat gain and loss.

5.4 Building Services Design

Mechanical

The primary design aim of the mechanical engineering systems is to provide a safe, comfortable and energy efficient environment. This approach will allow for the following objectives to be achieved:

- To provide a safe and comfortable environment.

- To produce cost-effective solutions that offer 'best value' to the client.
- To provide solutions that supports the architectural intent for the project.
- To provide an energy efficient design.
- To provide a robust design, sympathetic to the local environmental conditions.

The Mechanical Design will allow for future flexibility where appropriate.

All mechanical services are designed to provide convenient, safe, serviceable and durable systems at all times during their use.

Allied Health

All allied health areas will be served by individual Air Conditioning units (A/C Cassettes and Ducted units) with a minimum outdoor air supply being delivered by a central Air Handling Unit serving this zone only.

Treatment bays/rooms, Staff areas and Radiology

The Treatment bays/rooms, Staff areas and Radiology will be served via a central Air Handling Unit serving this zone only. These units will provide Heating/Cooling and minimum outdoor air supply to the spaces via Fixed Swirl Diffusers with critical areas including Radiology and Treatment Bays having Adjustable Swirl Diffusers for optimum temperature control.

Wards and Palliative area

Patient Wards and Palliative Care areas will be served via a central Air Handling Unit serving this zone only. These units will provide Heating/Cooling and minimum outdoor air supply to the spaces via Active Chilled Beams for individual temperature control.

Electrical

A new Tas Networks Power Supply will be provided to the site. It is anticipated this will be a 630 amp turret located on the site boundary.

Lighting

LED Lighting will be provided through out the facility. Lighting Levels will be provided to AS NZS 1680.2.5-1997

Lighting will be controlled by localised switching in general areas with motion sensors to rooms such as Cleaner and Store Rooms. Ward rooms will have lighting control from the patient bedside handsets.

External lighting will be provided to the Car Park and general circulation areas.

A Single Point Exit and Emergency Lighting system complying with AS 2293 will be provided through the proposed works.

Power

All patient-occupied areas will be provided with USB phone charging outlets adjacent to the patient beds and body protection in accordance with AS/NZS 3003:2011. In all other areas general purpose outlets will be provided throughout to meet the needs of the users.

The facility will be provided with a new Diesel Generator sized to run the general lighting and power only.

Communications

Data and Communication

A new Panduit dual category 6 voice and data system will be provided utilising four pair unshielded twisted pair (UTP) cabling and RJ45 outlets in a star topology.

A New Panduit Rack with cable management system will be provided to the new communications room. This will be in accordance with DHHS IT Specifications.

Nurse Call

A New Hills IP Nurse Call and Duress system will be provided throughout the site. The system will interface to Fire Detection and Alarm Systems in addition to the DECT System

Digital Annunciator panels will be positioned throughout the ward areas.

DECT

It is proposed to install a Digital Enhanced Cordless Telephone (DECT) system with coverage throughout the facility. The DECT will interface to the DHHS IP telephone system, Nurse Call and Fire Detection system.

Security

A Honeywell Security, Access control and CCTV system will be provided throughout the facility.

Fire/Smoke Detection Systems

A new fire detection system will be provided throughout the building complying with AS 1670.1 and a Warning system complying with AS 1670 .4.

The system will have facility to provide alarm notification to the DECT system.

6. PROJECT SCHEDULE & BUDGET

6.1 Project Schedule

A Summary of the Project Timeline is as follows;

Completion of design development	February2017
Development Application submitted to BODC	March 2017
Completion of Construction Tender Documentation	July 2017
Construction Tender (advertising, closing and assessment)	August 2017
Construction Start	November 2017
Practical Completion of Construction	December 2018
Final Completion (Completion of Defects Liability Period)	December 2019

The Construction Phase is only a singular stage construction as the site is unoccupied and service will not begin accommodating the new facility until the Construction Phase is complete.

6.2 Project Cost

The approved funding for the SHDH is $ 12,100,000. The cost of the development is currently:

DESCRIPTION	**SUM**
Land Purchase and associated costs	$ 300,000
Site Works	$ 200,000
Construction Costs	$9,400,000
Construction/Design Contingency	$ 450,000
Post Occupancy Allowance	$ 40,000
Professional Fees and associated costs	$ 950,000
The Tasmanian Government Art Site Scheme	$ 80,000
ICT Infrastructure	$ 80,000
Furniture and Equipment	$ 400,000
Salaries Component	$ 200,000
PROJECT TOTAL	**$12,100,000**

The current project costs are provided by the project Quantity Surveyor and based on reasonable allowances for the projects location and current market conditions.

7. RECOMMENDATIONS

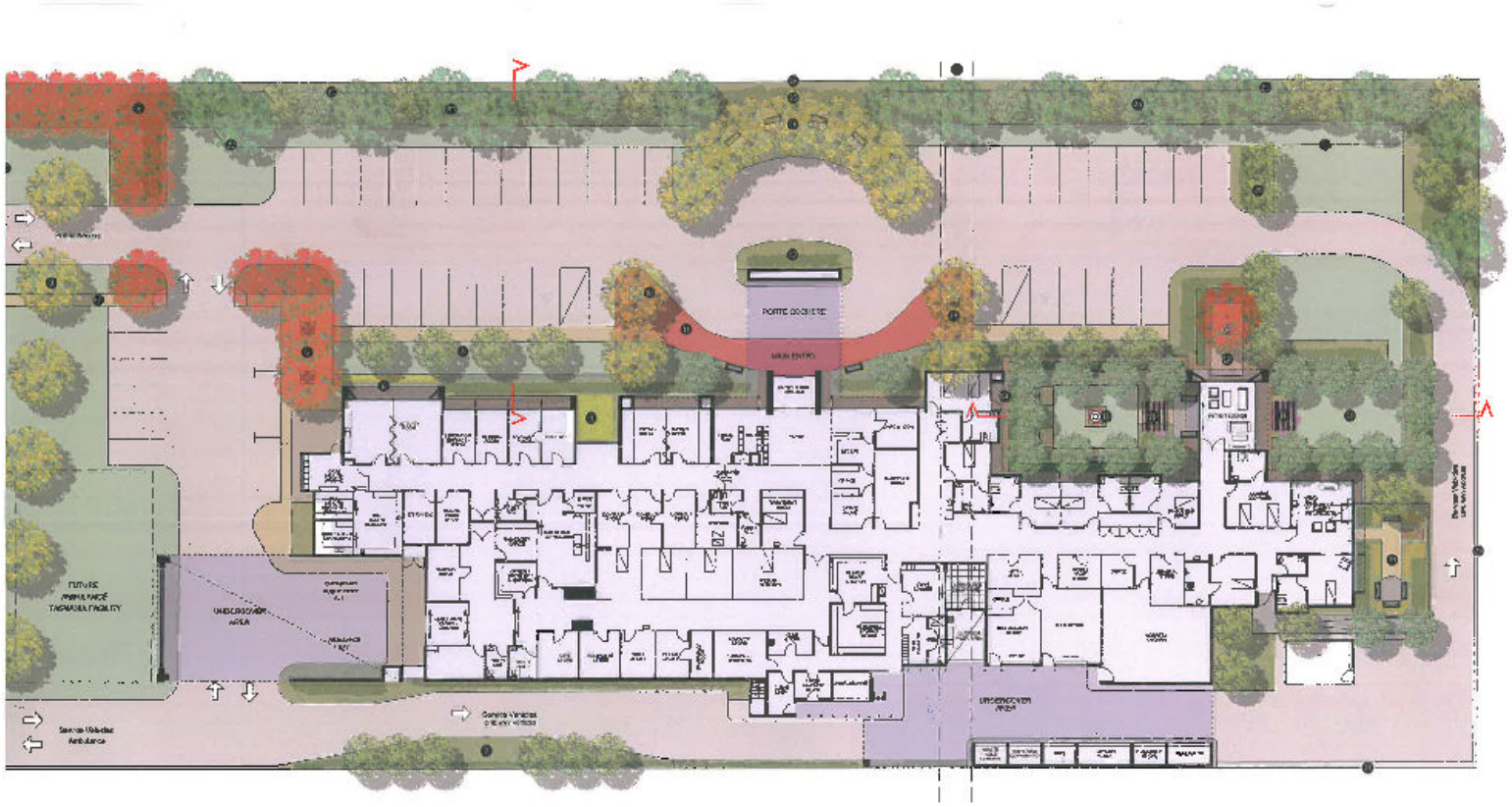
The Project Control Group and Project Team have carefully assessed and explored the options and solutions available and have determined the design submitted provides the required project outputs as determined in the project functional brief. In addition, the design is consistent with the strategic long-term direction of the Tasmanian Health Service

It is recommended that this submission be viewed favourably given the benefits it will provide to the communities of St Helens and East Coast Region. The project, once completed, will immediately commence addressing the need to deliver appropriate health and community services.

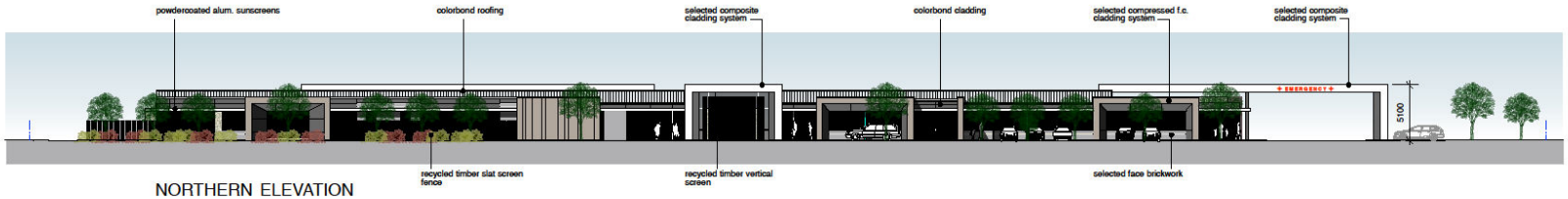
8. APPENDIX A – PROPOSED DESIGN

Proposed Floor Plan

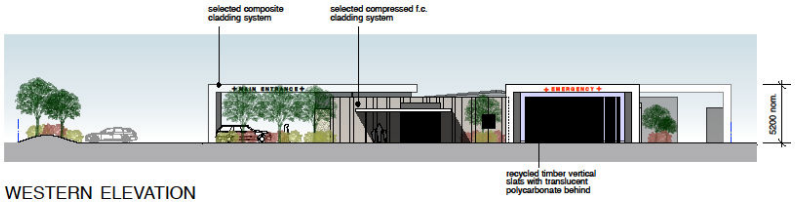
Artists Impression



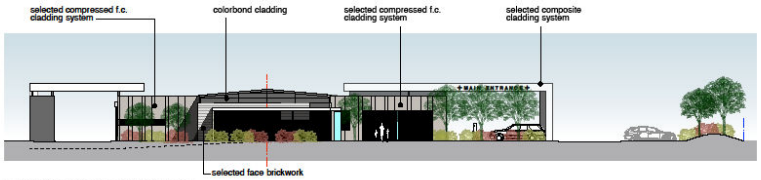
Proposed Landscape Plan



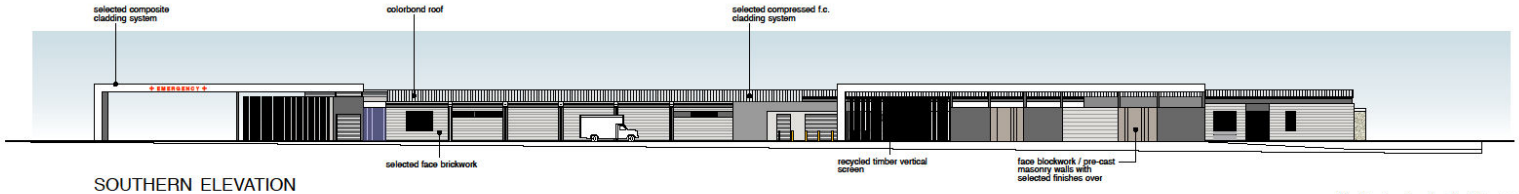
NORTHERN ELEVATION



WESTERN ELEVATION
(Annie Street)



EASTERN ELEVATION



SOUTHERN ELEVATION

SCHEMATIC ELEVATIONS SK03

St Helens District Hospital Development
DHHS - CO743

6 March 2017