CAMPBELLTOWN HOSPITAL REDEVELOPMENT
LEADING MACARTHUR TO BETTER HEALTH

NSW GOVERNMENT Health Infrastructure

Campbelltown Redevelopment Hospital

Delivery and Procurement Strategy

Issue Date: March 2018

Delivery and Procurement Strategy

CONTENTS

Version	Date	Issued To	Status
1.0	**18 December 2017**	**HI**	**Draft**
2.0	**22 March 2018**	Root Partnerships	For Final Business Case

1 Introduction

The NSW Government announced in the 2017/18 NSW State Budget $632 million for a capital upgrade to Campbelltown Hospital (Stage 2) including a boost to paediatric and mental health services in addition to a range of other acute services. The capital funding is subject to INSW Investment Decision endorsement of the Final Business Case for the Project.

Extensive consultation resulted in a recasting the clinical services priorities on which the Stage 2 Master Plan was based. The 2014 Master Plan proposed a 4-phase redevelopment of the site from 2014 to 2028 taking Campbelltown Hospital from 377 to 570 total beds at a total project cost of $999.2 million (Phase 1 [A&B] was estimated at $349.4 million).

After the December 2014 Gateway Review Panel Assessment in respect to several review factors, namely: 'Affordability and Value for Money'; and, 'Risk Management'. Against these and other review factors (see Appendix 23), the Assessment Report identified a number of areas for improvement with the recommendation the Project Team undertake additional work in the preparation of the Business Case. The past recommendations have been addressed in the formulation of this Business Case.

1.1 Planning and Delivery

A detailed Project Delivery Strategy is being developed for the Campbelltown Hospital Redevelopment Stage 2. The strategy seeks to offer flexibility and will be finalised in parallel with schematic design in 2018.

The strategy is driven by program, risk, statutory planning approvals, the need to keep the existing hospital operationally functional and a timely completion to the Stage 2 Hospital Redevelopment.

The delivery program is aligned to meeting with the Hospital Master Plan and the Project key objectives within the available budget.

2 Project Scope

The Project Scope is based on the endorsed Clinical Service Priorities and enhancing the service capacity and capability of the Hospital in the following areas:

- Emergency Department (Adults, Paediatrics, Mental Health)
- Intensive / Critical Care
- Surgical Services (Operating Theatres/Procedural Rooms, subspecialty Inpatient Units, High Volume Surgical Short Stay Unit and Surgical Day Unit)
- Medical Services (Procedural Rooms, Inpatient, Short Stay / Day Only Units)
- Cancer Services (Medical and Radiation Oncology)
- Maternity Services (Birthing Unit, SCBU, Inpatient, Day Only, Ambulatory Care/Outpatients)
- Paediatrics (Inpatient, Day Only, Ambulatory Care/Outpatients)
- Mental Health (PECC, Intensive Care, Inpatient, Ambulatory Care/Outpatients for Adolescents, Youth, Adults and Older Persons)
- Medical Imaging / Interventional Radiology (wide range of modalities)
- Nuclear Medicine - New Service (wide range of modalities)
- Plus: Expansion to range of 'front and back of house' services

3 Staging Strategy

3.1 Key Principles

An outline Staging Strategy for the CHR Project has been developed based on fundamental principles of:

- Maintain and optimise existing business continuity during the whole of the redevelopment program and cycle. This is continued delivery of existing services, both capacity and capability, without increased (temporarily) recurrent cost structures by minimal disruption, if any, to existing services.
- Earliest delivery of the redevelopment program accounting for the different stages of delivery including enabling works, new build, refurbishment works and demolition.
- Minimise the number of stages (relocations and / or moves) for any existing services during the redevelopment program in delivery of the eventual final build solution.
- Maintain a safe, secure and appropriate site environment for patients, visitors and staff during the redevelopment program.
- Maintain readily recognisable and accessible entry and exist points for unplanned / emergency presentations and planned presentations.
- Maintain key clinical and non-clinical pathway flows, i.e. clinicians and patients separate from visitors.
- Minimise the cost related to stages / staging (i.e. extensive temporary works or double-decant of services) to maximise the value of the capital investment in new infrastructure to support clinic priorities.

3.2 Key Stages

The key stages and sequence has been developed by the project team through several working sessions with stakeholders and Health Infrastructure. The current planned staging of the project is set out in the Architect's Site Staging Presentation in Attachment 1.

The key staging requirements are summarised in the 5 categories below.

Planning Approvals

- REF and Exempt Development for minor enabling works
- Approval of DA car park works
- Approval of State Significant Development application for main works

Car Park, Enabling Works and Main Project Early Works

- Relocation of services
- Construct Multi Story Carpark and internal road infrastructure
- Back of house expansion/re-configuration
- Bulk excavation shoring and piling for new Clinical Services Building
- Decanting Departments and fitting out current shell space in existing buildings

Main Works - Clinical Services Building (CSB)

- Construction of Clinical Services Building (CSB Building 01)
- Establish new 'Primary Circulation Spine' from new build to existing café
- Provide a helipad on the roof of Building 01
- Extend new 'Primary Circulation Spine' from new build to northern end of the site
- The major service relocations include, Emergency Department, Mental Health, Maternity & Paediatrics Pharmacy and Engineering Department
- The Hospital main entry will relocate to Building 01

Refurbishment – Existing Buildings

- Refurbishment of existing buildings for repurposing & future use.
- Repurposing areas in Block A after Block 01 completed

Demolish Buildings

- Decanting Departments in Block C and Mental Health to the new CSB
- Demolish Block C and Mental Health buildings

4 Works Packages

4.1 Proposed works packages

The Project Delivery Strategy currently identifies the following proposed scope of works packages.

Table 1: Project delivery strategy works packages and scope

Works Package	Scope
Car Parking	• Additional on-grade car parking, relocation (decanting) of Engineering Department • Demolish Engineering Building • Construct Multi Story Carpark and internal road infrastructure • Provision of temporary displacement car parking to free up main works site
Enabling Works	• Demolish part Building B BOH areas: Staff Canteen, Kitchen , Cool rooms, stores, loading dock • fitting out current shell space in existing building D, decanting departments to provide space for relocated services (e.g. pharmacy) *Extent and details of enabling works scope to be confirmed*
Early Works	• Relocation of in ground services • Bulk excavation, shoring and piling for new Clinical Services Building CSB Building 01 • Establish a temporary hospital entrance
Main Works	• Construction of Clinical Services Building (Building 01) • Establish new 'Primary Circulation Spine' from new build to existing café • Relocate / provide helipad on the roof of Building 01 • Extend new 'Primary Circulation Spine' from new build to northern end of the site
Refurbishment – Existing Buildings	• Refurbishment of existing buildings for repurposing & future use. • Repurposing areas in Block A after Block 01 completed • Reconfiguring minor areas block D • Expansion (incl new works) and refurbishment of cancer services

Demolish Block C and MH buildings	• Demolition of Building C and Mental Health Buildings • Complete external works and landscaping to Hospital St and cleared areas

5 Town Planning Strategy

For each of the identified works packages the appropriate planning pathway will be determined by the capital value of the works, nature and complexity of the works, and status of works proponents.

The Planning Approval Strategy for Campbelltown Hospital Redevelopment, for both enabling and main works, is via the Review of Environmental Factors (REF) under Part 5 of the EPA Act.

There is the potential for some of the proposed works to comprise general "exempt" development or "development without consent" under State Environmental Planning Policy (Infrastructure) 2007 (iSEPP). "Exempt Development" works under Schedule 1 of the iSEPP include a range of minor works such as internal building alterations (providing they are non-structural and do not affect any load bearing capacity of any part of the building) and minor external building alterations (such as re-cladding roofs or walls). There are a number of requirements under the iSEPP to be satisfied for such works to be classified as "exempt". No form of planning approval is required for exempt development.

"Development without consent" works under Division 58 of the iSEPP include any of the following, providing the development will not allow for an increase in the number of patients/ staff by more than 10%. Works that are "development without consent" will require the preparation of a Review of Environmental Factors (REF) under Part 5 of the EPA Act, for assessment by HI as the determining authority, including:

- Minor alterations of, or additions to an existing hospital, including internal fit-outs or provision of access for persons with a disability;
- Restoration or replacement of accommodation, administration or other facilities within an existing hospital; and
- Demolition of buildings if the development is in connection with a health services facility. The above criteria are fairly broad and may extend to any demolition associated with the Project and diversion of in-ground services, which are likely to be required for development.

For the works packages identified in the previous section the following planning pathways are proposed:

Table 2: Planning Pathway for Works Packages

Works Package	Planning Pathway
Construct new multi-storey Car Park (subject to separate business case)	Review of Environmental Factors (REF) under Part 5 of the EPA Act.
Early/Enabling Works	Review of Environmental Factors (REF) under Part 5 of the EPA Act.
Main new construction	State Significant Development (SSD)
Refurbishment of existing buildings	"Exempt Development" works under Schedule 1 of the iSEPP include
Demolish Block C and MH buildings	"Development without consent" works under Division 58 of the iSEPP

With the allocation of these planning pathways a review of the Project Team capabilities and the Master Program has been completed to ensure the following:

- Project Team consultants have the capacity and expertise to compile complex technical reports required for the respective town planning submissions; and
- Master Program includes adequate durations for preparation of planning submission and likely approval periods.

6 Procurement Options

6.1 Procurement Objectives

The procurement objectives for the Project are:

- Achieve certainty of project budget, scope, and delivery program;
- Achieve budget cash flow objectives;
- Achieve value through the procurement process;
- Reduce risk at all stages of the procurement process.
- Fair apportionment of risk to the organisation able to effectively manage

6.2 Key Procurement Considerations

Key considerations to be taken into account in assessing procurement options for the Project are summarised below.

Table 3: Project Procurement Considerations

Consideration	Description
Funding	• Project value and funding sources • Flexibility of budget including contingencies • Cash flow objectives
Timelines	• Project milestones • Key staging requirements
Work Type	• Major early / enabling works package • Major new build component • Major refurbishment works within existing buildings • Demolition of Block C and Mental Health Buildings
Opportunities for Innovation	• The new Clinical Services Building provides opportunities for innovation during design development, procurement and construction
Planning and Design Brief	• The completeness and clarity of the functional briefs • Likelihood of changes that are outside the agency's control (political, funding or technological) • Availability of design or performance standards

6.3 Procurement Options

Under the NSW Government Procurement Policy, a Procurement Strategy requires the agency to determine and document how the project will be delivered. This involves deciding how the project will be managed, what contracts would be involved and how risk will be allocated in those contracts.

HI is accredited under the NSW Government's Agency Accreditation Scheme for Construction for planning and delivery of construction procurement.

As part of its accreditation, HI will continue to use the NSW Government Procurement System for Construction, except where departures from the system are required.

Government recognises several contracting options in its procurement guidelines, all of which are utilised by Health Infrastructure depending on the factors and risk profile specific to a project. Below is a long-list of procurement options commonly used for government construction work in NSW:

- **Very Early Contractor Involvement (VECI) -** A two-stage relationship-delivery model where the contractor is involved in concept design and helps to finalise contract documentation. The first stage resembling a project alliance model and resembling a D&C model for the second stage.
- **Early Contractor Involvement (ECI) -** where the contractor participates in the design development stage for the Design Team to better understand constructability and cost impacts.
- **Design and Construct (D&C**) - where the contractor prepares a design on the basis of a performance or functional brief and constructs the work.
- **Design Finalisation (DF) -** where the contractor develops the design from a concept or preliminary design provided by the agency and constructs the work.
- **Construct only** – where the contractor constructs work in accordance with a fully developed and documented design provided by the agency.
- **Managing Contractor -** where the Client appoints a main contractor who manages the whole project of their behalf typically on fixed fees basis. It is then their responsibility to engage design consultants and construction subcontractors to undertake the project works under subcontracts.
- **Construction Management (CM)** – where the Client appoints a contractor on an agreed sum to oversee and coordinate the work of a range of individual trade contractors and designers engaged directly by the Client to deliver the project.
- **Guaranteed Maximum Price (GMP**) – where the contractor tenders a fixed price and the contract limits the contractor's entitlements to claims for extras. This commercial approach is often combined with one of the above delivery models.
- **Public Private Partnerships (PPP) -** where the Client selects a private sector partner to finance, design and construct the project works, and assume responsibility for operations and/or maintenance over a long-term period.

Each of the above procurement options were considered and after a series of work sessions, a short list which is identified below was created for consideration and weighting:

- Very Early Contractor Involvement (VECI)
- Early Contractor Involvement (ECI)
- Design Finalisation (DF)
- Design and Construct (D&C)

6.4 Selection Process of the Preferred Procurement Option

Current strategies on the delivery of larger health projects are utilising ECI or DF in their procurement approach. Some projects with complex early design, delivery or market considerations have utilised the VECI model. CHR does not present those up-front issue, so VECI is unlikely to be appropriate. In order to provide a quantitative basis for the selection of the preferred delivery method(s) we have set out the criteria and provided a simple statistical assessment of the different delivery models against the criteria, which have also been weighted to reflect the priorities of the CHR project.

6.5 Assessment Criteria

The following criteria have been identified as significant in the section of the most appropriate PDM for the CHR Project

Table 4: Criteria for PDM

	Criteria	Description
A	Early involvement of contractor's design consultants	Does the PDM provide opportunity for early transfer design responsibility to Main Contractor (MC) lessen coordination risk and give MC ownership of design
B	Client control of design	PDM ensures client has full control of design with design consultant continuity more likely.
C	Market timing in terms of resource availability/market interest from tier 1 MCs	The PDM fits for the stage of project development at the point in time market appetite/capability is anticipated to be favourable
D	Early innovation /market inputs through MC	The PDM is conducive to Innovation/Value Engineering through early engagement of the MC during Design Development.
E	MC engagement on Enabling and Early works	To engage the MC to take on risky/complex early works & incorporate into the Main Works.
F	Continuity of program (transition from planning to construction)	The benefits that the PDM provide for continuity through the transition from Planning to Delivery.
G	Ability to allow for some flexibility downstream	PDM provides flexibility in managing a changing operational environment, process and/or requirements following design development e.g. need to re-sequence works inside existing facilities due to hospital operational requirements.
H	Good scope and design definition reduces MC risk premium	PDM allows preparation of a well-developed design and scope documentation for MC tender

6.6 Relative importance weightings

The relative weighting for the identified criteria are produced using a paired comparison approach. This involves comparing each criterion to every other criterion to determine which is collectively viewed as being the most important to determine their relative importance.

The raw score for criterion is converted into a weighted score out of 100 (e.g. 7/30x100=23%).

The results of this process are outlined below.

Table 5: Weighted Assessment Criterion for PDM

#	Criteria	B	C	D	E	F	G	H	Raw Score	Weighted Score
A	Early involvement of contractor's design consultants	A	C	A	A	A	G	H	4	0.14
B	Client control of design	B	C	B	B	F	B	H	3	0.11
C	Market timing in terms of resource availability/market interest from tier 1 MCs	C	C	C	C	C	C	H	6	0.21
D	Early innovation /market inputs through MC	D	E	F	G	H			0	0
E	MC engagement on Enabling and Early works	E	F	G	H				1	0.03
F	Continuity of program (transition from planning to construction)	F	G	H					3	0.11
G	Ability to allow for some flexibility downstream	G	H						4	0.14
H	Good scope and design definition reduces MC risk premium	H							7	0.25
									28	1.00

6.7 Assessment of PDMs

The procurement models are now assessed against the weighted criteria and a resultant ranking generated

Table 6: Assessment of Preferred Procurement Model

Campbelltown Hospital Redevelopment			VECI		ECI		Design Finalisation		D and C	
PDM Criterion		Relative weighting	Raw Score	Weighted Score	Raw Score	Weighted Score	Raw Score	Weighted Score	Raw Score	Weighted Score
A	Early involvement of contractors design consultant's	14%	4	0.56	3	0.42	1	0.14	2	0.28
B	Client control of design	11%	2	0.22	3	0.33	4	0.44	1	0.11
C	Market timing in terms of resource availability/market interest from tier 1 MC's	21%	1	0.21	3	0.63	3	0.63	3	0.63
D	Early innovation /market inputs through MC	0%	4	0	3	0	2	0	1	0
E	MC engagement on Enabling and Early works	3%	4	0.12	3	0.09	2	0.06	1	0.03
F	Continuity of program (transition from planning to construction)	11%	4	0.44	3	0.33	2	0.22	1	0.11
G	Ability to allow for some flexibility downstream	14%	4	0.56	4	0.56	2	0.28	0	0
H	Good scope and design definition reduces MC risk premium	25%	2	0.5	2	0.5	4	1	2	0.5
Total		100%	2.61		2.86		2.77		1.66	
Ranking			3		1		2		4	

7 Preferred Procurement Model

The procurement models with the highest ranking is the ECI followed by the Design Finalisation. This outcome confirms the current procurement strategy on larger health projects in NSW. The CHR project will carry forward both options at this stage.

The final decision on whether ECI or DF models will be implemented for procurement of the main works is dependent on the extent of design resolution (Schematic Design and Clinical DD) and scope definition at the proposed time of tendering the works.

The current master program for planning and design will accommodate either delivery model. The master program relies on the main contractor commencing construction works in mid-2019 and both procurement models will achieve this program constraint.

8 Master Program

The program will become the approved program once accepted through the endorsement of this Business Case. At that point the program will be set as the baseline program for future tracking, monitoring and reporting purposes.

The detail underpinning the program will continue to be refined during Schematic and Design Development as the more detailed design information emerges and with the finalisation of the selection of the Procurement Method(s) to be adopted for the Project.

The Program is supported by an indicative Staging Strategy which includes and accounts for:

- Completion of Schematic Design and Design Development.
- Town planning application and approval
- Enabling works packages
- Opportunity for Early Contractor Involvement (ECI)
- Main Contractor (and Early Works / Enabling Works Contractors) procurement
- Site mobilisation and start-up
- Several distinct work stages to facilitate early works, new build, refurbishment and decant
- Commissioning and handover periods
- Project contingency

The program will be tracked and updated on a monthly basis and a program status report will be included in the Project Manager's Monthly Report to the PDC and ESC per the Governance Structure and requirements. The program will also be utilised as a management tool at PCT, PDC, ESC, the Project team meetings to track progress and to identify and advise where delay risks are emerging and where corrective actions need to be taken by the Team to avoid or mitigate program delays.

The assumptions embedded in the Master Program include:

- The identified and distinct project works packages
- The Statutory Planning Approval Strategy
- The Procurement Strategy
- Commission and Handover allowances (time allowances – as shown on the program)

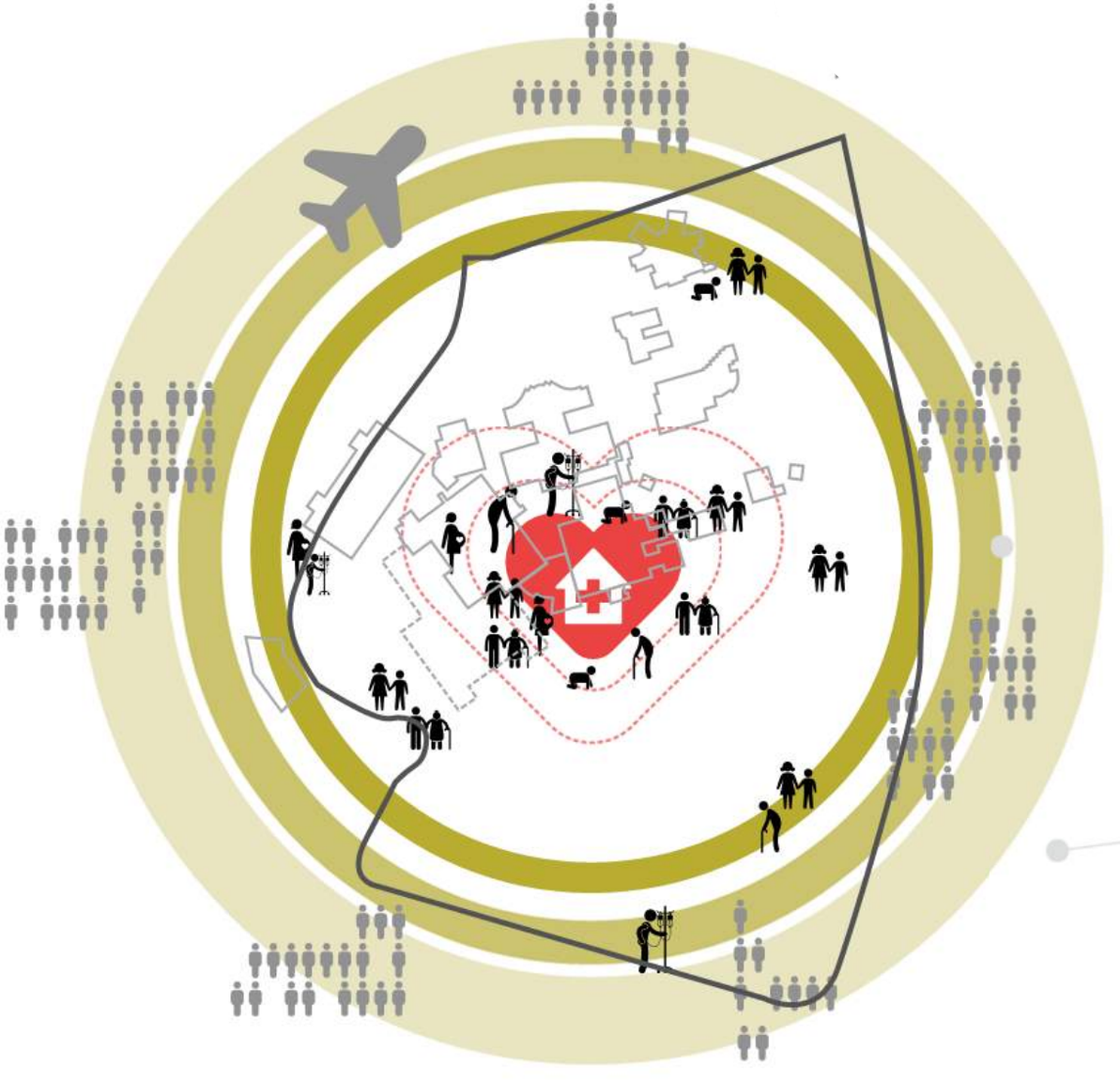
Delay contingencies (time allowances – as shown on the program).

9 Cashflow

The cashflow has been mapped out against the master program.

Construction expenditure is expected to peak in 2021/22. These are considered within the capabilities of the construction market on a project of this scale situated in an outer metropolitan location.

See separate report for the cashflow analysis.



Campbelltown Hospital Redevelopment

Planning Option Presentation_Site Staging_v5

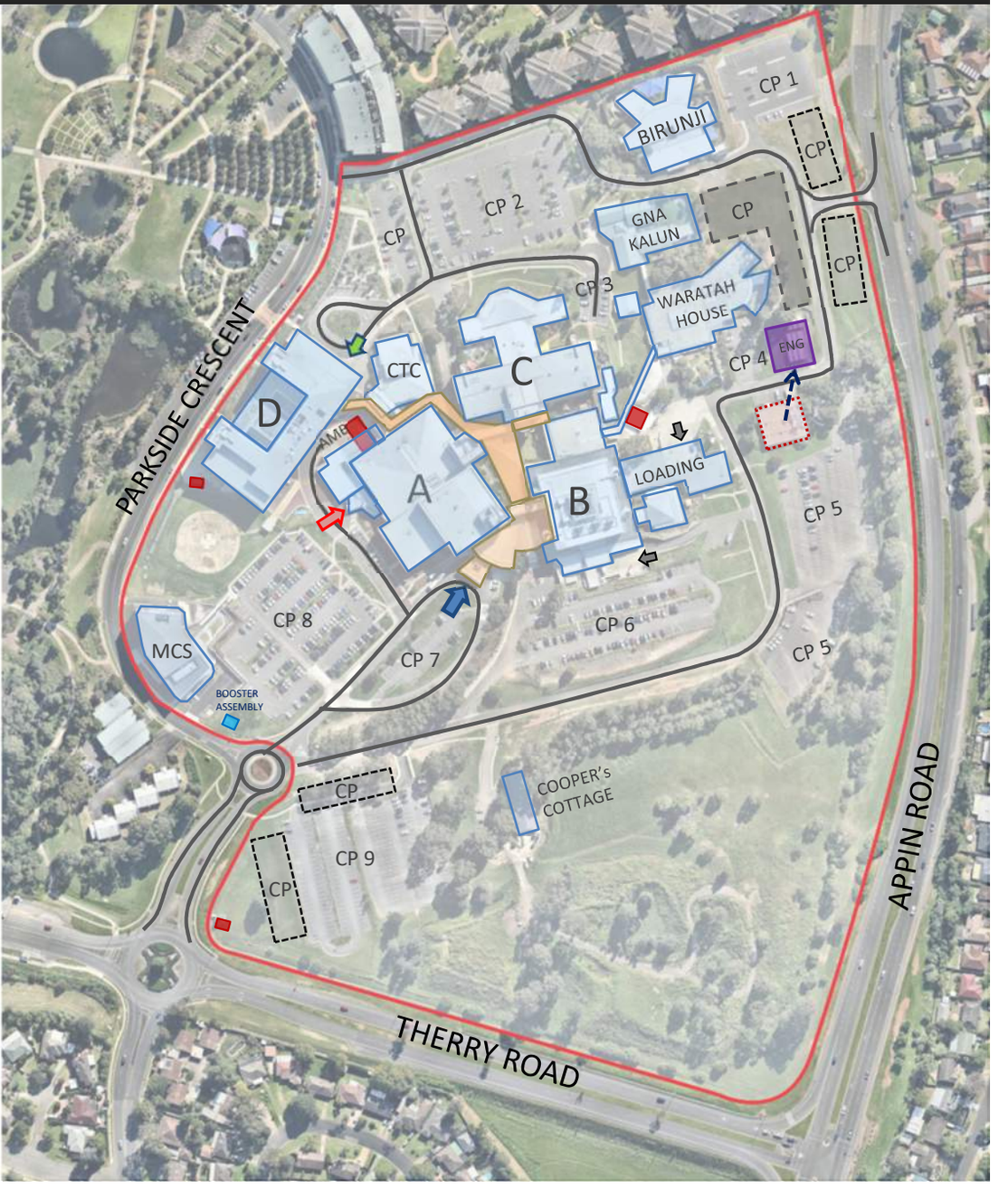
7th March 2018

Site Staging

Site Staging – Planning Option

Stage 1A – On-grade Car Parks (Early Works)

- Construct new on-grade car parking
- Relocate Engineering Department

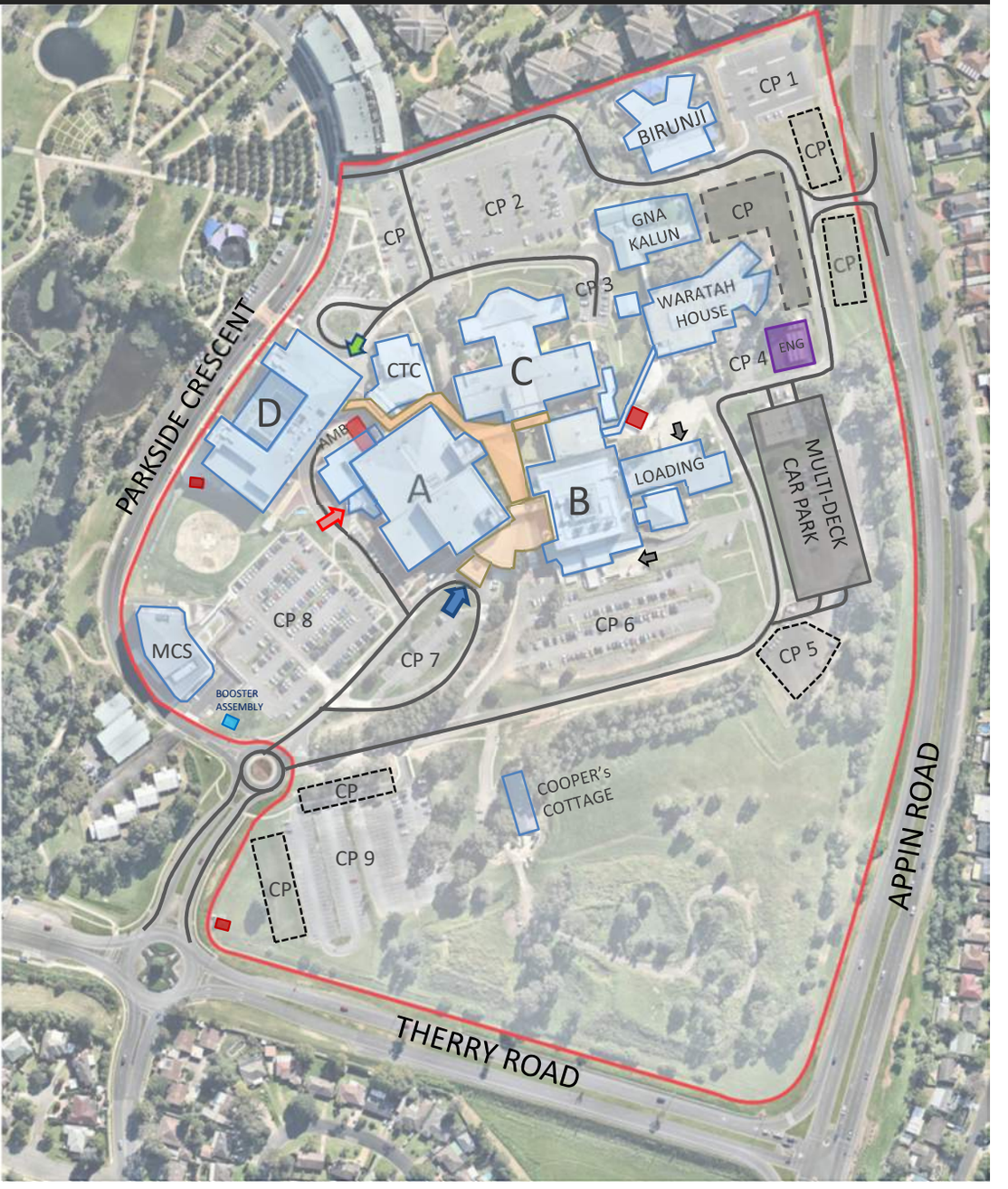


- Existing Logistics/BOH Entry
- Existing Main Entry
- Existing ED & Ambulance Entry
- Existing Building D Entry
- Existing Hospital Roads
- New Multi-storey Car Park
- New Hospital Buildings
- Demolished Buildings
- Existing Hospital Buildings
- Existing Substation
- Proposed Refurbishment
- New On-grade Car Park

Site Staging – Planning Option

Stage 1B – New Multi-storey Car Park

- Demolish existing on-grade carpark CP5
- Construct new multi-storey car park
- Construct internal road infrastructure



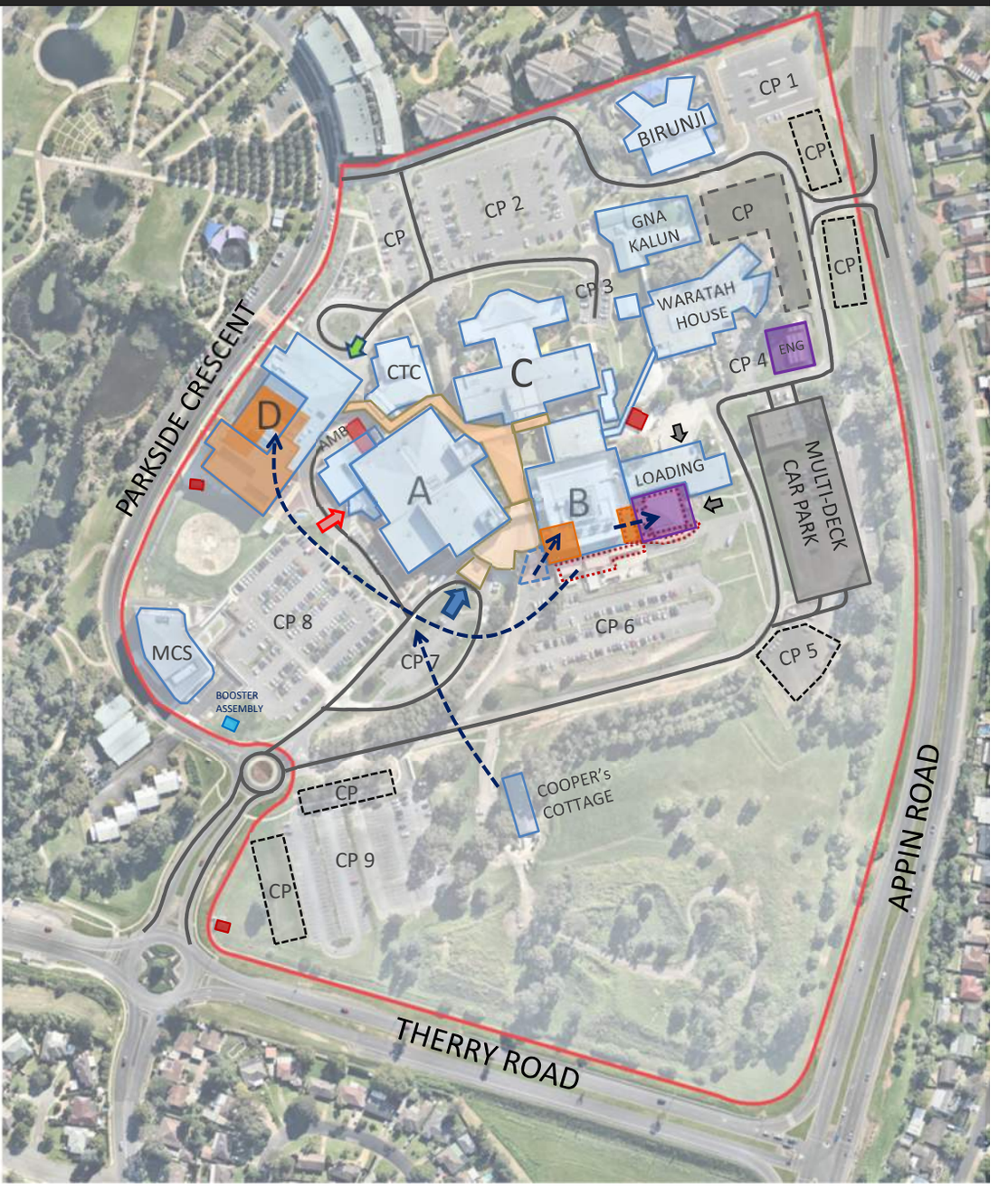
- Existing Logistics/BOH Entry
- Existing Main Entry
- Existing ED & Ambulance Entry
- Existing Building D Entry
- Existing Hospital Roads
- New Multi-storey Car Park
- New Hospital Buildings
- Demolished Buildings
- Existing Hospital Buildings
- Existing Substation
- Proposed Refurbishment
- New On-grade Car Park

Site Staging – Planning Option

Stage 1C – Enabling Works to Existing Buildings

- Demolish part Building B BOH areas:
- Allied Health (Admin)
- Kitchen (i.e. Cool rooms, stores, loading)
- Staff Canteen
- BOH expansion and reconfiguration works in Building B
- Decant Allied Health (Admin) from Building B to fit out shell space of Building D
- Demolish existing egress Ramp and reconfigure egress from Building B
- Relocate existing Pharmacy service from FOH Level L00 to vacated Allied Health area in Building B on Ground level
- Relocate existing Cooper's Cottage (D&A service)
- New patient transport pick-up/drop-off (Building D)

- Existing Logistics/BOH Entry
- Existing Main Entry
- Existing ED & Ambulance Entry
- Existing Building D Entry
- Existing Hospital Roads
- New Multi-storey Car Park
- New Hospital Buildings
- Demolished Buildings
- Existing Hospital Buildings
- Existing Substation
- Proposed Refurbishment
- New On-grade Car Park

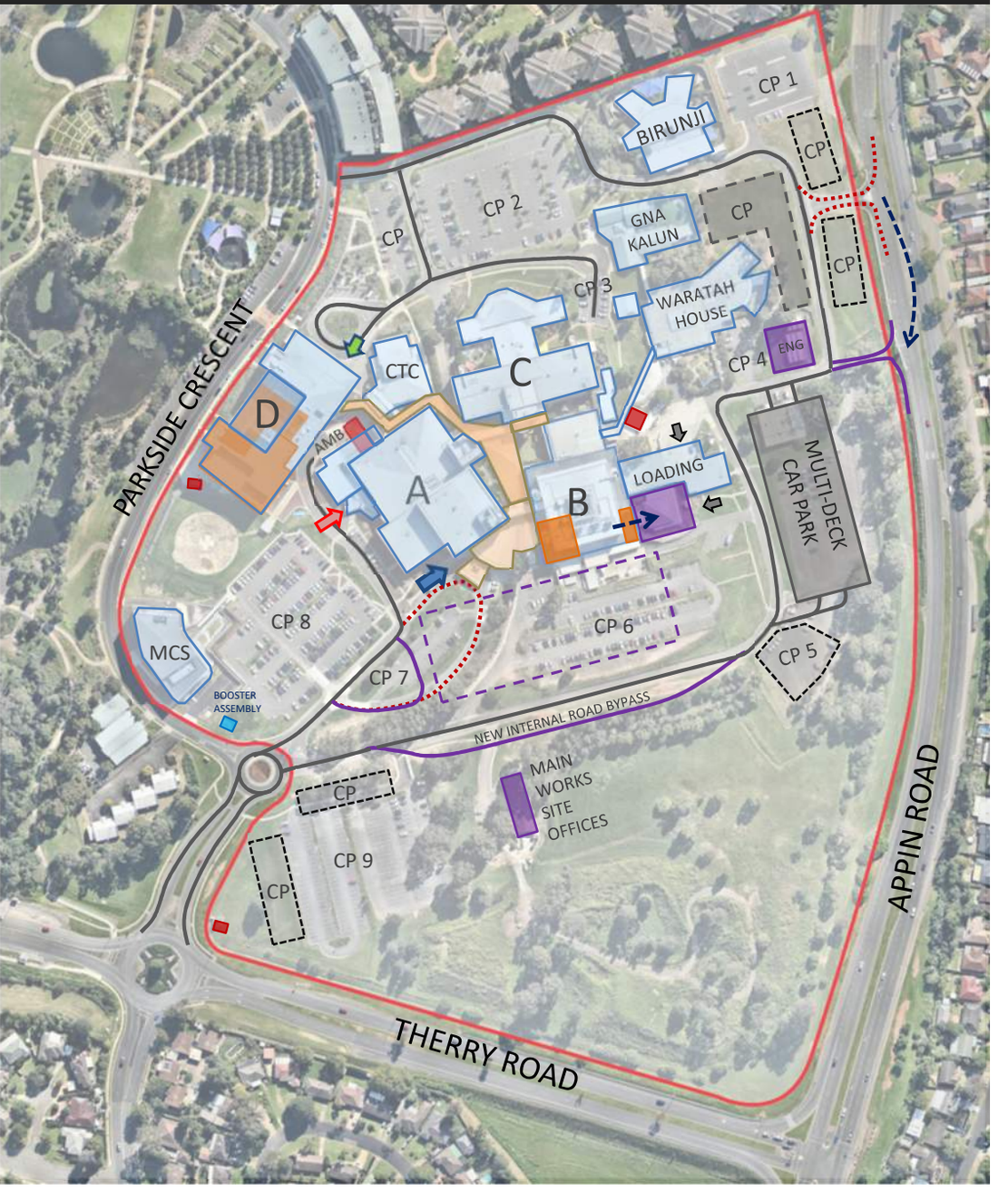


Site Staging – Planning Option

Stage 2A – Enabling Works & CSB (Building 1) Early Works

- Provide displacement car parking CP6 (Public) and CP7 (VMO)
- Close down Car park 6 and redirect to Carpark 2 (change from staff to public use)
- Close down Car park 7
- Construct new internal road and relocate Appin Road intersection including in-ground services infrastructure diversion
- Service diversions under new CSB Building 1
- Bulk excavation works and construction of internal bypass road
- Reconfigure internal road, main entry drop-off and on-grade car park CP7
- Reconfigure existing Cooper's Cottage as main contract works site offices

- Existing Logistics/BOH & New Kitchen Entry
- Existing Main Entry
- Existing ED & Ambulance Entry
- Existing Building D Entry
- Existing Hospital Roads
- New Multi-storey Car Park
- New Hospital Buildings
- Demolished Buildings
- Existing Hospital Buildings
- Existing Substation
- Proposed Refurbishment
- New On-grade Car Park

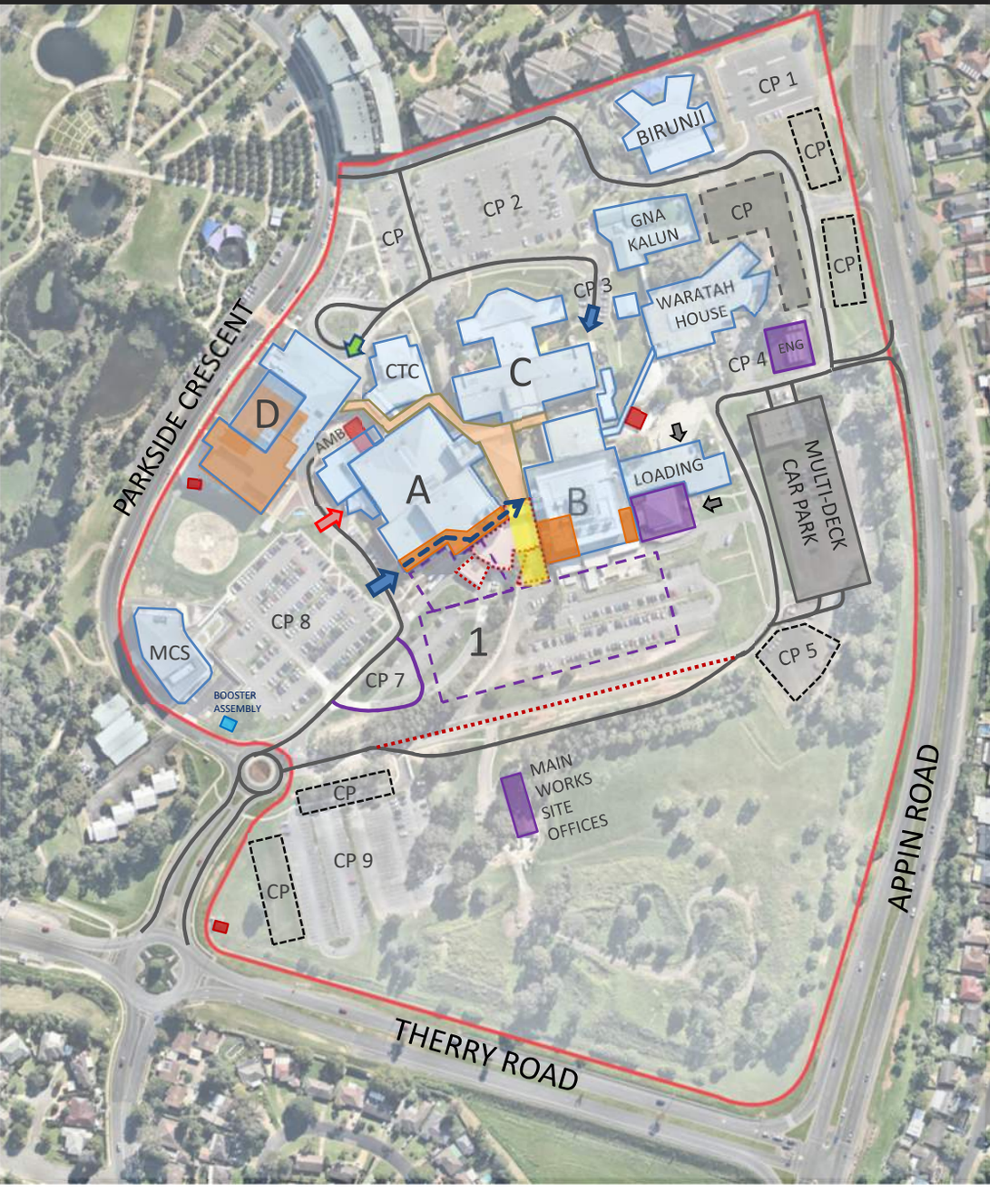


Site Staging – Planning Option

Stage 2B – CSB (Building 1) Main Works Preparation

- Construct new temporary main hospital entrance at Level L00 during construction works (2 years)
- Part demolish and reconfigure existing FOH areas between Buildings A & 1 including old Pharmacy and Day Surgery entry
- Set-up/configure existing Building D & C entries for day/ambulatory and public car parking during construction works
- Utilise CP3 as temporary Day Surgery entry through Building C

- Existing Logistics/BOH & New Kitchen Entry
- New Main Entry - South
- Existing ED & Ambulance Entry
- Existing Building D Entry
- Existing Hospital Roads
- New Multi-storey Car Park
- New Hospital Buildings
- Demolished Buildings
- Existing Hospital Buildings
- Existing Substation
- Proposed Refurbishment
- New On-grade Car Park

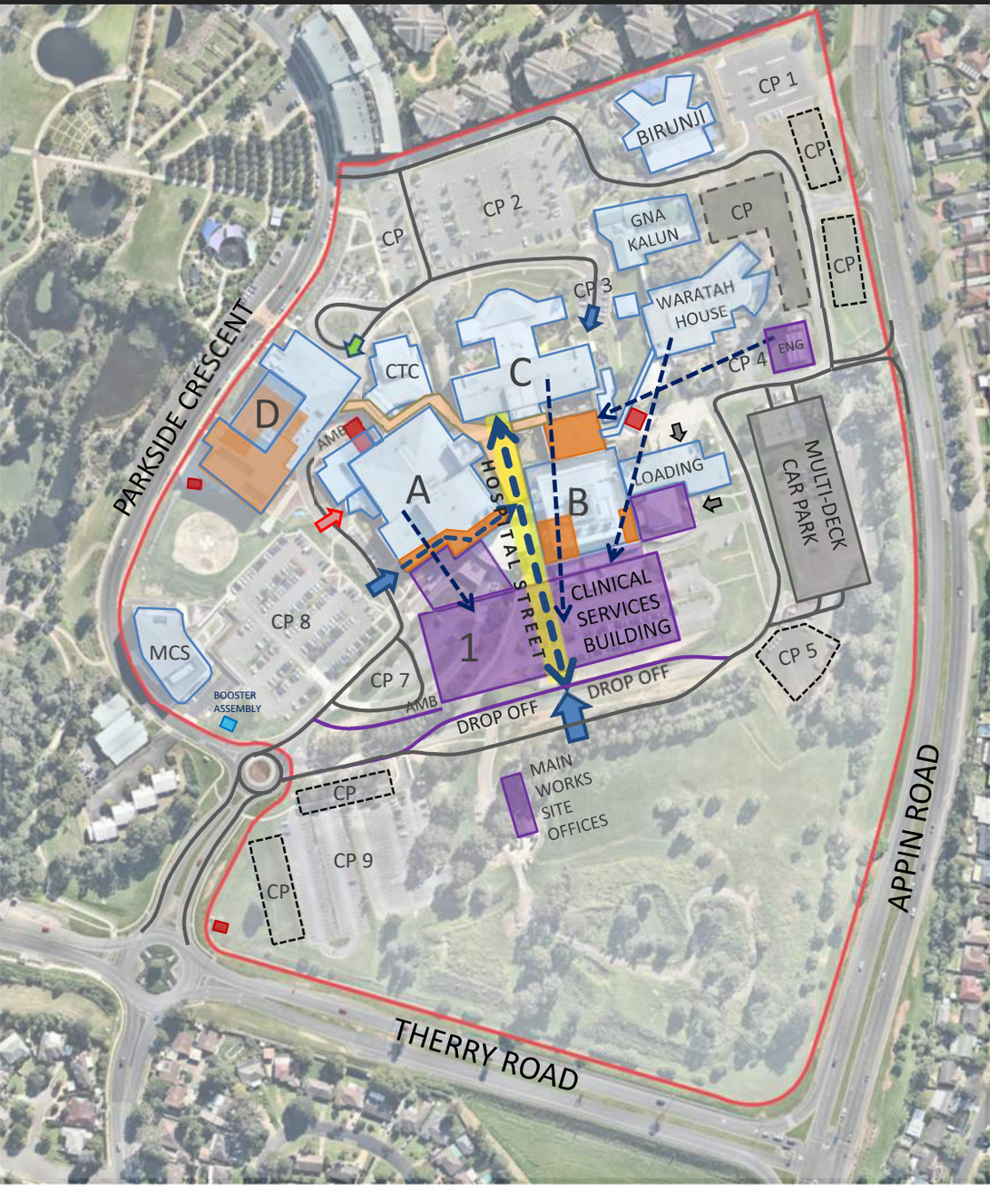


Site Staging – Planning Option

Stage 2C – Construct Clinical Services Building (Building 1)

- Construct new Clinical Services Building 1 (CSB) incorporating new hospital main entry, ED, ICU, Maternity, Paediatrics, Surgical, Mental Health (Integrated), IPUs and expanded Perioperative services
- Construct new internal road infrastructure including Ambulance access & drop off
- Maintain temporary main hospital entrance through Building A for duration of Building 1 construction
- Relocate New Main Hospital Entrance at Level L02 of Building 1
- Construct new 'Hospital Street' connections
- Retain Operating Theatres & Medical Imaging in Building A throughout construction
- Decant Clinical Services to Building 1
- Decant Mental Health from Waratah House to Building 1
- Decant Maternity from Building C to Building 1
- Decant Engineering to new area in Building B

- Existing Logistics/BOH & New Kitchen Entry
- New Main Entry - South
- Existing ED & Ambulance Entry
- Existing Building D Entry
- Existing Hospital Roads
- New Multi-storey Car Park
- New Hospital Buildings
- Demolished Buildings
- Existing Hospital Buildings
- Existing Substation
- Proposed Refurbishment
- New On-grade Car Park



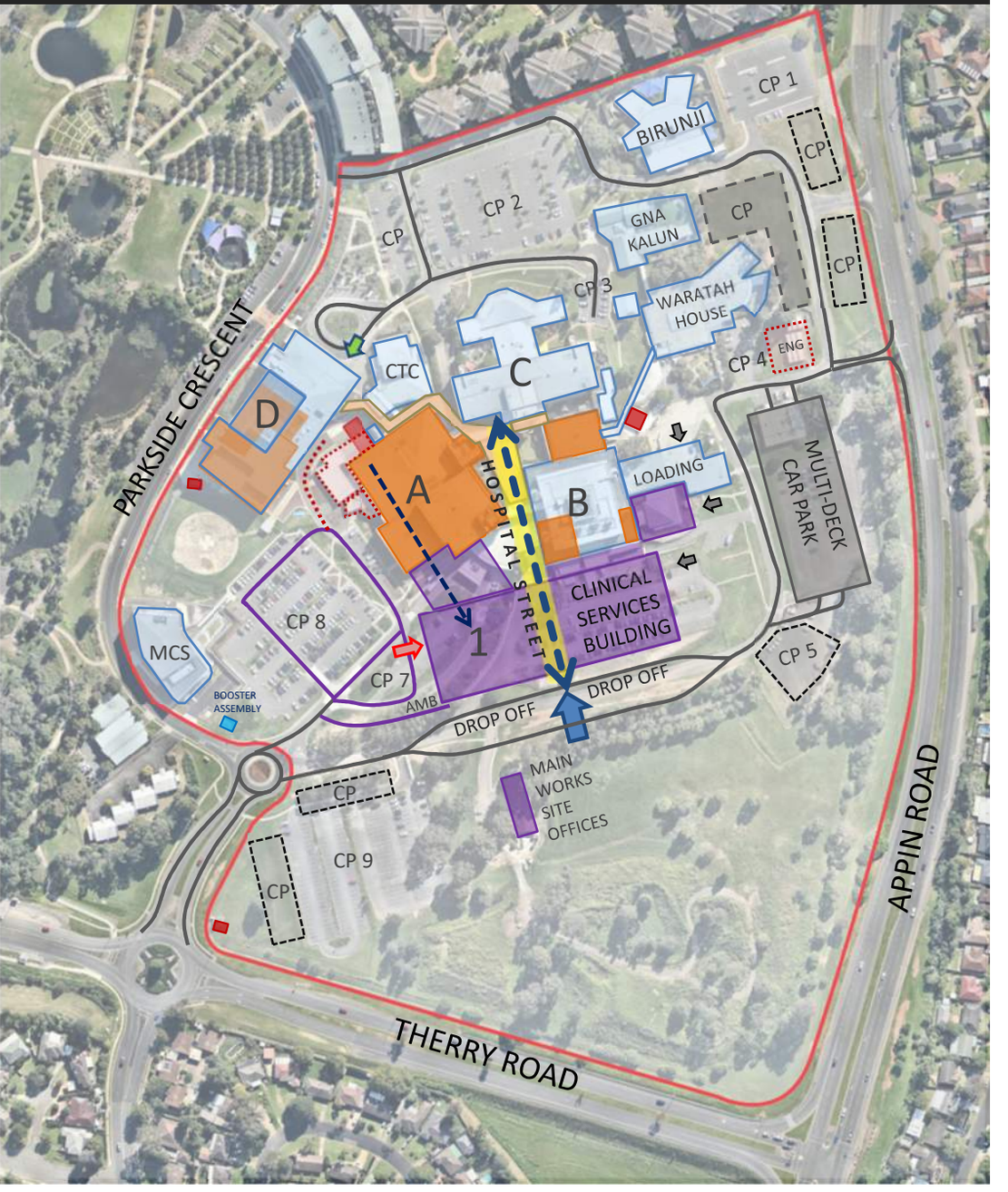
Site Staging – Planning Option

Stage 3A – Prepare Refurbishment Building A

- Demolish old departmental areas in Building A for repurposing:
  - PECC/Ambulance Bays/ED Entry single storey external built areas at Level L00
  - CSSD internal fit out area at Level L01
  - Renal Dialysis internal fit out area at Level L02
  - ICU/HDU internal fit out area at Level L03

- Construct and reconfigure carpark CP8 and ED drop-off
- Decant CSSD from Building A into Building 1
- Relocate/Demolish existing temporary Engineering Buildings

- Existing Logistics/BOH & New Kitchen Entry
- Existing Main Entry
- Existing ED & Ambulance Entry
- Existing Building D Entry
- Existing Hospital Roads
- New Multi-storey Car Park
- New Hospital Buildings
- Demolished Buildings
- Existing Hospital Buildings
- Existing Substation
- Proposed Refurbishment
- New On-grade Car Park



Site Staging – Planning Option

Stage 3B – Refurbishment Building A

- Refurbish and repurpose areas in Building A:
- Expand existing Medical Imaging at Level L00
- Establish new Nuclear Medicine service at Level L00
- Expand Perioperative services at Level L01
- Fit out old Renal Unit for new ICT/BTS area at Level L01
- Fit out old ICU for expanded Pathology service at Level L03
- Construct new integral clinical link between Buildings A, D & 1
- Construct new public link between 'Hospital Street' through Building A to D
- Construct new 'Hospital Street' from new build to existing Building C interface
- Demolish existing external pre-fab 'zig-zag' pedestrian link to Building D
- Building A Commissioning Phase

Existing Logistics/BOH & New Kitchen Entry

Existing Main Entry

Existing ED & Ambulance Entry

Existing Building D Entry

Existing Hospital Roads

New Multi-storey Car Park

New Hospital Buildings

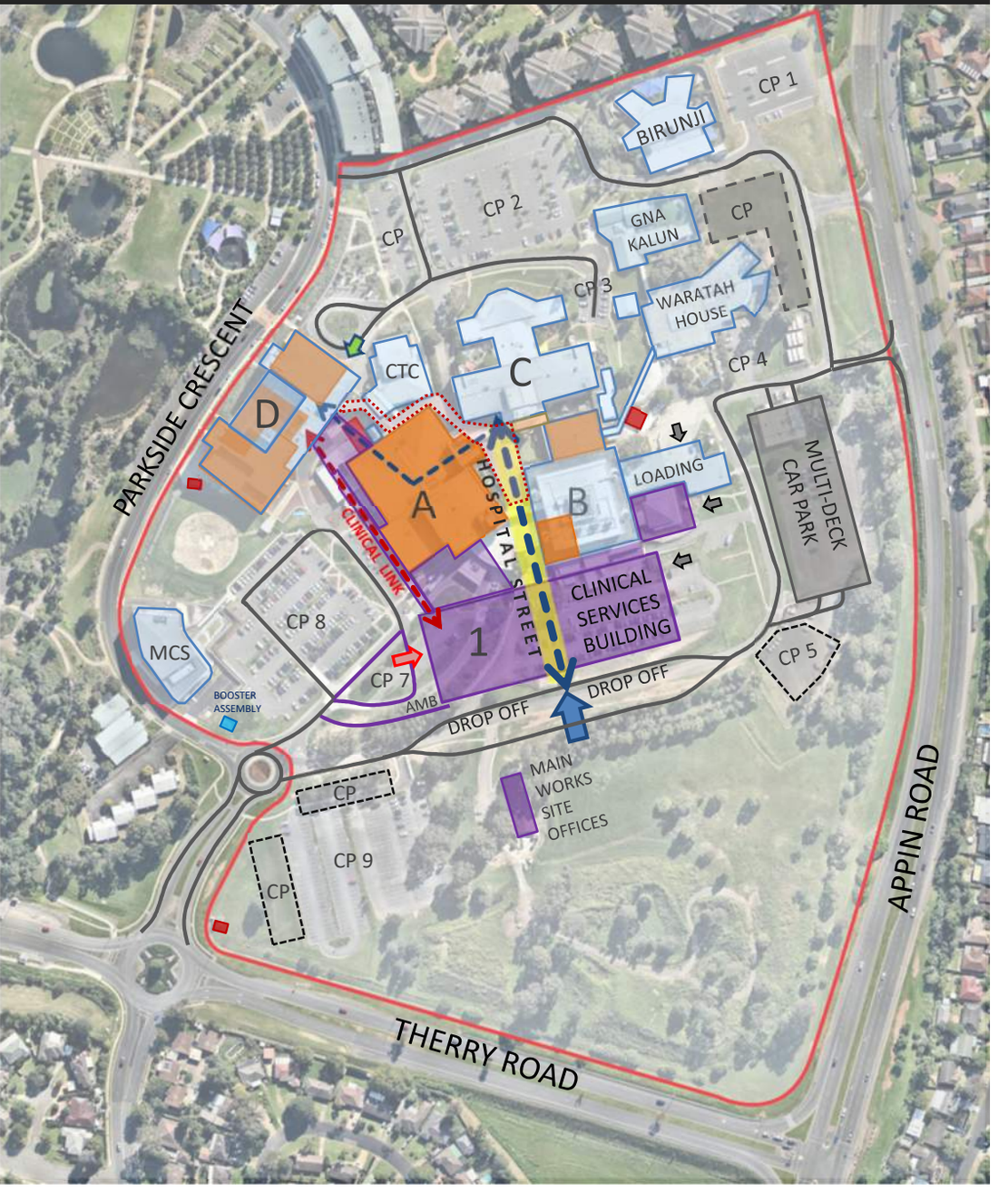
Demolished Buildings

Existing Hospital Buildings

Existing Substation

Proposed Refurbishment

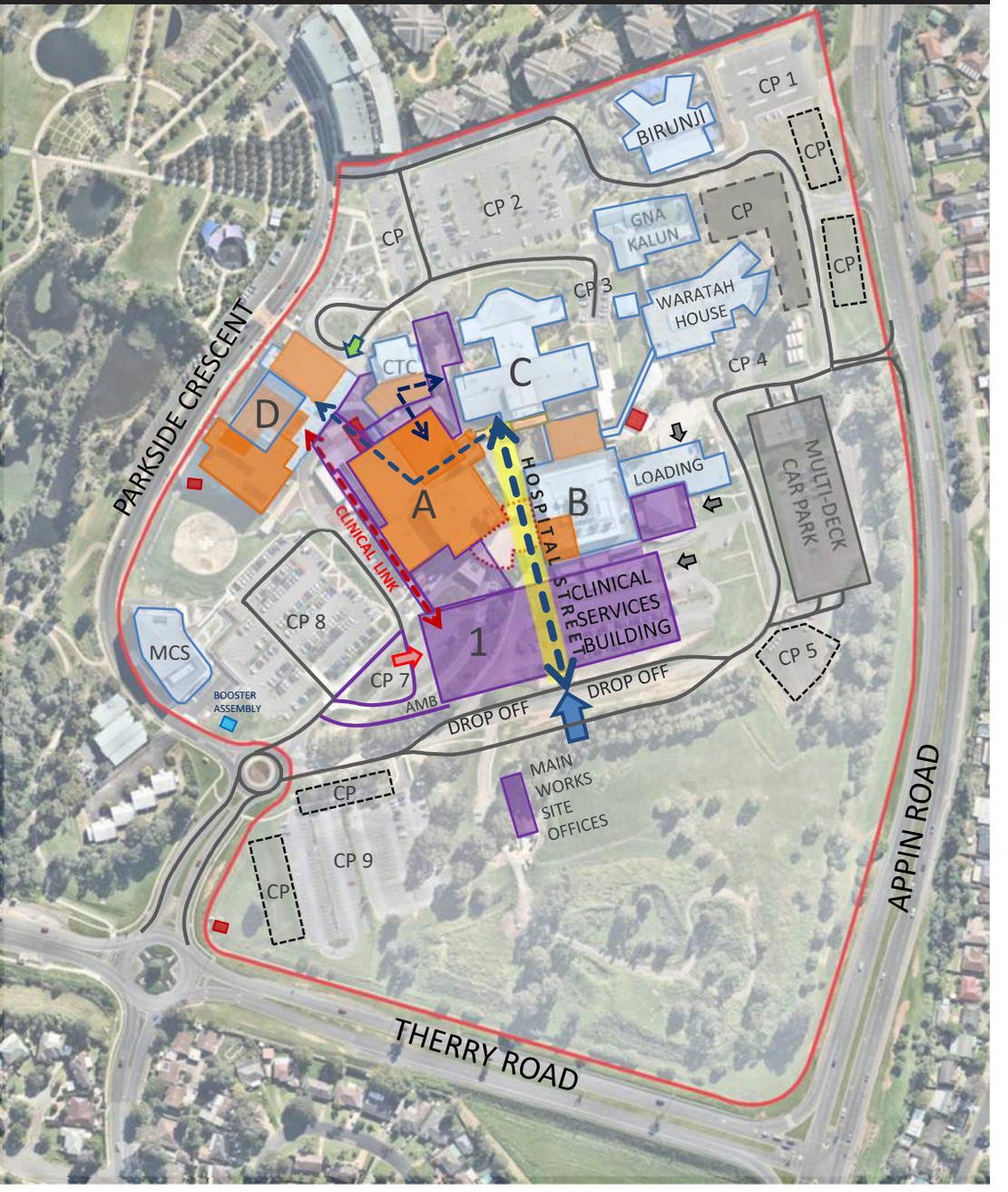
New On-grade Car Park



Site Staging – Planning Option

Stage 3C – Cancer Therapy Centre (CTC) Expansion

- Construct Cancer Therapy Centre (CTC) Expansion including new Linacs at Level B01 and new northern entry incorporating retail/café areas at Level L00
- Refurbish existing CTC oncology services in Level B01 of Buildings A and/or D
- CTC Commissioning and handover phase

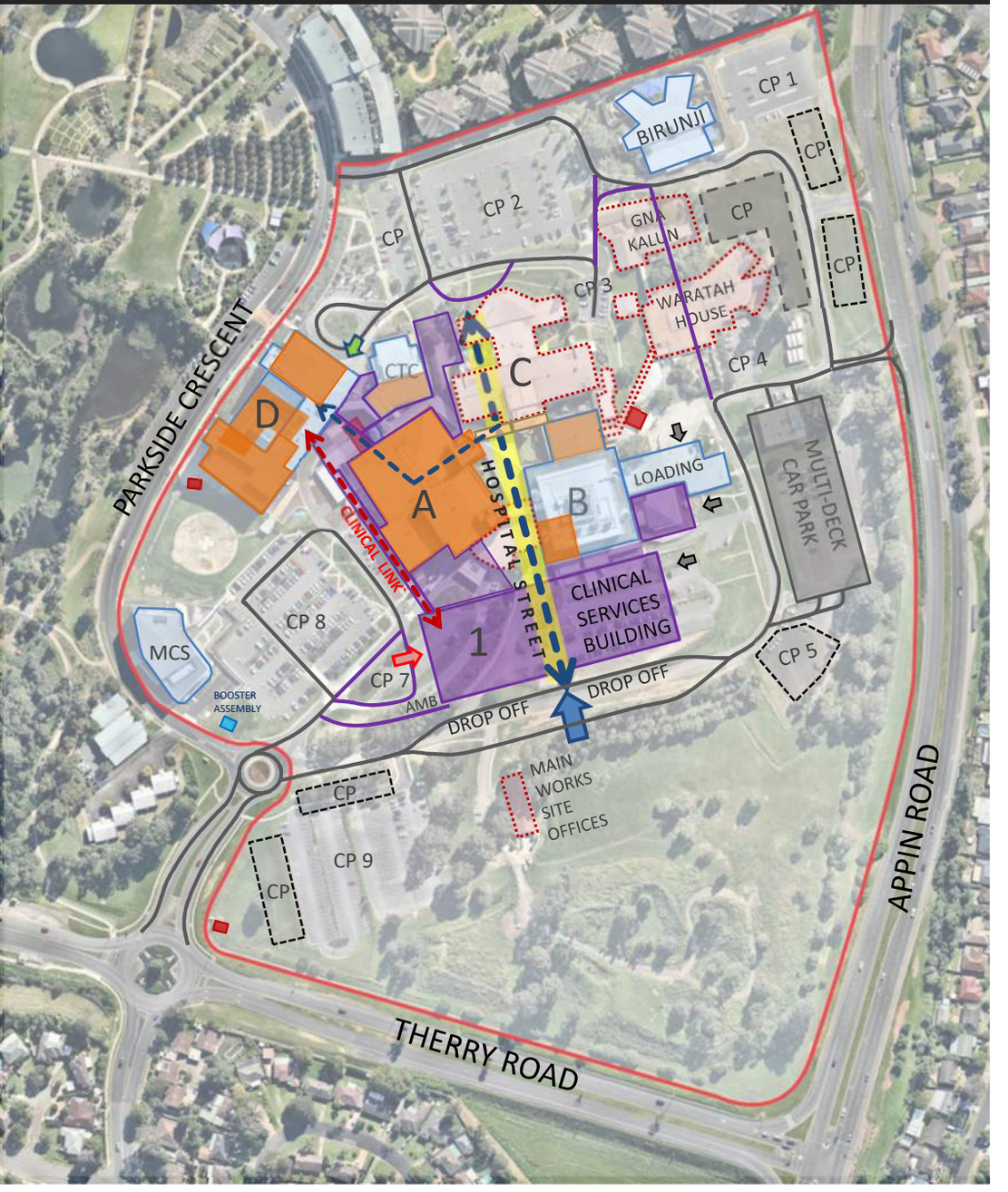


- Existing Logistics/BOH & New Kitchen Entry
- Existing Main Entry
- Existing ED & Ambulance Entry
- Existing Building D Entry
- Existing Hospital Roads
- New Multi-storey Car Park
- New Hospital Buildings
- Demolished Buildings
- Existing Hospital Buildings
- Existing Substation
- Proposed Refurbishment
- New On-grade Car Park

Site Staging – Planning Option

Stage 4 – Demolition and Site Works

- Demolish existing Building C and Mental Health buildings (Gna Kalun & Waratah House)
- External works and landscaping to demolition areas including completion of northern access to 'Hospital Street'
- Construct new northern entry drop off zone
- Demolish Main Works Site Offices building (Cooper's Cottage)



- Existing Logistics/BOH & New Kitchen Entry
- Existing Main Entry
- Existing ED & Ambulance Entry
- Existing Building D Entry
- Existing Hospital Roads
- New Multi-storey Car Park
- New Hospital Buildings
- Demolished Buildings
- Existing Hospital Buildings
- Existing Substation
- Proposed Refurbishment
- New On-grade Car Park

Site Staging – Planning Option

End of CHR Stage 2 Scope of Works

- Existing Logistics/BOH & New Kitchen Entry
- Existing Main Entry
- Existing ED & Ambulance Entry
- Existing Building D Entry
- Existing Hospital Roads
- New Multi-storey Car Park
- New Hospital Buildings
- Demolished Buildings
- Existing Hospital Buildings
- Existing Substation
- Proposed Refurbishment
- New On-grade Car Park