

ROYAL HOBART HOSPITAL MASTER PLAN REVIEW 2019

MASTER PLAN REVIEW REPORT - VOLUME 1 - EXECUTIVE REPORT | FEB 2019

Prepared for The Tasmanian Department of Health

Revision A | February 2019



TABLE OF CONTENTS

EXECUTIVE REPORT

- 1.1 Introduction
- 1.2 Stakeholder Consultation
- 1.3 Master Plan Review Principles and Priorities
- 1.4 Background - Previous Preferred Master Plan Site
 - 1.4.1 Introduction
 - 1.4.2 K Block (Stage 1) Impacts - Preferred Master Plan 2011
 - 1.4.3 Overall 2011 Preferred Master Plan Observations
- 1.5 Royal Hobart Hospital and The Repatriation Hospital Development Criteria
 - 1.5.1 Royal Hobart Hospital Site
 - 1.5.2 The Repatriation Hospital Site
- 1.6 The Repatriation Hospital Site
 - 1.6.1 Introduction
 - 1.6.2 Proposed Development of The Repatriation Hospital

- 1.7 Royal Hobart Hospital Site Master Plan Review 2019 - Outcomes
 - 1.7.1 Introduction
 - 1.7.2 Block L (Recommended - Post K Block Completion)
 - 1.7.3 Block M
 - 1.7.4 Block N and Associated Works
- 1.8 Interim Works Royal Hobart Hospital Site
 - 1.8.1 Introduction
 - 1.8.2 Interim Works - New Lift
 - 1.8.3 Interim Works - A Block
 - 1.8.4 Interim Works - Emergency Department
 - 1.8.5 Interim Works - J Block Inpatient Services
- 1.9 Conclusion and Recommendations
- 1.10 Royal Hobart Hospital Site - Alternate Option - L Block
- 1.11 Next Steps - Recommendations

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A	FINAL REPORT	28/02/2019	Bruce Crook	Aija Thomas

1.0 INTRODUCTION

This Master Plan Review presents high level options for the development of the Royal Hobart Hospital site and the Repatriation site. This will assist the Tasmanian Department of Health in providing Tertiary/Acute and Sub-Acute Services across both sites. Following extensive consultation with key stakeholders and documentation (including 2011 Preferred Master Plan) reviews a set of Master Plan Review principles and priorities was developed to provide parameters and guidance for this study.

1.1 Terms of Reference

Silver Thomas Hanley Architects were commissioned in September 2018 by Tasmanian Department of Health to complete a Master Plan Review for the Royal Hobart Hospital site and the Repatriation Hospital Site. The Master Plan Review considers both sites as an integrated solution considering Clinical and Support services.

The Master Plan Review considers the clinical and support service delivery post K Block completion for both hospital sites.

The Master Plan Review has also considered the occupancy of Levels 2 & 3 in K and J Block.

Interim Works Post K Completion including:

- Expansion and upgrade of existing Emergency Department at RHH to meet clinical service requirements.
- A new lift connecting Emergency Department, Medical Imaging and Mental Health Inpatient Units to meet clinical service requirements as existing lifts are not appropriately sized.

Efficient Development Options for Stage 2 that include:

- Maximisation of the building envelope to provide key clinical and support requirements (that are not met by K Block).
- A cost estimate.
- Identify decanting requirements including The Repatriation Hospital site.
- Identify likely occupants taking into consideration the clinical areas such as ICU, Pathology, Pharmacy, Mortuary, Cardiology and Support Services.

Efficient Development Options for Stage 3 and 4 that:

- Completes the total required building area for the hospital sites.
- Considers services that could be relocated from the main hospital site to The Repatriation Hospital site.
- Reduce the requirement for leased facilities (e.g. outpatients).

This report has been undertaken following review of a number of client supplied documents including:

- RHH Site Master Plan 2011.
- RHH Redevelopment Rescue Taskforce Key Findings – 2014.

- An Executive Summary of Developed Design Report.

In addition, drawings of both sites were issued in various formats and consolidation of such has been difficult. Therefore, the accuracy cannot be guaranteed until a full site measure is undertaken. The plans received for K Block are initial construction plans as final as-built documentation is not available at the date of this report. This was confirmed following a site visit where discrepancies were noted between the built areas and plans issued.

In addition, this report has been prepared based on high level visual observation at both sites without recourse to a detailed site investigation (which has been recommended in the next stage).

1.2 Stakeholder Consultation

During the Master Plan Review 2019 process extensive Stakeholder Consultation was undertaken. It is to be noted the inputs by the Clinical and Support staff across both sites has been exemplary.

The inputs have included:

- Extensive minuted, well managed workshops;
- Functional departmental descriptions and future service needs; and
- Consideration of new Models of Care and consideration of services at both sites that will be incorporated into Clinical Services Plans.

(Refer to Volume 2 - Appendices for Stakeholder Engagement Workshops)

1.3 Master Plan Review Principles and Priorities

Following a review of the 2011 Preferred Master Plan, the K Block plans, client supplied documents and stakeholder consultation, a number of Principles and Priorities were developed to guide the Master Plan review.

These Principles and Priorities are:

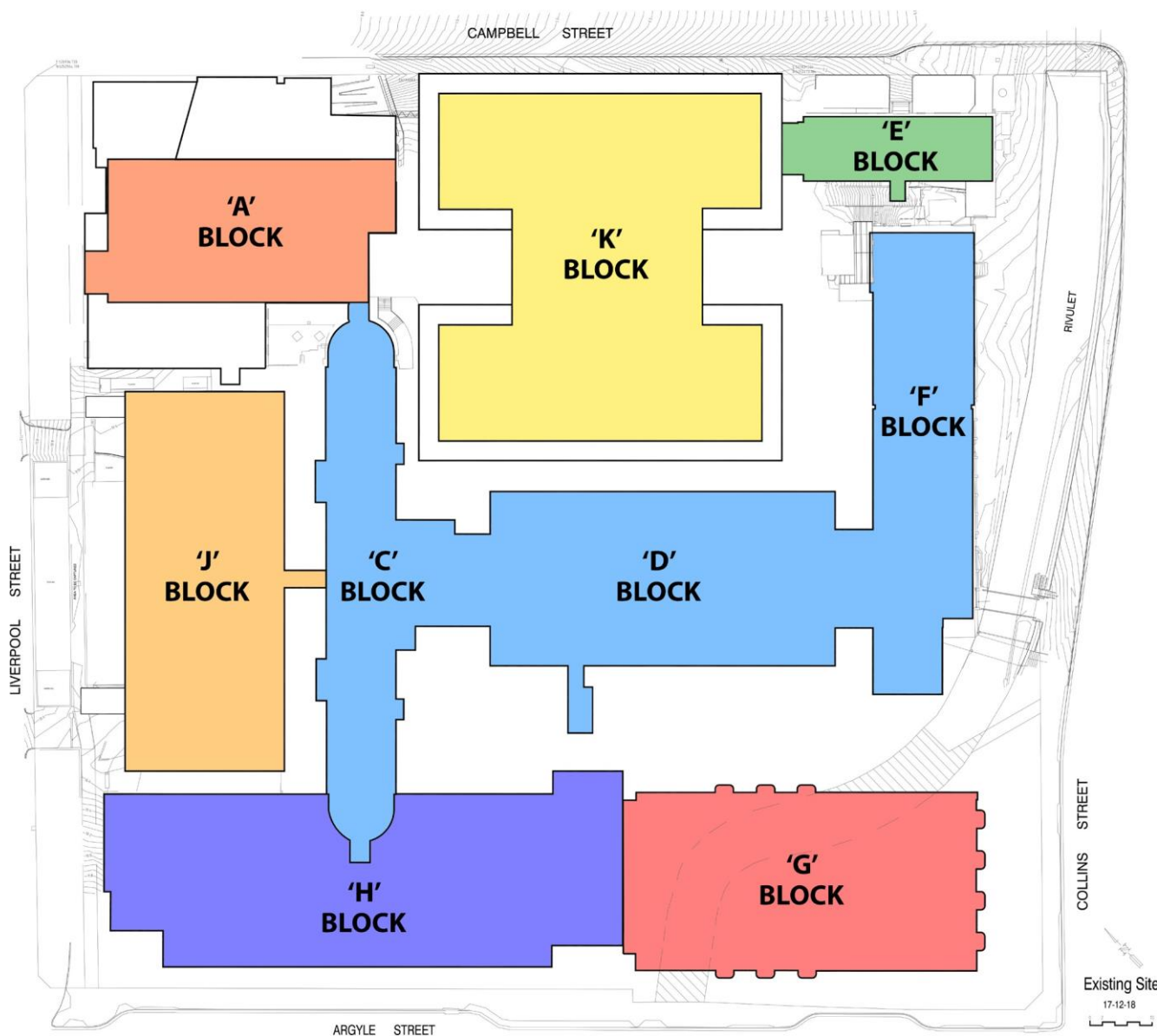
- Completion of K Block in 2019 as this milestone represents a significant impact on the site and clinical support delivery.
- Consideration of both the Royal Hobart Hospital (RHH) and The Repatriation Hospital sites.
- Permit appropriate growth with particular reference to the RHH site in general

accordance with the 2011 Master Plan (noting where 2011 Preferred Master Plan areas are inadequate to meet current demand they are to be reviewed, e.g. Emergency, Pathology and ICU).

- Appropriately staged developments at both sites and in particular the RHH city site which requires careful consideration to minimise extensive double decanting, temporary or additional off site accommodation and or major infrastructure upgrades in building proposed to be demolished in future stages (i.e. E, F, D, H, J and C Blocks). As per the 2011 Preferred Master Plan, A Block long term would be designated as an Integrated Cancer Centre as significant infrastructure and equipment investments have been made in this building.
- Update all facilities to current standards (including Australasian Health Facility Guidelines, Australian Standards, BCA and Accreditation Standards).
- Provide green space and outdoor amenity to patients, visitors and staff.
- Provision of onsite carparking.
- Where possible provision of self-contained critical infrastructure and building services for each stage, so as not to place

significant cost pressure on existing infrastructure.

- Modularity and connectivity of staged critical building infrastructure to be considered in all new buildings at both sites with a standard commensurate with K Block, as a minimum.



CURRENT ROYAL HOBART HOSPITAL BLOCKS

1.4 Background - Previous Preferred Master Plan Site (2011)

1.4.1 Introduction

The Preferred Master plan 2011 identified the following imperatives for the RHH site:

“Most of the buildings are close to the end of their functional life and require substantial upgrades to ensure appropriate safety and reliability.

- ***Additional space, including beds and specialist facilities, are required to meet current demand, address future growth and enable national health reform targets to be met.***
- ***New models of care critical for improvement of service delivery require either major redesign of current buildings or the creation of new infrastructure.***

One of the key objectives of the master planning work has been to deliver a Master Plan which can be progressively staged and which allows for the continued, uninterrupted operation of the hospital during the various stages of its implementation.”

(Excerpt from Royal Hobart Hospital Redevelopment Master Plan November 2011.)

Three options were evaluated as part of the study and a preferred option was endorsed.

The preferred option was:

- Developed multi-level K Block off Campbell following demolition of B Block (Stage 1);
- K Block would then expand into an Acute Clinical Precinct following the demolition of Blocks E, F and D in principle;
- G Block remained as a private sector operator;
- A Block was designated as a vertically Integrated Cancer Centre;
- C Block was to remain as the main entry containing Administration, Admissions and Support Offices. It is understood that the C Block is currently subject to a heritage listing;
- H Block was demolished to become clinics and Sub-Acute Services;
- J Block Emergency Department was to become clinics. Noting that the temporary J Block facility was not incorporated into the 2011 Master Plan; and
- Site access was located on all street frontages through the east/west and north/south internal streets.

1.4.2 K Block (Stage 1) Impacts – Preferred Master Plan 2011

The following commentary describes the K Block (Stage 1). Staging was considered a key objective of the Master Plan 2011.

The 2011 Preferred Master Plan did not progress to review staging and decanting post Stage 1.

The following table indicates the subsequent change between the 2011 Master Plan for K Block and current construction:

“The preferred Master Plan option proposes a robust framework within which a staged, total redevelopment of the RHH site can be undertaken. The Master Plan enables the existing hospital to be progressively rebuilt over time as an all new facility to meet the hospital’s increasing demand for health services and to take account of likely future capital funding availability.”

(Excerpt from the Royal Hobart Hospital Redevelopment Master Plan, November 2011.)

“Stage 1 of the Redevelopment. The report also identifies the scope of work which needs to be delivered in Stage 1 of the master planned redevelopment to meet the service and facility commitments made to the State and Federal Governments as part of recent capital funding announcements.

The total capital funding available for the first phase of the redevelopment project (Stage 1) was to be \$565 million.

This funding was to deliver:

- ***A series of Phase One projects (many of which are currently under construction) which are directed toward expansions of the hospital’s service capacity and improving its operational effectiveness and safety.***
- ***A new, dedicated Womens and Childrens Precinct.”***

(Excerpt from the Royal Hobart Hospital Redevelopment Master Plan, November 2011.)

	K Block 2011 Preferred Master Plan	K Block Current
Lower Ground	<ul style="list-style-type: none"> Central Energy Receiving Kitchen Future Emergency/Satellite Imaging 	<ul style="list-style-type: none"> Central Energy Plant Loading Docks Caged Storage
Ground	<ul style="list-style-type: none"> Café Retail Pharmacy 	<ul style="list-style-type: none"> Café/Retail Transit Lounge Administration/Admissions Staff Change
Level 1	VOID	VOID
Level 2	<ul style="list-style-type: none"> Clinical Directorate Education/Auditorium 	<ul style="list-style-type: none"> Staff Lounge Allied Health Plant Mental Health (17 beds)
Level 3	<ul style="list-style-type: none"> Intensive Care (bed number un- known) 	<ul style="list-style-type: none"> Hyperbaric Mental Health (16 beds)
Level 4	<ul style="list-style-type: none"> Operating Theatres Day Surgery 	<ul style="list-style-type: none"> Operating Theatres (6 in number) Recovery and Holding
Level 5	<ul style="list-style-type: none"> CSSD Plant 	<ul style="list-style-type: none"> CSSD Plant OR Staff Change
Level 6	<ul style="list-style-type: none"> Womens & Childrens Precinct 	<ul style="list-style-type: none"> Paediatric IPU Children Paediatric IPU Adolescent
Level 7	<ul style="list-style-type: none"> Womens & Childrens Precinct 	<ul style="list-style-type: none"> Birthing/Delivery Maternity and Women’s Surgical IPU
Level 8	<ul style="list-style-type: none"> Womens & Childrens Precinct Medical Surgical 32 Bed IPU 	<ul style="list-style-type: none"> SCN, NICU, PICU Neurosurgery IPU
Level 9	<ul style="list-style-type: none"> Medical Surgical IPU x 2 x 32 beds 	<ul style="list-style-type: none"> Orthopaedic & Surgical IPU General Surgical IPU
Level 10	<ul style="list-style-type: none"> Medical Surgical IPU 2 x 32 beds 	<ul style="list-style-type: none"> General Medical
Level 11	<ul style="list-style-type: none"> Plant 	<ul style="list-style-type: none"> Plant



ROYAL HOBART HOSPITAL AERIAL PHOTO

1.4.3 2011 Preferred Master Plan Analysis

The 2011 preferred Master Plan identified key issues and constraints at the RHH site and these are still relevant to the current Master Plan Review 2019.

Summary Key Deficiencies:

- Small bed numbers in Inpatient Units result in inefficient staffing numbers
- Lack of appropriate isolation facilities across clinical units;
- Ambulatory care facilities are geographically dispersed and difficult to find. They have been developed in a manner expedient at the time and do not support the increasing trend to delivery of healthcare as Outpatient Services;
- Supporting clinical departments such as medical imaging, pathology and pharmacy are remote from the areas they service;
- Departments are split across several buildings or levels e.g. pathology and medical imaging;
- The hospital has labyrinthine circulation corridors, multiple (poorly co-ordinated entry points and different floor levels across the site which make for poor wayfinding;
- Poor relationships between departments creating long travel distances between key departments;

- Small and narrow footprints of many of the buildings make it difficult or impossible to introduce contemporary Models of Care;
- Access from one department to another is often through clinical/patient areas;
- Corridors are too narrow for clinical transportation and create congestion for public circulation and there is no separation of clinical and public traffic;
- Patient amenity is poor - patients frequently queue and wait in corridors;
- Access for support services such as supply and food services is often congested and distant from destination;
- Education and research facilities are outmoded and inappropriately sized for a contemporary tertiary health service;
- Security is difficult to monitor and maintain with multiple public entrances and poor wayfinding;
- Floor to floor heights across the site are 3.55m, with 3.35m on the ground floor. These floor to floor heights are inappropriate for contemporary hospital design, where 4.2m is usual for the installation of mechanical services;
- Upgrading the existing buildings to meet current Building Code of Australia requirements is difficult due to the lack of fire and smoke compartmentation and slab thicknesses that do not provide required fire separation between floors;
- Disability Discrimination Act issues are also difficult to address because of the nature and disjointed layout of the existing buildings.

Poor Functional Relationships and other Constraints to Effective Service Delivery

The existing facilities at RHH pose the following significant challenges to future health care delivery:

- Ability to provide clinical care in such a way as to align with the preferred Models of Care, for example:
 - Outpatient clinics are currently geographically dispersed throughout the campuses and these are 'owned' by particular sub-specialties which reduce their utilisation/flexibility and build in duplications of services and staff.
 - Inpatient wards are also dispersed, reducing opportunities to share spaces between wards and thus perpetuating duplication. The delivery of hotel services (cleaning, food, consumables etc.) to wards is also difficult across the hospital.
 - The current separation of interventional services, (endoscopy, theatres, angiography suites), results in duplication of services and staff and potentially results in reduced sustainability, safety and the ability to appropriately provide a 24-hour service.
 - Multidisciplinary and interdisciplinary approaches to care are well developed in many hospitals nationally and internationally,

however, having sufficiently sized and positioned spaces to support this approach is required for it to be effective and efficient. The current facilities do not allow for this team-based approach to be implemented across many areas of the Hospital.

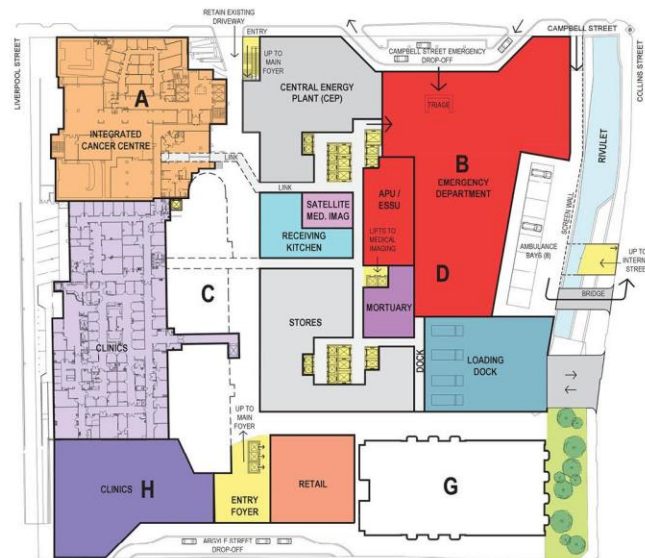
- Functional relationships between services which support best practice and reduce travel distances are difficult, if not impossible to achieve within the existing RHH facilities, for example:
 - Medical Imaging and ICU/Neonatal Intensive Care Unit (NICU);
 - Operating theatres – some are separate to the main theatres, resulting in inefficiencies in services and staffing;
 - Cardiac Catheter Laboratory is separate to other interventional services, resulting in duplication of services and staffing;
 - Hyperbaric Medicine Unit is remote from clinics such as wound clinics;
 - Allied Health offices – some areas are dispersed and not located near the services to which they are most aligned.
 - Aged care wards are not able to be located so that there is outdoor space.

- Inability to expand services, due to insufficient space or spaces being 'land locked' such as:
 - Medical Imaging
 - Radiation Oncology
 - NICU
 - ICU/HDU
 - Chemotherapy/Medical Oncology
 - Inpatient Beds
- space restrictions that prevent the introduction of appropriate practices, for example corridor widths throughout the Hospital which do not accommodate patients being transported on beds with attached equipment (only trolleys). The ability to do so will reduce or eliminate the need for trolleys (cost and storage issues) and reduce the transfer of patients from beds to trolleys (time, comfort and manual handling issues)
- There is insufficient space to accommodate new requirements for theatres and other procedural areas as technology (e.g. robotics) and equipment needs grow. While procedural work is becoming increasingly more efficient, the equipment/tools used are growing in number and size.

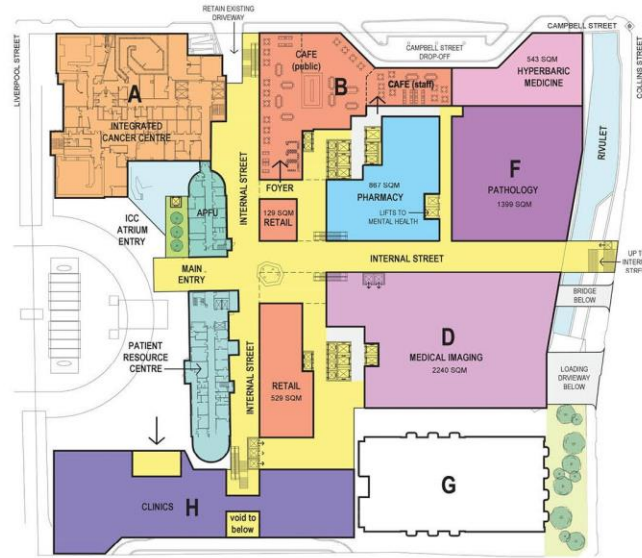
(Excerpt from the 2011 Preferred Master Plan.)

The following analysis regarding the overall RHH site is:

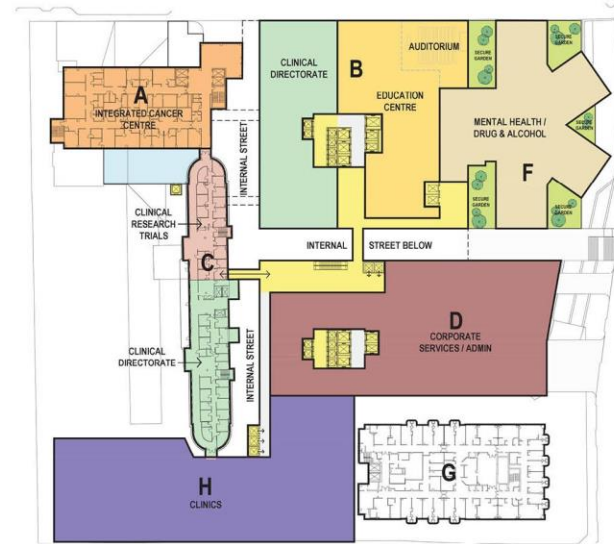
- The 2011 Preferred Master Plan indicated key clinical departments and space allocations were constrained and no longer meet contemporary standards or service demand;
- The 2011 Preferred Master Plan located key departments in the same location as they currently exist with no reference to where they may be decanted during a construction phase (e.g. Mortuary, Operating Theatres Interventional Suite);
- The 2011 Preferred Master Plan does not provide any on-site carparking provision;
- There is restricted K Block connectivity to future stages, particularly on levels containing Inpatient Units, as they would be bisected by corridors; and
- Since the completion of the 2011 Master Plan there has been considerable change to applicable facility standards and service delivery.



Level Lower Ground Floor



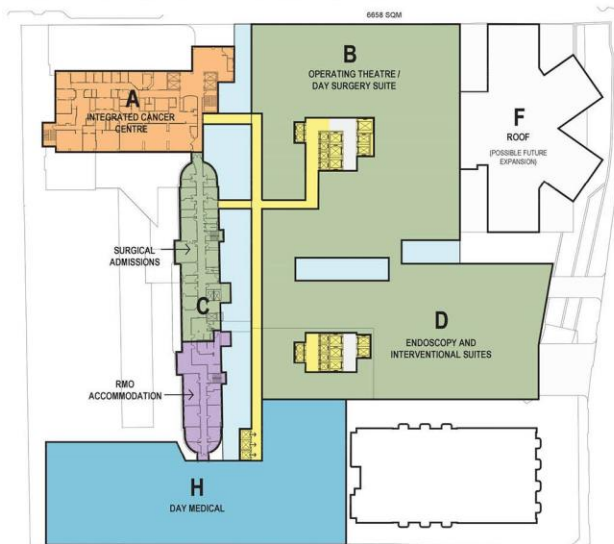
Ground Level



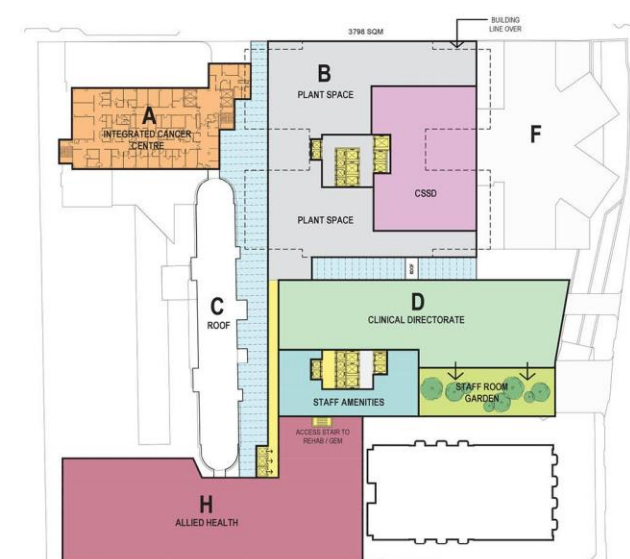
Level 2



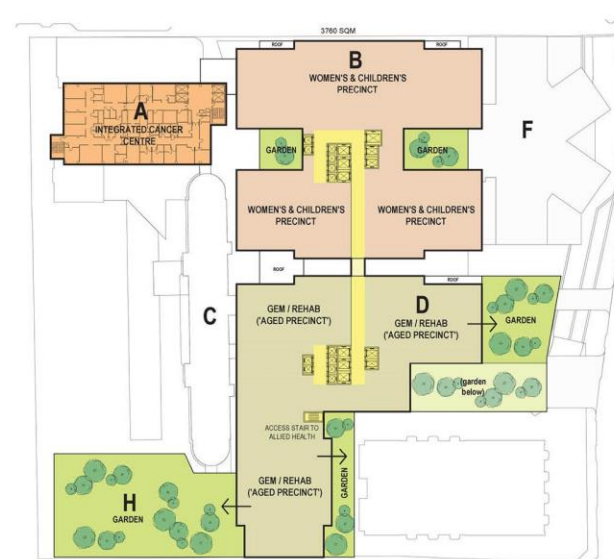
Level 3



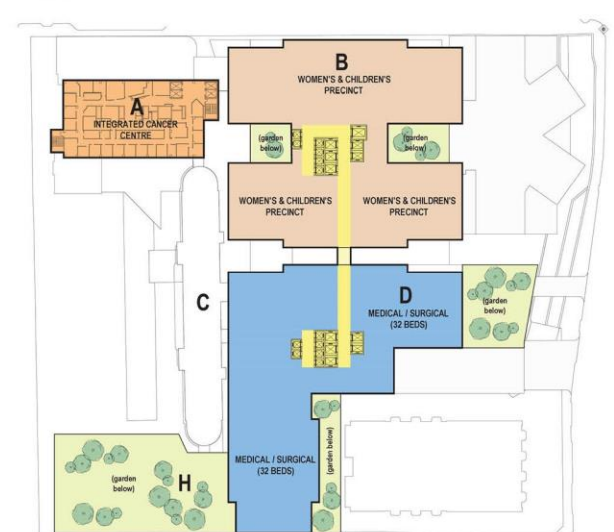
Level 4



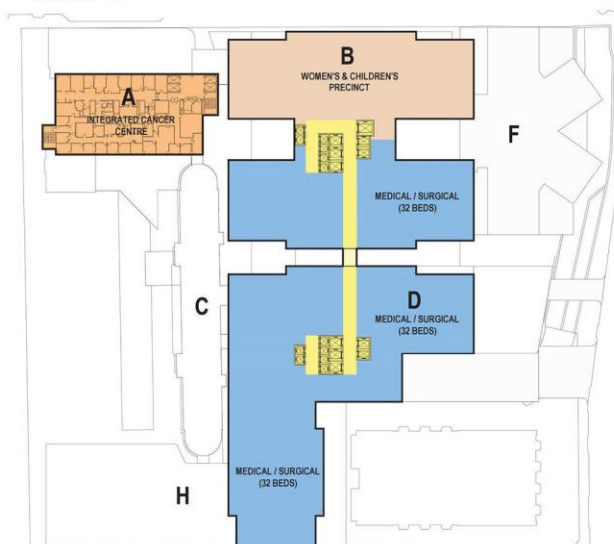
Level 5



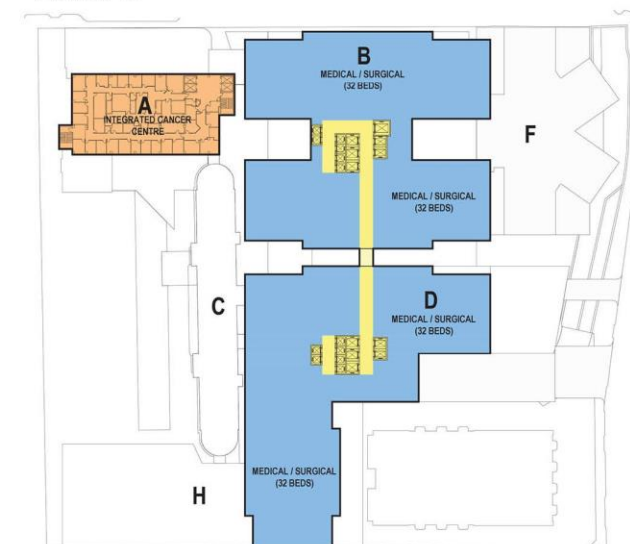
Level 6



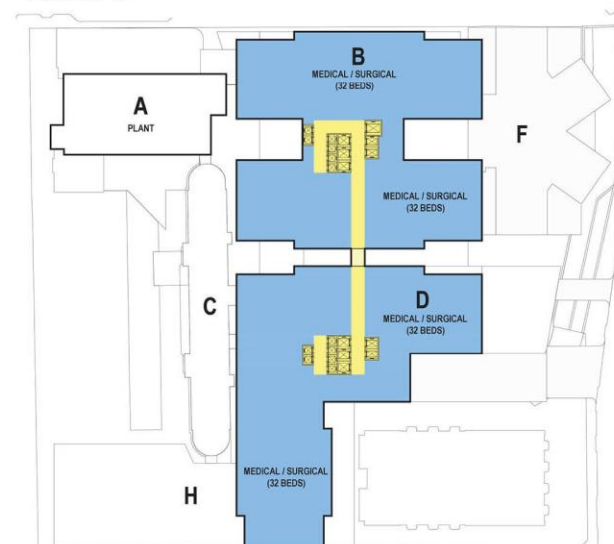
Level 7



Level 8



Level 9



Level 10

*Block B is now Block K

PREFERRED MASTER PLAN OPTIONS 2011 - PLANS



REPATRIATION HOSPITAL AERIAL PHOTO

1.5 Royal Hobart Hospital and The Repatriation Hospital Development Criteria

1.5.1 Royal Hobart Hospital Site

Whilst the completion of K Block (Stage 1) provides an interim step in the upgrading of clinical and support facilities it does not provide a “whole of site solution”. The requirement to continue a staged development program is imperative to:

- Key clinical services such as ICU, Cardiology, Medical Imaging, Emergency, etc, currently located in substandard buildings.
- Continue a staged construction program to replace the engineering and building infrastructure that has passed a reasonable life expectancy and may not support clinical safety.
- Consider accreditation and guideline requirements that can only be supported in new facilities.

1.5.2 The Repatriation Hospital Site Outcomes

The Repatriation Hospital site is critical in maintaining Tertiary Acute and some Sub-Acute services at the RHH site providing a critical mass of Sub-Acute services at the Repatriation Hospital

site to ensure and operational and efficient clinical and support service model. Acknowledging the Repatriation site is integral to bringing outlying Outpatient, Diagnostics and Mental Health services onto a single site.

The redevelopment is a clinical component of a “whole of service solution” for The Tasmanian Department of Health. A staged development on this site will:

- Create a critical mass of services that supports a 24-hour Sub Acute multi-disciplinary Inpatient and Outpatient facility.
- Provide Clinical and Support Services that can be relocated from the Royal Hobart Hospital site (i.e. Mental Health, Allied Health, Rehabilitation).
- Provide Outpatient Clinics and other spaces that reduce the requirement for outlying and leased spaces (e.g. Wellington Building and Telstra Building) to a consolidated location.
- Provide additional carparking. (Up to 130 spaces).
- Utilise existing buildings (i.e. Peacock and part Statton building) whilst constructing new facilities in a staged sequence.
- Provides the best decanting option to permit a more appropriate staging on the Royal Hobart Hospital site.

1.6 The Repatriation Hospital Site

1.6.1 Introduction

The development of the Repatriation Hospital site has been examined in terms of maintaining acute services at the RHH site and locating a critical mass of sub-acute, ambulatory and mental health services at the Repatriation Hospital site whilst maintaining the Peacock and part of the Statton buildings.

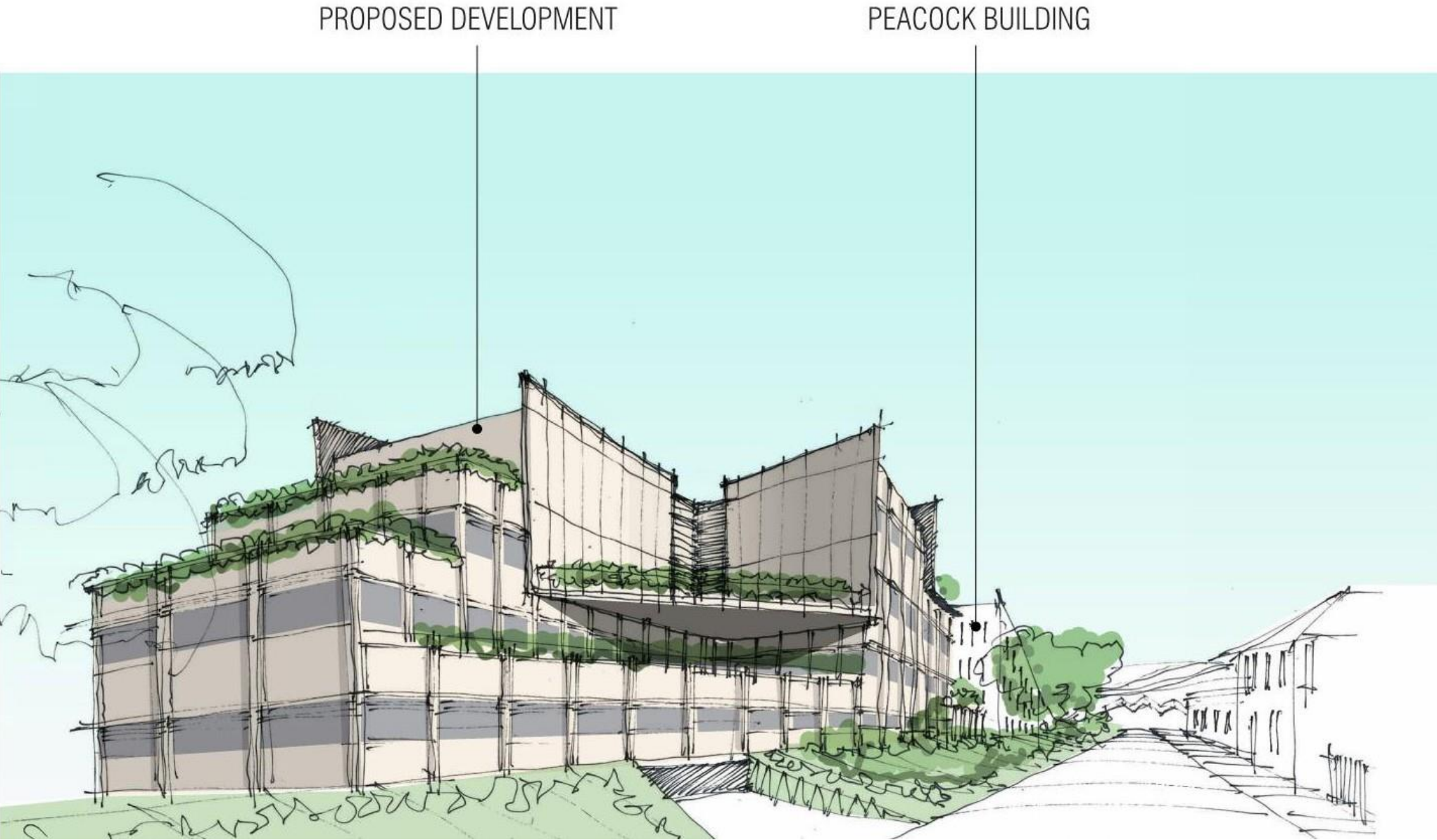
1.6.2 Proposed Development of The Repatriation Hospital

The proposed site development of the Repatriation Hospital provides:

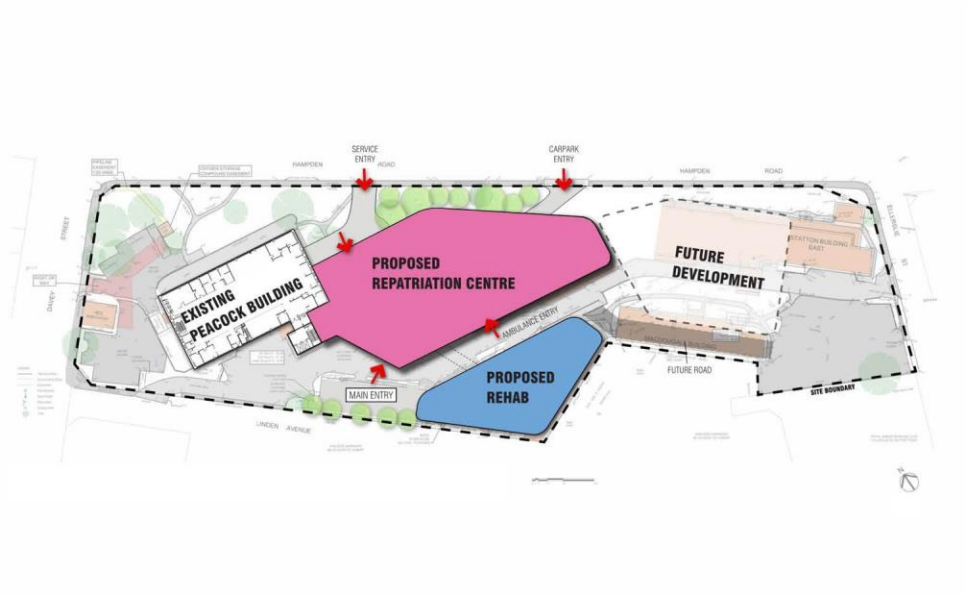
Lower Ground	Support Services/Loading Docks Carparking (130 cars) Vehicular Access Secure Mental Health
Ground Floor	Main Entry/Reception Pharmacy/Retail (Satellite) Pathology (Satellite) Medical Imaging (Satellite) Day Surgery/Endoscopy Rehabilitation/Hydrotherapy Ambulance Vehicular Entry On Grade Parking
First Floor	Outpatient Clinics (Multi-purpose) Brain Injury and Behavioural Symptoms of Dementia (BPSD) Inpatient Unit (30 beds) External Patient Decks
Second Floor	Outpatients Clinics (Multi-purpose) Dialysis/Day Medical Unit Mental Health Inpatient Unit (30 beds) External Patient Decks
Third Floor	Administration Offices Mental Health Inpatient Unit (25 beds) Roof Plant

In addition, the opportunity to establish a Non-Emergency Patient Transport Centre was supported by Ambulance Tasmania. This alleviates accommodation pressure on the CBD ambulance headquarters and locates the non-emergency service closest to its client base.

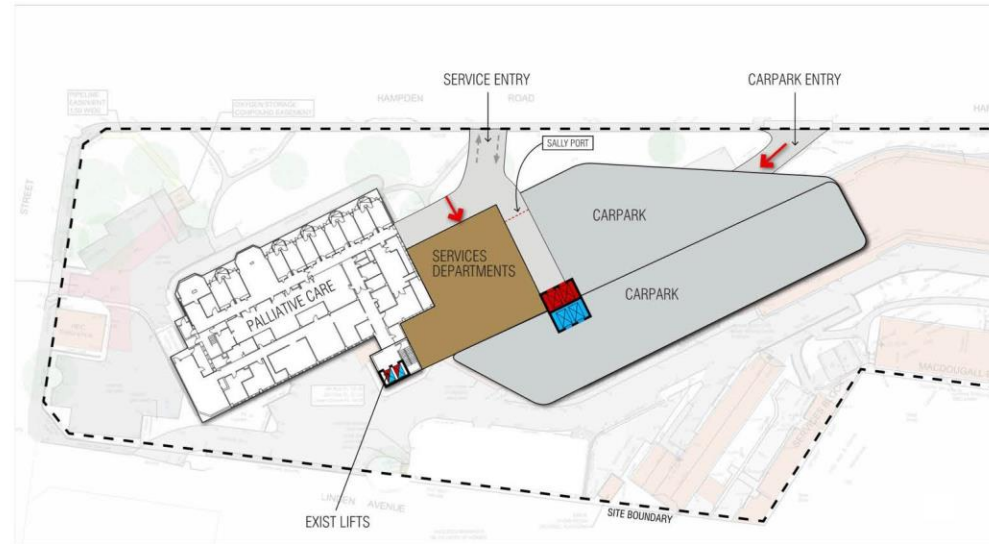
The development of the Repatriation Hospital reflects the Master Plan Review 2019 Principles and Priorities in providing a sustainable clinical and support service. A review of existing building occupancy and clinical services will be undertaken.



VIEW FROM HAMPDEN ROAD



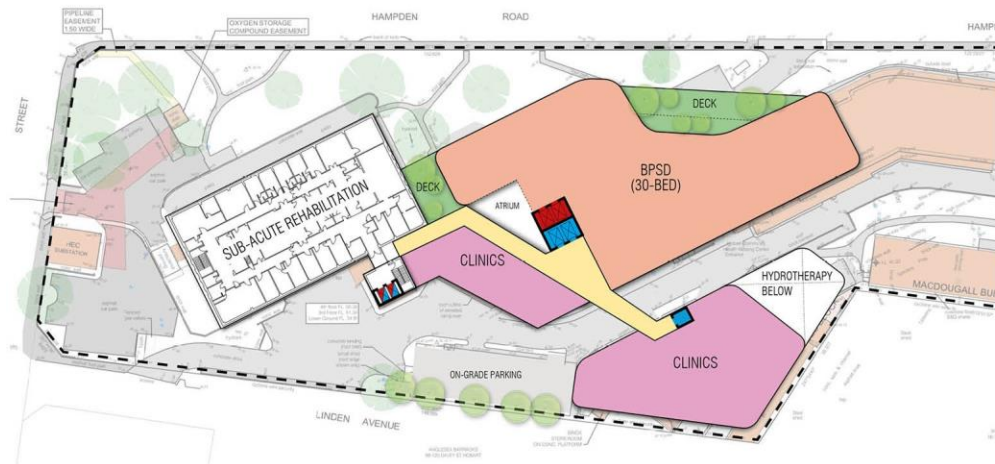
Proposed Site Plan



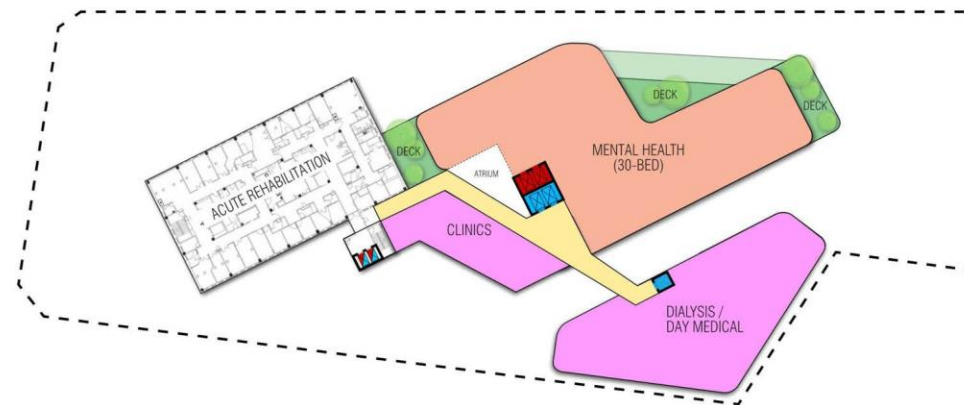
Lower Ground Floor



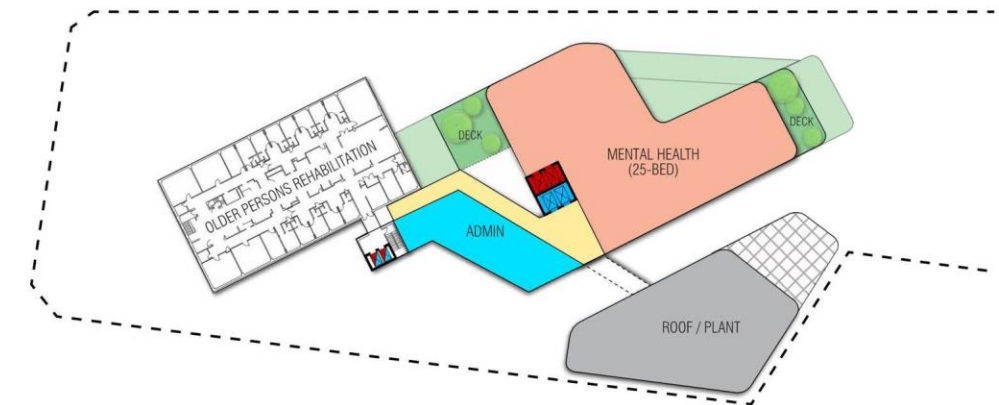
Ground Floor



Level 1

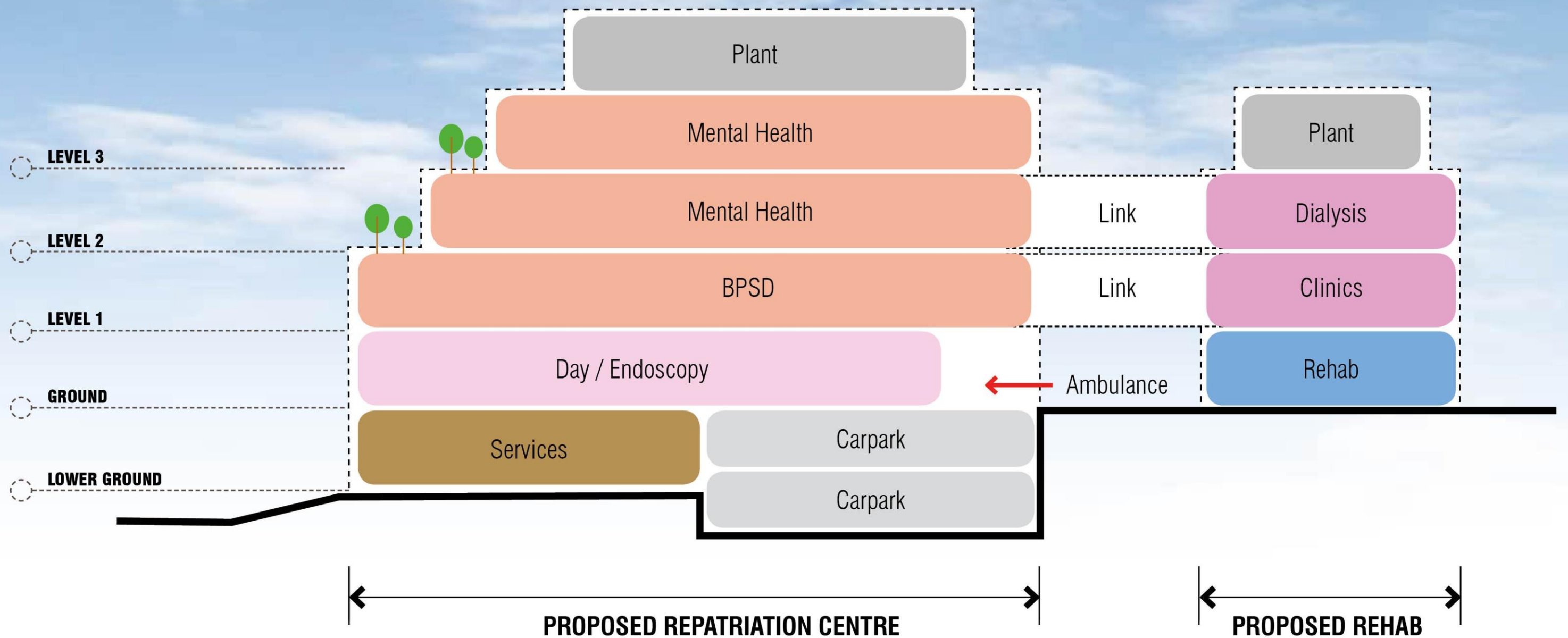


Level 2



Level 3

REPATRIATION HOSPITAL REDEVELOPMENT 2019 - PLAN



SECTION

1.7 Royal Hobart Hospital Site Master Plan Review 2019 – Outcomes

1.7.1 Introduction

Following this Master Plan Review for the RHH site a staged development is proposed.

The recommended Master Plan Review 2019 option incorporates:

1.7.2 Block L (Recommended – Post K Block Completion)

Block L will provide key Clinical Services and linkages to K Block where possible as part of the wide site Master Plan Review 2019.

This option was developed in response to the Master Plan Review principles/priorities.
Block L provides Clinical and Support Services as follows:

Lower Ground	Mortuary Service Support
Ground	Clinics Pharmacy
Level 2	Intensive Care Expansion
Level 3	Cardiology Link to Block C
Level 4	Operating Theatres
Level 5	Pathology Plant
Level 6	Pathology
Level 7	Administration
Level 8	Teaching, Training and Re- search (TTR) Clinical School
Level 9	Teaching, Training and Re- search (TTR) Clinical School
Level 10	Teaching, Training and Re- search (TTR) Clinical School
Level 11	Plant



BLOCK L - VIEW FROM CORNER COLLINS & CAMPBELL STREETS

1.7.3 Block M

Block M will follow completion of Block L.
Block M provides:

Lower Ground	Emergency Ambulance Parking Ambulance Drop Off Future Internal Roadway
Ground	Medical Imaging
Level 10	Rapid Assessment and Management Unit (RAMU)
Level 3	Allied Health
Level 4	Operating Theatre and Day Surgery
Level 2, 5-9	Inpatient Units (Generic)

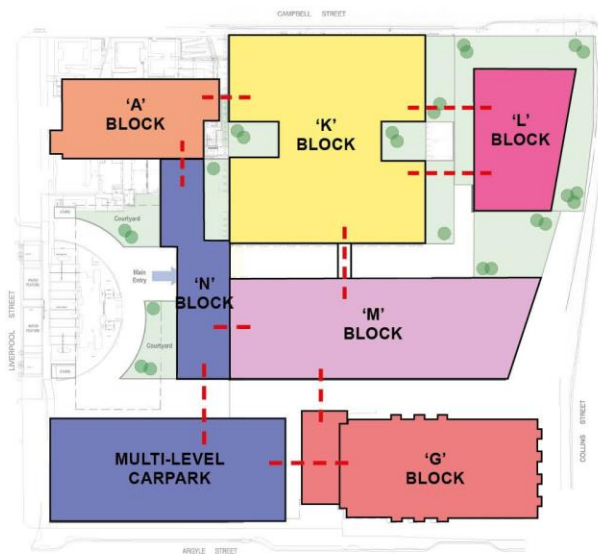
Block M consolidates all key Critical Clinical Services providing connectivity across the site.

1.7.4 Block N and Associated Works

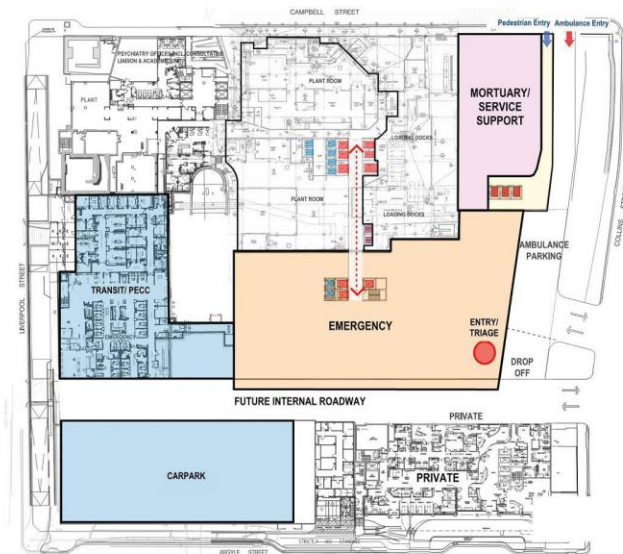
Block N is considered the final stage of the Royal Hobart Hospital site.

Block N provides:

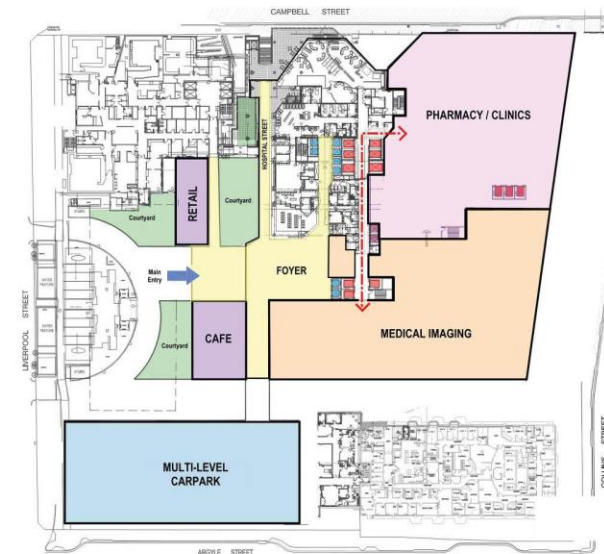
Lower Ground	Carparking Internal Road (Completion)
Ground Floor	Reconfigured main entry with green space, retail and public/ visitor space Carparking (multi-level)
Level 1 - 5	Carparking (multi-level)
Future Levels	Future Clinics



Proposed Site Plan



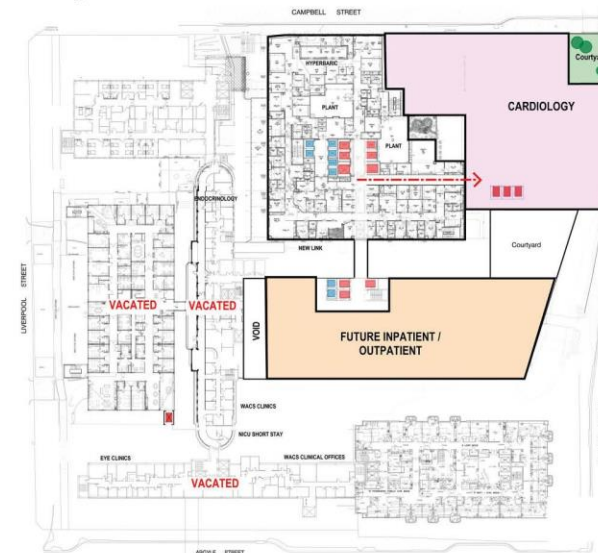
Level Lower Ground Floor



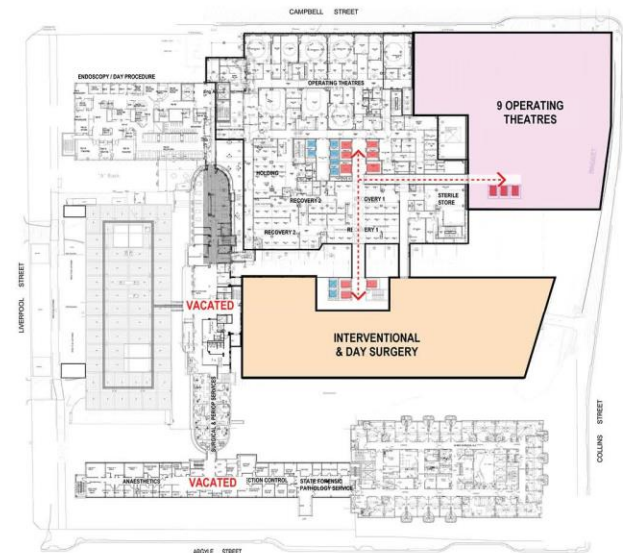
Ground Level



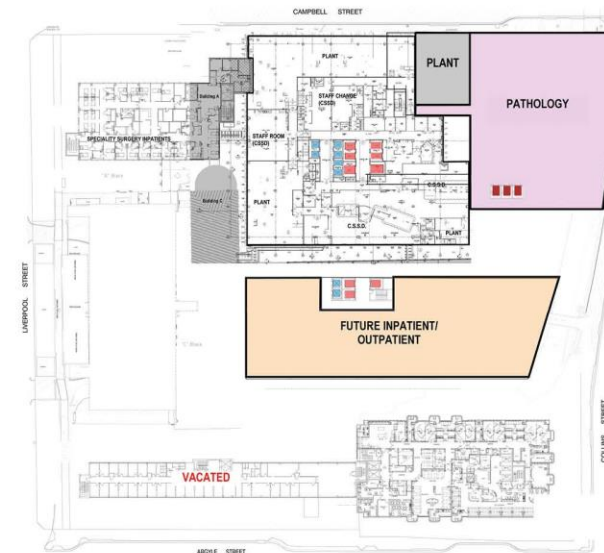
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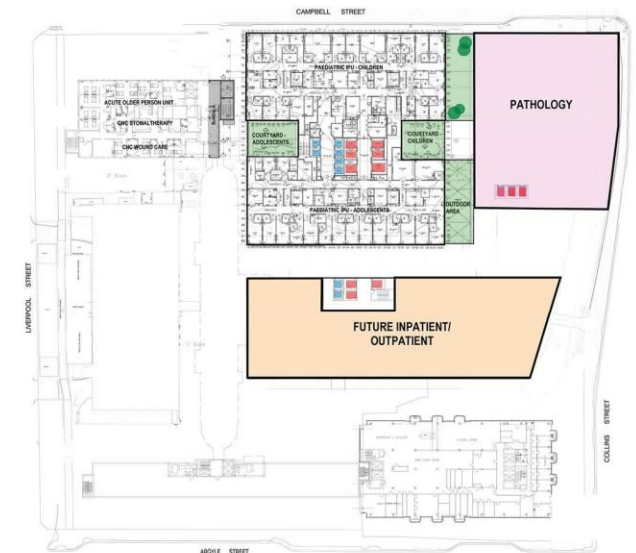
Level 3



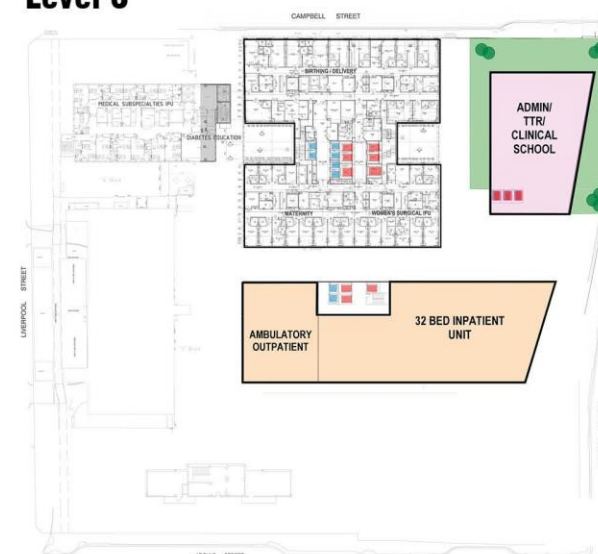
Level 4



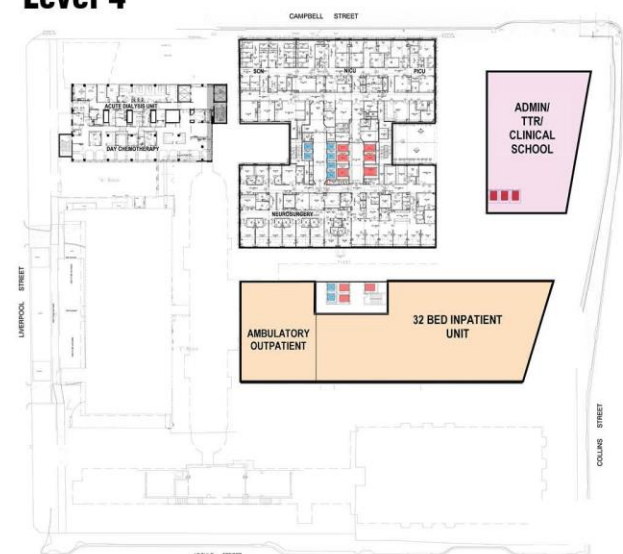
Level 5



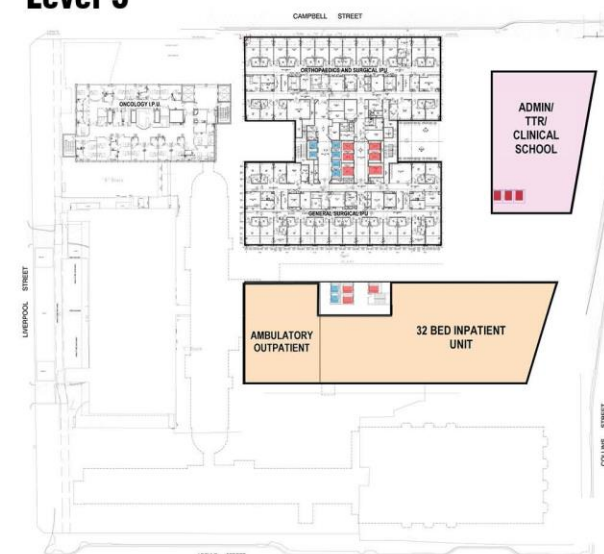
Level 6



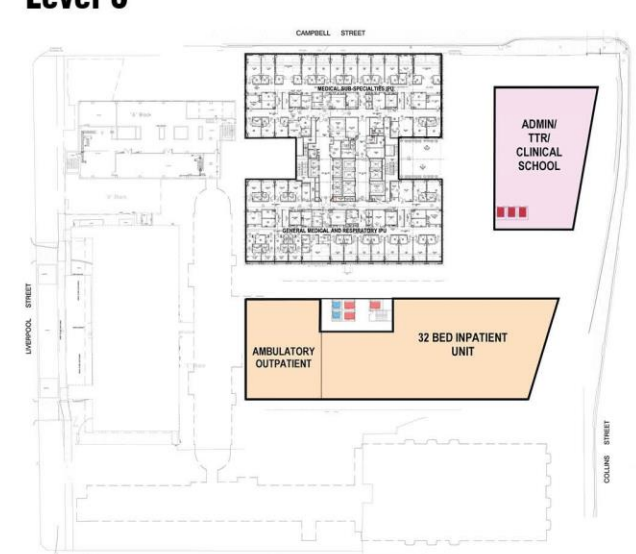
Level 7



Level 8

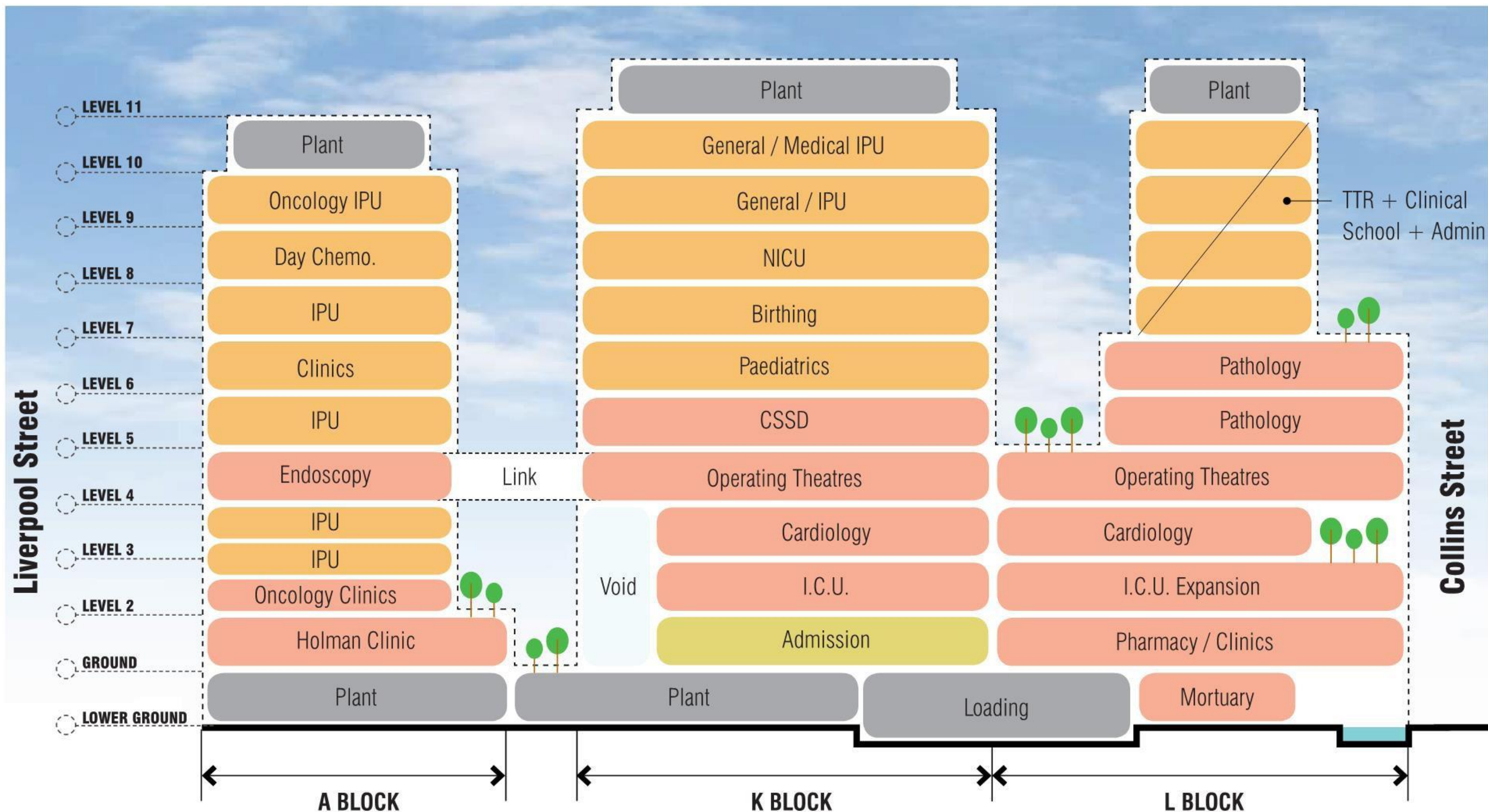


Level 9

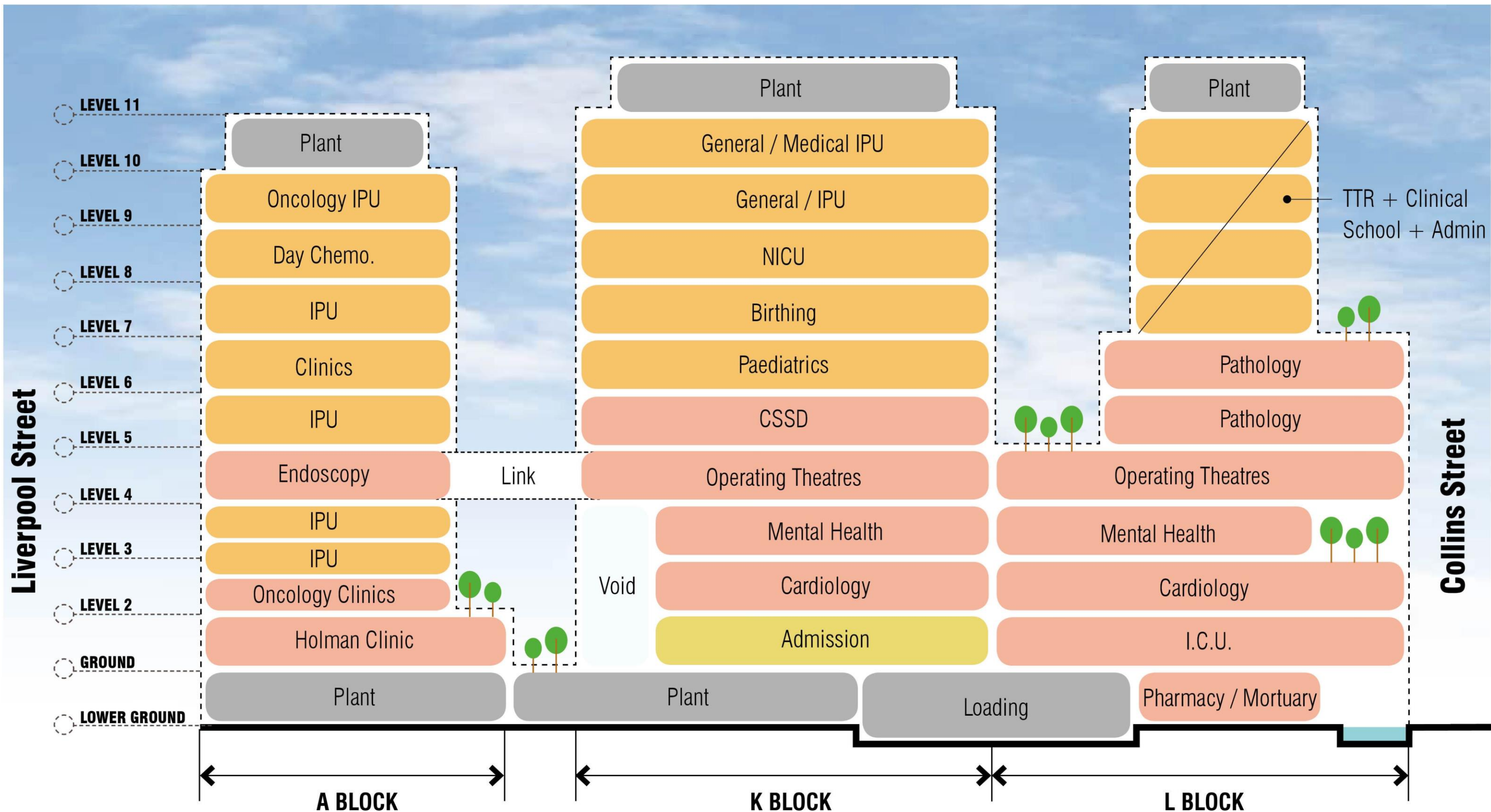


Level 10

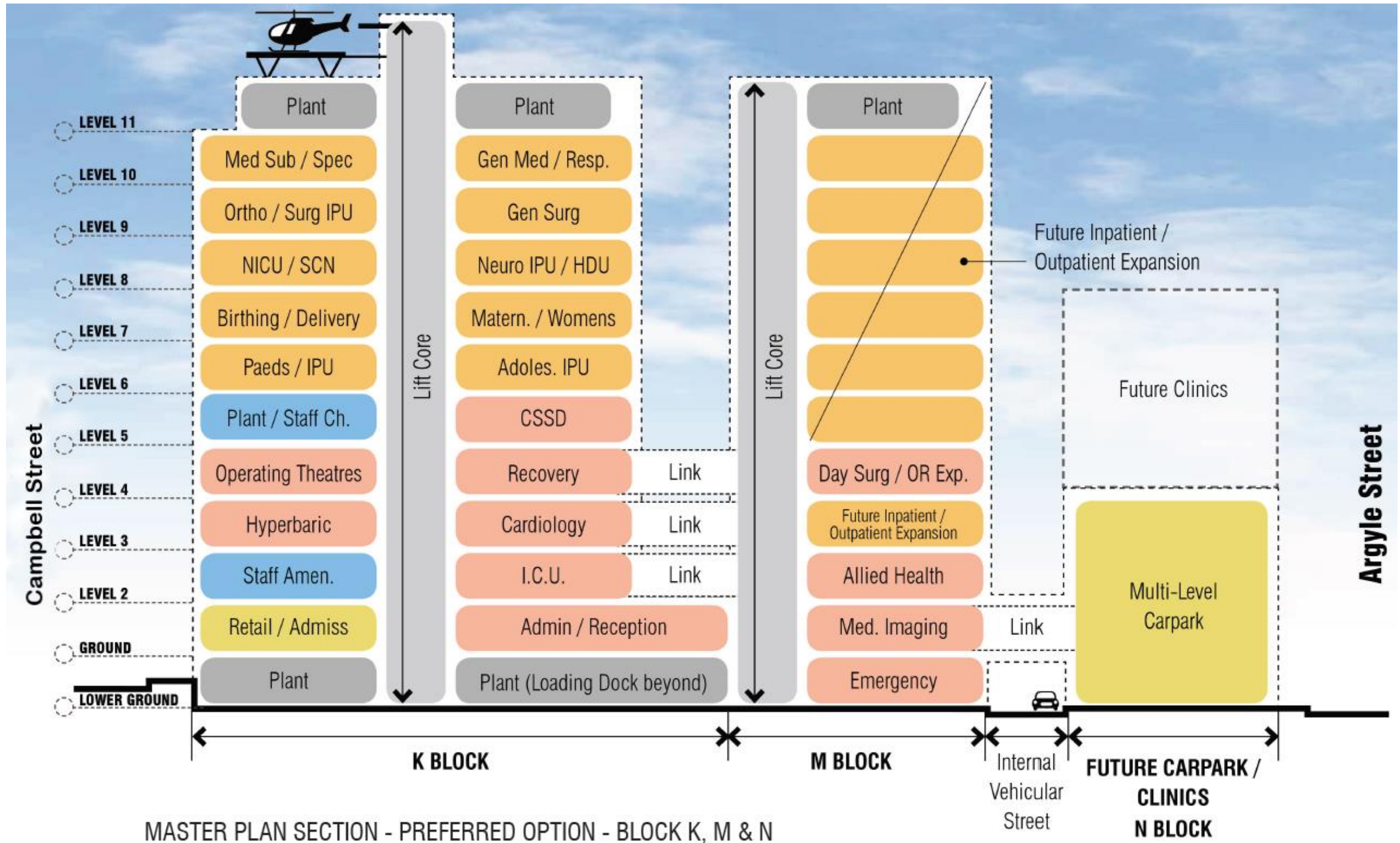
PREFERRED MASTER PLAN REVIEW 2019 - PLANS



MASTER PLAN SECTION - PREFERRED OPTION - BLOCK A, K & L



MASTER PLAN SECTION - ALTERNATE OPTION



1.8 Interim Works Royal Hobart Hospital Site

1.8.1 Introduction

The Master Plan Review 2019 identified a range of further works to occur in the immediate short term to address significant patient safety and clinical risks.

1.8.2 Interim Works – New Lift

Currently connectivity between the Emergency Department, Medical Imaging and Mental Health is reliant on aged lifts in Blocks C & H. This older style lift is constrained by its location being surrounded by existing structure with little or no ability to upgrade it to current bed lift size and upgrade cabin. This new lift is to be located externally adjacent to J and H Blocks connecting Emergency, Medical Imaging and Mental Health.

1.8.3 Interim Works – A Block

A Block is proposed to become an integrated Cancer Centre in the long term. However, a range of interim works is required to ensure that the building infrastructure supports current clinical and support services. These works will include:

- Rectification of failing façade;
- Roofing replacement; and
- Refurbishment of areas vacated Post K Block completion (Levels 2 and 3) for patient and Support Services (including relocation of Paediatric Services).

The New Lift and A Block works will be funded by the \$28.03 million (2018 EC).

1.8.4 Interim Works – Emergency Department

The existing Emergency Department at RHH, being the only Level 6 Emergency Department in Tasmania, has experienced extensive increase in presentations placing pressure on existing landlocked infrastructure.

These works are intended to be an interim solution until a new Emergency Department is provided in of the Master Plan Review 2019 (M Block).

This proposal provides:

- Increased Points of Care.
- Separation of Ambulance and Ambulatory Presentations.
- Discrete Mental Health Safe Assessment Unit and Support Areas.
- Separation of Adult and Paediatric Treatment Spaces to meet current needs.
- Additional Consult and Interview Spaces to meet demand.
- Access to proposed new lift for discrete patient transport to Medical Imaging, ICU and J Block.

1.8.5 Interim Works – J Block Inpatient Services

Post K Block completion and following the relocation of Mental Health (K Block), it is proposed that J Block be reconfigured for an Inpatient Clinical Services. Generally, the priority will be to provide inpatient bed capacity in J Block. Cardiology **or further** Services are currently being considered as an option.

This approach affects how RHH achieves additional an additional 250 beds.

1.9 Conclusion and Recommendations

The Master Plan Review 2019 identified principles and priorities. The development opportunities have been explored at both the Royal Hobart Hospital and Repatriation Hospital sites.

The complexity of continuous operation at both sites has been considered and staging represents an initial proposal at interim works Post K Block completion and following short, medium- and long-term solutions.

The recommended Staging is as follows:

- Interim Works
- The Repatriation Hospital - Site Development;
- Royal Hobart Hospital, L Block;
- Royal Hobart Hospital, M Block
- Royal Hobart hospital, N Block;
- Royal Hobart Hospital, Refurbish A Block – Integrated Cancer Centre; and
- The Repatriation Hospital – Future Expansion

Staging Constraints

The staging of developments across both sites is constrained by:

- Maintaining all required Clinical and Support operations;
- Existing critical building infrastructure that requires urgent review; and
- Staging and Decanting that recognises a “whole of service” solution at both sites.

1.10 Royal Hobart Hospital Site - Alternate Option - L Block

Critical to the above referenced Staging is the requirement to commence development at The Repatriation Hospital site first. If this site is not selected as a first stage the impacts on Royal Hobart Hospital – L Block will reflect:

- Mental Health retained in K Block Levels 2 & 3 with some opportunity to expand into L Block as a single floor unit at Level 2. This does not deliver a contemporary facility with compliance to AUSHFG. Particularly in the requirement for outdoor areas and support facilities, delivering a compromised solution.
- Intensive Care Unit would be confined to a single Level of L Block whilst meeting current bed demand will deliver future growth requirements, including beds and support facilities.
- Clinics and Outpatient additional facilities could be delivered until completion of M Block.
- A confined footprint for Pharmacy.
- Significant Double Decanting requirements for Mental Health, ICU and Pharmacy.
- Extension and expansion on leased Outpatient Outliers (e.g. Telstra building and Wellington Centre).

(Refer RHH Site - Block L - Alternate Option)

1.11 Next Steps

The recommendation from the design team is to accept the Master Plan Review as an initial basis to further develop in detail. This would require:

- Proof planning and scheduling detailed stakeholder engagement for interim works.
- Development of Schedules of Accommodation for sole stages at RHH (L and M Blocks)
- and the Repatriation Hospital.
- Engineering and infrastructure inputs.
- Cost planning inputs.
- Further Stakeholder engagement including Council and Authority inputs to both sites.
- Complete measured drawings and asset reviews of both sites. as a component of interim Strategic Building Infrastructure Maintenance Plan.

Upon completion of the above, business cases could be undertaken on a progressive basis.