Appendix A

Meeting 1: 15/2/95, at Liverpool

Present:

Maria Dimitriadis	Capworks (secretary: 'Maria')
Michael Duexberry	Capworks (project manager; 'MD')
Ian Forbes	JTWCForbes (architect-planner; 'IF')
Ian Brodie	JTWCForbes (architect; 'IB')
Mary Potter	JTWCForbes (junior planner; 'MP')
John Case	SW Sydney Area Health Service (bureaucrat; 'JC')
David Warren	Wilde & Woollard (engineer/supplier; 'DW')
Rick Iedema	UNSW (researcher)

1 MD- Ehm, just to see what basic information we have got at the moment,
2 make sure we've all got the same,
3 and eh, there may be some more updating that John has ...
4 JC- Well there's a lot of information Ian get his hands on ...
5 MD- Yeah
6 JC- to look at the background documents and the option [inaudible]...
7 MD- As I said the first eh charge dow" the ranks is to produce the PDP
8 IF- Right
9 MD- To be exact, ehm, at the same time perha[illegible], from a QS point of view, to review the ehm, the documents that we have at the moment,
10 and to see whether that all fits in to the budget of 2.7 is it?
[all speak together]
11 JC- Let me talk about the budget,
12 I'm not sure David ehm Chesterman is aware of this issue,
13 but I'm not sure about those others that might be ... .
14 Ehm, this project has a long history
15 and we worked with the ah Wilde & Woollard,
16 and in fact with Chesterman-Willis in the past
17 and we came up with a design which at that stage the Department of Health couldn't afford and had no cash flow for so they put it on hold,
18 ehm, and that's the last report I think that was done which was the 4th of August at a total of 3.652 million.
19 IF- August last year.
20 JC- 4th of August '92.
21 IF- August '92 so that's a long time ago.
22 JC- That's a long time ago.
23 Now there's always been a pressing need down there for medical eh mental health services,
24 and now that they've finished a couple of other projects
25 they've told that they have money to finance our project,
26 however, in the interim ehm, they had about 14 projects right across
27 (when I say they I mean the Department of Health)
28 had about 14 projects right across the state for mental health
29 and they had about 15 million dollars or something
30 and they said "look we can't afford them all"
31 and they gave the cost frames that were available for those projects to another quantity surveyor firm,
32 and that firm didn't come to any of the sites,
33 didn't talk to any people,
34 just looked at these,
35 and must have looked at some rates or something or other,

36 and went back to the Departmentals
37 and said "oh I'm sure you can do this cheaper".
38 And their figure on this project was 2.8 million, which is a million dollars roughly under our price of 1992.
39 Now that was done in late 1992,
40 eh the Area found out about it,
41 they tried to keep it quiet,
42 but we have some spies in head office that they don't know about but,
43 it fell of a truck for us,
44 and as soon as we found we eh we went troppo, ehm,
45 they said well the building design is very costly
46 because it's the zig-zag and a lot of external walls,
47 and you know that's all very costly,
48 and I said "well look, it's not a million dollars costlier!"
49 Eh, and they said "well we cannot afford it you'll have to build it to that".
50 They're now saying something quite different,
51 that they've 2.8 million dollars in their budget that's approved for the project,
52 and they recognize that we've got to do,
53 go through the proper process: PDP, look at the options, come up with the the solution that fits it clinically with whatever it needs,
54 and a cost plan will be developed,
55 and then it will be set at that.
56 Now I think I think they hope they can get it for 2.7,
57 but I'm telling everyday I run into to them that that was a 1992 price
58 and then they keep saying "well we'll work it out and we'll approve whatever it is ...
59 IF- Do you, does that mean we get a base year with some inflation or something, [or]
60 JC- [No], no , it's a whole new ballgame.
61 All we have at the moment, in the Capital Works Program is 2.8 million,
62 and we've got to prove
63 IF- That we need 3 something
64 JC We've got to prove whatever we need.
65 IF- Ah OK.
66 JC- [I'm very ...]
67 IF- [I was just] concerned whether it was a getting-10-pounds-into-a-5-pound-bag exercise ...
68 JC- Well that won't work as you know Ian, but eh
69 IF- No
70 JC- But we certainly don't have to bill to 2.8,
71 but with a lot of projects they say you know "you've got 4 million",
72 so you got to design to that,
73 we don't have that constraint on us yet,
74 although eh, we're told it's not a Rolls Royce solution either...
75 MD- Whatever we do price next time around ...
76 JC- Whatever we do price at the PDP level, I suspect they will get hold of
77 and won't let us wriggle out from under, I'm sure
78 IB- But if they criticized that last [...] already as being an expensive looking option
79 JC- Yeah
80 IB- One one would be better off putting something in front of them that doesn't look so obviously expensive
81 JC- True.
82 MD- There's no doubt that anything that looks like embellishments or anything like that people zero in on,
83 JC- Yeah, yeah,
84 it's overkill

85 MD- So I think [we must have to be ...]
86 IF- [We could, we could] argue, I mean in the sense that the ehm that the shape of the building is reflective of the nature of the sort of accommodation that's required for a progresive mental health unit ...
87 JC- Oh yeah I mean the doctors said the other day "look these units aren't for an average stay of four days"
88 IF- No.
89 JC- You can imagine even twenty one days or something and some of them four months
90 IF- Yeah I think ...
91 JC- In which case ...
92 MD- You need to emphasise that
93 IF- Hhm.
94 MD- Otherwi..., if it looks, in other words, if they're going to throw out the whole the cost plan and he'll go through and do the same thing with a hatchet job ...
95 IF- Oh absolutely
96 JC- Yeah!
97 Every time!
98 MD- Before they can get to that stage
99 you need to emphasise that the reason these rooms are that shape is tutututtum because of ...
100 JC- Privacy between ...
101 IF Now can I can I just John can I just ask a couple of things,
102 one is that,
<103> at least try and fill in some gaps in history here, ehm,
102 there are some other players now, in the game, is that right,
104 in 1992 there were different people,
105 I'm talking about the medical side of the thing, eh, ...
106 JC- Yeah, the key to [that]
107 IF- [Ehm, do we] have any knowledge about their feelings with respect to the current plans and stuff like that
108 JC- They love the current plan
109 IF- Ah! [That's ... eh positive]
110 JC- [Huhuh, ehm,] the director of nurses, sorry the Nursing Unit Manager is consistent
111 IF- So she is she was involved ...
112 JC- Nonono,
113 he he
114 IF- He,
115 sorry,
[inaudible]
116 JC- So we got that eh corporate knowledge so to speak.
117 Dr Bill Andrews who headed up the Unit was very critical of the existing Waratah House,
118 and was very interested in making sure we had a, an environment that helped people rehabilitate, so to speak,
119 so he was very much along the lines that you all and Mike picked up of that,
120 the shape of this building is very much helpful or unhelpful to the recovery of these people.
121 Eh, he's actually moved on,
122 and there's a chap there now called Kevin Ciarke who's acting Director
123 and they're advertising
124 and he may or may not get the job or whatever depending on what comes out of that,

125 but we do have that security of continuity of knowledge through Frank Leechbirch.
126 Frank's circulated that plan
127 and other people in the unit [...] are aware of that
128 and eh love it.
129 IF- OK, so that was the fir...
130 the second question is do you guys, David or anybody, have an idea of whether or not ehm the difference between 92,
131 we've been through a recession and all kinds of funny things,
132 so we're looking at a lot of increasing cost for the same thing?
133 DW- Well you'd have to do it again now, at all
134 IF- Because I'm just wondering how much the dollar thing is going to be an issue
135 because if we, if we go off on a tangent
136 and develop all sorts of medical justifications and directions and strategies in mental health
137 and then suddenly find we're talking a million dollars difference
138 we you know, we're really shooting up a dead [tree, but]
139 MD- [This this design] here is this based on this functional plan?
140 JC- Yes.
141 IB- This is stage one John
142 as you see ..
143 JC- Let me tackle it a different way, Ian.
144 What we really ought to do is ask David to go away and read up on today's square meter rates and come up with a 1995 price
145 DW- Well that's [the drawing they came up] with I understand
146 JC- [For that design]
147 Right
148 DW- That is the plan we're talking about?
149 JC- Yeah
150 IF- Well that's
[inaudible]
151 IF- There's a better drawing somewhere
152 IB- The only plan I had was relatively
153 IF- Ian, Ian, there was a modification was there not?
154 IB- Nono
155 IF- That is the current one [which we ...]
156 IB- [That is the current one], yeah
157 IB- No eh ahm, my comments were that ehm, that the budget was cut back
158 and that sort of I got some comment third hand or fourth hand through David Chesterman and others that the wing might be cut back
159 JC- Could be shortened.
160 IB- Could be shortened or blablabla
161 IF- Just dropping the numbers of accommodation
162 IB- But if as John says now that our
163 JC- We gotta prove what we try and
164 IB- Yeah we're starting from afresh,
165 prove our need,
166 design it,
167 get it costed,
168 and then come up with,
169 and then get it cost-approved,
170 is a different thing,
171 DW- All I am suggesting is eh
172 IB- I mean it's still pretty rough
173 DW- Get it recosted from this

174 IB- [Yeah],
175 MD- [Yeah, yeah]
176 I think that's the first thing to do,
177 because there's that, as you say, there is that leap from 2.7 to whatever it is ehm,
178 and we need to be right on that first I guess
179 before we go a little bit forward,
180 ehm, just on the costing side,
181 this was the '92 ehm figure
182 but as you said we have to look at that again
183 and see how it is
184 DW- There's lots of things that move up and down
185 MD- Yeah, there was a tendency towards the end of last year, certainly for things to move up from our perception
186 DW- Yeah, improvements
187 JC- [?] from July '94 to
188 MD- That's true yeah
[inaudible]
189 IF- We haven't had three years of continuous inflation though,
190 we've had a bit of holding there
191 so it's not gonna be too bad,
192 isn't that right?
193 DW- No it shouldn't be too bad
194 MD- I don't know,
195 in the tenders we were getting towards the end of last year,
<196> I mean, really, God knows on this job,
195 we called[?] the whole project for 1988 prices...
197 ?- Is that right?
198 The market has been very ...
199 MD- Up until
200 JC- The end of last year
201 MD- The middle of last year
202 JC- It suddenly moved around
203 IF- If it moved up to 1990 I wouldn't be complaining
204 MD- That's right,
205 but I think it's then the crunch has come
206 and there is much less competition
207 and there's more work
208 and my feeling is that, depending on this price,
209 if this is a real competitive 1992 price
210 I wouldn't be surprised
211 if we see an up... [?]
212 but if that had
213 DW- I really couldn't comment on that
214 MD- Yeah
215 DW- I suspect it's gone up some, but not too much
216 MD- So if you based the first quick around [?] on the functional plan 1992, the latest design brief
217 DW- Just a couple of quick questions
218 MD- What you need to do is check this square meterish bit as well,
219 because I'm not too sure
220 JC- Well look, let me just [...] the system as well, because
221 MD- [...]?
222 JC- it's probably changed
223 MD- Sorry
224 JC- When we were originally talking about it
225 we were talking about a [...] fully documented job and vetting down every design issue

226 and then the builder priced it
227 and then, that way, ehm,
228 the procedure now is to get this thing as quick as possible
229 now that the department has set aside this money
230 and decision was made to do it, DDC [?], which is basically, that level, not a three-dimensional solution, a good clinical two-dimensional solution,
231 and then a specification on the finishes
232 and whatever that was necessary, ehm,
233 and vetting down all the engineering issues that are necessary,
234 and then just throwing it to the builders to uh price it and develop the design,
235 so we won't be involved in the design development, given this ehm specification and room data sheet for every room,
236 but we won't be telling 'em you have to get pamphlets [?] onto every wall,
237 you gonna have to run your wire this way and your plumbing that way and your airconditioning goes this way,
238 we'll just leave all those ... issues to the builder to ...
239 IF- So the documentation post-PDP ehm is to very much like a developed design stage,
240 is that really what it's about?
241 JC- Yes but not fully documented
242 IF- Cause I think in the proposal it was fairly detailed, asking for different things at different scales,
243 quite a bit of stuff wasn't there Ian...
244 IB- Yeah
245 JC- Oh there's [a fair amount of detail required]
246 IF- [fair amount of documentation]
247 IB- except we stopped short of doing the construction detail
248 MD- so you don't get the developed design stage... the working drawing part
249 ?- Right, yeah
250 MD- But there will be a need to review the contractors as [things come through
251 ?- [of course]
252 JC- ... interior design ...
253 MD- But ah there is probably a limitation to that in terms of what you we can say change,
254 because anything change will,
255 unless it is within the original brief and all the documents we give 'em,
256 we'll know it'll cost 'em extra
257 IB- Depends on how far you want us to go with it, in terms of the two-dimensional,
258 but I've, I've done a couple of things where we've actually set the whole elevation, height, window sizes
259 MD- Well it's almost to a sort of D.A. stage plus a bit, isn't it in a way
260 IB- Yeah
261 IF- Well OK D.A. stage is ...,
262 I'm just going on the original call for tenders which was put out by PWD, or whoever was involved,
263 and it did list a set of things in there which we were to comply with
264 MD- Now I I've actually briefly started going through this document and then going through the DD&C document from PWD
265 and there is a bit of an overlap in both directions
266 and I think if we make sure we've all got those documents
267 then these sort of overlaps will come up

268 and there's no point in us duplicating it, um ,
269 just on that point, do you have the copy of PWD's latest DD&C?
270 ?- Ehm ...
[laughter]
271 JC- The green cover isn't it?
[inaudible]
272 MD- Well we've got one here so we can run it through,
273 if you can
274 or get somebody to do that
275 Maria- Yeah
276 MD- that's probably easier
277 IF- Well it's probably better to have whatever you've got
278 because if we get another one
279 we'll have something different [laughter]
280 ?-That's right!
281 JC- There's different versions ...
282 MD- Alright.
283 IF- At least we're all wrong together then
284 MD- So we'll be using the same eh the same number.
285 Alright we'll get that over to you.
286 IF- Could I ask then
287 I guess basically what is going to happen with this exercise
288 it's gonna be David Chesterman and Ian who are going to do the architectural part of it,
289 I'm really coming in specifically to pin down the PDP part of that
290 JC- hm
291 IF- Although obviously there's an overlap,
292 so I'm really interested in knowing from you people how much you feel we need to revisit old sites as it were, ehm,
293 the PDP would have to be, at least technically, in accordance with the guideline, the project ... process guideline [?] ,
294 and it calls for things like "three options" and, you know, all that sort of stuff,
295 I guess what I need to know is, to what extent ... ehm,
296 I mean there were options looked at presumably, at that time, ehm,
297 to what extent we want to revisit all those things,
298 do we want to go back to users and revisit them,
299 do we want to do this thing sort of in remote mode and roam around for comment,
300 I mean just to what extent do you guys feel we need to ...,
301 I mean there are two sides to the argument,
302 one is that ehm there is a series of users who may want an opportunity who may want to look at it again,
303 you may not want 'em to do that,
304 but that may be the opportunity we've got,
305 in which case we'll then go through a fairly genuine process of looking at it,
306 if there's a sense that ehm everybody is basically happy with it and they're trying to kind of patch it up and get it into line with the agreements and then press on,
307 which I have a sense is at least what John is anxious to do
308 JC- hm
309 IF- Do you have any sense at this point of which side of the fence we're sitting on or ...
310 JC- Oh look
311 I probably should ask that, ehm,
312 originally
313 this this Waratah House stands alone now

314 and that is looked
315 and people were looking at the deficiencies of that building
316 and saying that they were enormous,
317 and they looked at a different site alltogether,
318 you might remember Ian (Brodie),
319 and it was talking about building totally new,
320 actually in that stage it was a 40-bed unit, on a completely green-field site,
321 and that was priced,
322 and that was the first hurdle we had ...
323 the department said
324 "look we can't afford that,
325 you have to go back and use,
326 surely you've got a 20-bed unit there,
327 it's got some value,
328 might have some deficiencies
329 but it's got some value",
330 so I guess to answer what you're saying is,
331 we're constrained by the cost plan, which really says "there's a building that's gotta have some value,
332 sure you're going from a 20-bed unit to a 30-bed unit,
333 but we want you to build some on
334 and renovate the existing
335 and make do with that",
336 so I don't know how many options you can get out of when you have a constraint to say you've gotta use the existing [building]
337 IF- [No] that's true,
338 now I think there's a difference between 'do we build on this side or somewhere else',
339 we've gone past that point,
340 [we're now talking about using the existing building
341 JC- [they've basicaly told us to use that site]
342 IF-So, in terms of the guideline, what we would have to do then is demonstrate that of a number of ways of configuring an addition to an existing building that is the best one
343 JC- Yeah
344 IF- We'd also have to look at the no-build option, which they always put into these things,
345 which basically says
346 'can we do nothing
347 and get away with it',
348 and we would fairly quickly answer that's not on
349 ?- ...
350 IF- And so ... yeah,
351 then we would look at whether or not there's other genuine ways of configuring it,
352 but what I'm saying is that I,
353 well, we don't really want to go through a process of prolonging that exercise,
354 but we do need to have ...
355 JC- Proof
356 IF- Proof
357 well what will happen is, people over in North Sydney are going to look at it and say, "can you convince us that this is still the best way to solve the problem of adding on to an existing building, you know, cost efficient way",
358 and I think that's really what we have to address,
359 now as I said,

360 there are quite specific things we need to do,
361 we need to look at the service implications
362 and since 1992 there has been a strategic master plan or something like that about the mental health services in the area,
363 that has to be looked at I think,
364 Maria did you find anything that was there,
365 I don't know,
366 [these are things]
367 JC- [I've, I've] I've got some files in my office
368 IF- Have you,
369 ok.
370 So we should perhaps gather all that junk together
371 and see what there is.
372 We will have to go back to stakeholders,
373 whatever we do, both in the Department I think and in the hospital,
374 and at least run our ideas past, to this stage again ...
375 JC- Hmhm.
376 IF- So we'll have to have some meetings with those people
377 JC- Well in future we'll have planning meetings where the clinicians will be present
378 and PWD will be present
379 and there'll be Department of Health representatives,
380 [so ...], we'll have to do it out in the open,
381 I mean there's no
382 IF- [Ok]
383 no, there wasn't,
384 I was just think...,
385 all I'm trying to do now is to get an assessment of how much time and energy we're going to put into this PDP thing, and and how much
386 JC- The people in there,
387 look you've probably worked with Anne Taylor have you...?
389 IF- Oh yeah,
390 Anne's very positive about the plan
391 JC- Yeah,
392 and she's very conscious as well that in a lot of ..., spending a lot of effort on other options is going to be jumping through a hurdle with no fruitful value,
393 we've got to perhaps write a page on a couple of other options and then leave it ...
394 IF- Ok
[inaudible]
395 IB- Yeah!
396 I think we have at least three others ... that we've
397 JC- Yeah, and
398 IF- And they're genuine options that that ...
399 IB- Oh they're genuine options
400 JC- I mean we looked at going out here [points at map]
401 but there's a ...
402 because of a fall on the ground you know
403 you have to have a suspended slab
404 and at this end it would be 12 meters off the ground
405 IB- Same this way
406 JC- Yeah
407 MD- I would suggest those are the options you need to ...
408 JC- [to IB] Yeah
409 they're options,
410 and then you can get them costed
411 and then you can say

412 "hey we can't afford them,
413 this is the best one" [hahaha]
414 IF- Yeah, alright
415 IB- You can tell me, Ian, whether they, whether what we ehm described at that stage goes far enough as as a
[inaudible]
416 IF- Ok, alright, good,
417 well I think what we'll do is we'll go back and make sure that we hit all the bases that are required for a PDP,
418 where we've got information that exists from the previous exercise that satisfies that process
419 then we'll plug that in,
420 and then I think what we'll do,
421 we'll just, we'll get them all together,
422 maybe the way to do is we'll get everything together,
423 write it up as like we've been doing for economic evaluations,
424 economic evaluations are the other end of the process,
425 having done it you go back and see whether it works,
426 so we'll use that method if you like to sort of revisit the thing,
427 but write it up as though it was done first time ...
428 JC- Have you got a copy of they're eh what they expect in a PDP?
429 IF- Yeah,
430 well I have back at the office
431 JC- Right.
432 IF- But it's, it's in the ehm, the new version of ehm,
433 what do they calling it, "the planning and ... the planning process" or something, "the process of planning" or something, or some such document, eh,
434 and maybe when we've got it all together,
435 fairly quickly, let's just run it by [?], for the purposes of its completeness, as far as the Department of Health is concerned, and from the agreement with eh the stuff that's contained in it
436 JC- Basically we have hope that we knock over the PDP within a month
437 IF- Ok, Ok,
438 now let's see if we can do that
439 JC- Do it quick
440 and come up with what we agreed generally between ourselves as this is one option, there's an option, there's an option, and there's an option,
441 probably, given the constraint you've got to build in there
442 you've probably only got four options available
443 IF- That's plenty, three's enough
444 JC- And we get David to run a eh a a a brief cost plan over each of those
445 so we have this one which'll be quite a developed cost plan,
446 but the others will be probably less so,
447 but they'll quickly demonstrate the cost of those others
448 given you've got the slope we're on and how you've got to eh suspend that slab
449 MD- Through that process we'll want a quick review from the user department as to, alright, what's their view on this option and that option
450 JC- Yeah
451 MD- There could be other areas where as you say we could go over there
452 but there's a transport problem
453 or there's a some sort of ...
454 IF- Well yeah I think eh to remain kosher we've got to take them all through the thinking at least,
455 and if there's some flaw in that thinking

456 then there's an opportunity to say something about the project
457 MD- Yeah
458 IF- Alright,
459 don't think we want to revisit, we want to revisit is the functional requirements, [in other words]
460 that's
461 MD-[no,
463 well,] well really in a way that's been fixed,
464 unless I guess something proves to go horribly wrong
465 or if somebody's ...
466 JC- We wouldn't be at this stage to ...
467 MD- We're stuck with that.
468 We go beyond that then ...
469 IF- Yeah cause I think the only thing I think would be a bit fuzzy is,
470 we have to also now demonstrate in the new document the linkage between the services strategic plan and this and this asset requirement,
471 in other words, there's a presumption that in fact any change, any additional ehm, physical resources are consistent with the long term view of what mental health is doing in the area, eh,
472 as I said that's, that's the only area where we don't have a good handle on,
473 but we have to look at that separately.
474 Now I presume
475 JC- Well I think if you look in the functional brief
476 you'll find some good paragraphs on that, ehm,
477 there's quite a difference in the Eastern Suburbs where they're well resourced in buildings,
478 and they keep wanting capital works not only to do more buildings,
479 and therefore they get seriously challenged on this one,
480 "you don't get a new building,
481 you can renovate that one or rent that one down the road or whatever",
482 out here where we've been really underresourced in buildings eh
483 it's very hard to expand a service without a building
484 IF- Ok
485 so we're not ...
486 JC- And that's already been proven
487 but we ought to reiterate that
488 IF- Ok,
489 so we're not likely to find then service-type problems as well
490 JC- No.
491 IF- There's nothing that anybody has said in the last little while that would indicate there's anything changed.
492 Ok. Alright.
493 MD- That will suddenly crop up
494 when we get them to off sign the schematic ... [?]
495 IF- What you're likely to find is that they'll want twice as much [laughter]
496 JC- Well there is a [?] there is a [?],
497 I mean at first they wanted a 50-bed unit
498 and the number of mental health people in the area demonstrated using their own formula "that's what we need!"
499 MD- That why [the
500 JC- [But they've only] given us money for 30
501 MD- Once you've got those options established from the technical point of view that
502 yes physically you can put something here or there
503 then you need to very briefly

504 we need to take them through the user sid. through it,
505 as to "here is maybe an option,
506 but, you know, might be running into problems" or something like
that, or aesthetic problems,
507 and make sure they have eh vetted into those,
508 cause they can then get their input from the servicing side into those
particular eh eh plans
509 IF- Well, doesn't sound too bad.
510 Do you guys have schedule of meetings or whatever
511 or should we just have a look at this and come back and talk about dates?
512 MD- Ehm we'll probably, eh
513 I was going to leave that until John Smith comes back on Monday,
514 and he'll probably be tied up with PD
515 JC- I think we can rap [?] something out [today],
516 and then we [can]
517 MD- [yeah] [yeah]
518 well you fit in a time that suits you or suits John because of the other
meetings,
519 and ehm, [end tape]

Appendix B

Meeting 15/3/95 Liverpool	**(Capworks): Extract**
Preser: John Smith	Capworks (project manager; 'JS')
Maria Dimitriadis	Capworks (secretary: 'Maria')
Michael Duexberry	Capworks (project manager; 'MD')
Ian Forbes	JTWCForbes (architect-planner; 'IF')
Ian Brodie	JTWCForbes (architect; 'IB')
Mary Potter	JTWCForbes (junior planner; 'MP')
John Case	SW Sydney Area Health Service (bureaucrat; 'JC')
David Warren	Wilde & Woollard (engineer/supplier; 'DW')
Rick Iedema	UNSW (researcher)

1 JS- Ok, the issues for this meeting I think are the issues in the first instance which arise from the user briefing meetings, ehm,
2 there have been two of those, eh,
3 there was one last week which basically I ran with Mary and Maria,
4 and subsequently you have had a further meeting.
5 Now we took some notes in relation to that meeting, which we have somewhere or other ...
6 Maria- [inaudible]
7 JS- What I'd like to do with these is not laboriously go through it at the moment,
8 but after we finish the main meeting
9 I'd like us to set up notes which we can agree on which represent the consolidated position in relation to the upgrading of the brief.
10 I think we said we would endeavour to get hold of the disk for you, ehm
11 MP- We actually have got a copy already
12 JS- Have you?
13 Oh that's fine,
14 Ok,
15 and obviously I think we can then just update that, ehm,
16 but I have said we ought to take that to Wendy McGuirk of the Area,
17 and just make sure there's nothing in that that she disagrees with, or has another view about, since she put together the original document,
18 alright,
19 but I think the first position is to get ourselves where we have a consolidated, a consolidated document.
20 MP- Yes,
21 Ok,
22 well any comments that came up yesterday, do you want me to bring that up again.
23 JS- Well, if you think we should discuss them at the moment
24 then yeah, let let let's do it now.
25 I just want to make sure we get everything into, you know, one document
26 MP- Yeah,
27 I haven't updated my notes from yesterday yet
28 JS- No, no,
29 perhaps you'd just like to summarise those
30 MP- Ehm, the problem issues that may have costing implications, one of them was there's users who feel there's no discussion of their security system if you like,
31 JS- Hm
32 MP- Ehm, audio, ehm visual or through their duress alarm system
33 JS- Right

34 MP- Which is not very effective
35 as it cannot isolate the site of the alarm, or who uses it,
36 and there has been no ? as far as I know in the brief in terms of the camera surveillance,
37 I don't know if ?
38 JS- Well they have,
39 eh, sorry,
40 my understanding is that there are references certainly in in the upgraded brief we were talking about to where they needed security
41 MP- OK
42 JS- I agree it was all a bit wishy-washy,
43 ehm but certainly there was some some notation of some of the areas that they needed surveillance
44 MP- Right
45 JS- And I would think that we will just have to develop that into a brief which is suitable for instructing a builder.
46 MP- Ok,
47 so we thought we should talk to the eh electrical engineer to find out [how ...
48 JS- [Ya, by all means, by all means, yeah]
49 MP- Right, eh
50 JS- I mean
51 sorry
52 just just to be quite clear on this, ehm,
53 I would anticipate that briefs such as this would simply describe those areas that it needs to have surveillance and what sort
54 and then it would be up to the design team to particularly the electrical engineer to construct a security brief, which would become part of the tender documents
55 MP- I guess ehm, I guess my only concern is with the PDP, ...
56 it is required to get the cost estimates ...
57 JS- Oh David is pretty good at that sort of stuff,
58 he 's got security coming out of his ...
59 DW- Oh well, our engineering consultants ...?
60 JS- Yeah we can certainly do that.
61 JC- Just to pick up what John was saying.
62 Ehm, there's probably no point in talking to the site engineer,
63 as what we need is a statement from the users on those areas that need constant surveillance, camera surveillance, duress surveillance or , you know that type of thing
64 MP- It's included in a specific section of the brief then
65 JC- It is,
66 and I really think that your sub-consultants ought to be talking to the users,
67 and your sub-consultants ought to be preparing a brief,
68 so that eventually it can go in a design brief
69 MP- To go into a design brief that comes with the PDP?
70 JC- [No no no]
71 JS- [No no no]
72 JC- No no, the tender document
73 MP- Right
74 JS- There has to be,
75 sorry,
76 there has to be
77 even though it's a DNC (?) tender and what have you,
78 there has to be sufficient performance, information, obviously, that the builder can price and provide what we want,

79 so for instance if eh, if we wanted to specify any of the equipments or particular types of camera or things like that, ehm,
80 it might be the right thing to do,
81 but otherwise it would be a performance specification which will simply you know expand what we're trying to achieve.
82 MD- The sort of things to watch for is if they have an existing security system there which in effect one would need to add on to,
83 in other words the new one would probably have to be compatible with the existing or it may not,
84 that's the sort of thing the services consultant need to check for
85 MP- Ok, we'll have to work out ...
86 they're not happy with the implications of what they've got now
87 JS- No
88 MP- It was in the secure area it won't be satisfactory
89 JS- No fine, Ok
90 MP- Ehm, the other thing was they ...[?] things with the brief,
91 and apparently they reviewed things with the department at the end of last year
92 comments were made and ...[?], since the drawing,
93 the drawing that you last did
94 JS- So you haven't got the latest drawing,
95 is that the
96 MP- No
97 JS- Story?
98 JC- ...?
99 MP- The comments that I've got now are the same comments that there was a meeting at the end of last year that they said this happened, that eh
100 JC- The only meetings at the end of last year were mid last year, probably with Wendy McGuirk to revise the design brief,
101 but there's never been any changes to the drawings that you're referring to
102 MP- Alright,
103 that's what I
104 JC- ...
105 MP- that's what I meant,
106 because what came out of the changes of design brief
107 we haven't got any of the documents, any of the records of those meetings, if you like as to what was decided, or what was said at the time,
108 so somebody ...
109 JC- There were issues of design,
110 the the updated design brief
111 MD- [Was was ...]
112 JC- [Which which you ...?
113 IB- ... so we know that
114 MP- Ok so then comments,
115 so then some of the things they thought had been changed weren't changed in that document,
116 that's all,
117 they didn't get all the things they asked for, basically ...
118 JC- No one ever does,
119 but they all raise them again for reconsideration
120 cause they believe the design brief doesn't address the issues that they
121 MP- Yeah alright,
122 Ok, alright,
123 Ok, so that is the,
124 Ok, good.

125 Ehm, the only other thing is the equipment, there,
126 they feel the equipment will be almost ehm 90% replaced
127 JC- I hate to say that the money is tight
128 and that it won't be 90% replaced,
129 I can guarantee that
130 MP- But you see the whole new section,
131 it's just for the, an estimate for the PDP
132 JC- The new section, yes
133 MP- Yes, and then in the their existing things the refurbishment would they,
134 JS- Could I,
135 sorry,
136 could I could I just perhaps come in here,
137 ehm, what we did say to them was that a) we wanted a total list of the equipment, room by room of the new building, ehm, and b)
138 ?- For the total building?
139 JS- For the total building, yeah,
140 and b) there would then need to be ehm a consideration as to what was transferable, eh, what wasn't transferable, what was actually in addition to that which was existing and which would be provided by the builder, and which would be provided by other means.
141 Now let's,
142 if we start with the total list of equipment, ehm,
143 I'm sure that ehm the right sort of people will review what's there and decide whether in fact it is re-usable or not re-usable.
144 MP- Ugh,
145 JC- Well, look I can
146 MP- That hasn't been done yet
147 JC- I can put pressure on them.
148 Ehm, I've always found it easier that if someone gives each room a room number so that they not duplicate it
149 MP- yeah
150 JC- ...[?] want it to allocate it as part of your scenario, room numbers for the existing building and room numbers for the enlarged building,
151 we can then say to them "look, prepare an equipment list, for each room
152 MP- Ok
153 JC- And as John said we then work through that to work out well what is transferable, what is new, what the builder will provide, what will we provide
154 MP- And in the brief
155 JS- I mean,
156 and,
157 sorry
158 we can we can put, or can arrange anyway, to have figures put against all that stuff,
159 I mean that's no no big deal,
160 but you know we need the basic basic stuff, ...
161 MP- Ok, now in the brief at the moment there is a list at the end of each room,
162 that's ..., that's the items, just in the PDP again, just the documentation for the PDP, what's required at this stage is for putting a more detailed ...
163 JC- The Department won't require us to go to the n^{th} degree on this
164 MP- No but what I'm wondering is, what how much do I put in of the estimated percentage of the cost as being ...
165 JC- Well they probably would like it better than that,

166 but
167 MP- So we have to talk to somebody about the pricing
168 JS- Sorry
169 could I, could I, ahah,
170 sorry John,
171 just to come back,
172 let's gets the list, alright, as a start,
173 JC- It's up to the users to prepare that
174 JS- It's up to the users to prepare that, ehm,
175 we can then jointly make the decisions from there on,
176 we can arrange for it to be costed, computated,
177 DW- Yeah, no problem
178 JS- Ehm, it's not a problem with any of that,
179 we've got a lot of information you know in-house here anyway in relation to pricing of equipment of various sorts,
180 so it's not, the actual pricing is not a great problem, ehm,
181 there's really no reason why we shouldn't be quite accurate at this stage,
182 there's no need to guess,
183 but we might as well do that job now.
184 MP- Ok, that's the users,
185 they had a bit of a heart attack having to do the list fully at this point,
186 but ehm
187 JS- Oh heavens, look [the preparation]
188 ?- [...]
189 JS- The preparation of these lists can eh you know a day at the most, a couple of days for somebody who knows what they're about
190 MP- Yeah, yeah,
191 is it possible to get ?
192 JC- I'll get someone to work with them
193 MP- It's just that, we're supposed to have this PDP done tomorrow, ...
194 JS- No,
195 we'll get this, we'll get this PDP right, hagh, so
196 MP- So should I should I talk to you about ..., these things then,
197 will you get back to me then
198 or shall I communicate with you, about this, about ...?
199 JC- Oh, there's too many players in this,
200 I thought Ian Forbes was writing the PDP
201 MP- Oh sorry,
202 I'm,
203 I work with JTWCForbes
204 JC- Right
205 MP- So, it's a long piece, the managing process, so ... ?
206 JC- For the PDP we'll need to make a statement about the ... prices,
207 and we will prepare that
208 and try to get it to you as quickly as possible,
209 it won't need to be to the n^{th} degree now
210 but it won't work a bit saying we need a hundred thousand for ...[?] we need half a million for,
211 they'll tell us to go away,
212 I suspect at this point in time the Department of Health have a guideline on a percentage factor
213 and we'll keep that to ourselves,
214 we'll just check that out,
215 see what it says,
216 but keep that to ourselves, won't just reveal that to the users,

217 I'll have to get Geoff Hanks or someone to sit down with the users and go through each room.
218 MP- Right, Ok
219 JS- But it is,
220 sorry,
221 just to keep coming back to the same thing,
222 it is important that
223 our our sort of joint experience I guess is that is if we don't get these things right, they tend to run on forever,
224 and it is a user responsibility,
225 ehm and they might as well address it now
226 as to you know leave it
227 and go scratching through the situation three months down the track
228 MP- Hm.
229 But I think there was an assumption on our part that that had already been done,
230 and some aspects of the PDP were a documentation exercise
231 JS- Ok,
232 well look John John will follow that up
233 MP- with the time frames
234 JC- I mean it has been done
235 that what's at the bottom of each page, is they're rethinking that
236 and what's at the bottom of each page
237 IB- What each of these?
238 JC- Yeah
239 IB- That's what we're talking about isn't it
240 MP- Yeah
241 JC- Yes, it's the same,
242 yeah see rethinking that
243 MP- New or reused or the prices ...
244 JC- ... we need to get an agreed list of the ... [?], of the existing building and the new building
245 IB- On the assessment side,
246 we said we by ...[?],
247 do you want me to go out with somebody, or
248 JC- No no,
249 Geoff Hanks is very familiar with this
250 and can go through it with them
251 IB- Ok
252 JC- He knows most of the players down there
253 JS- Just on that,
254 there was another issue that was brought up on staffing ehm
255 I've taken that up with Ian Southwell
256 and eh, ehm, fortunately, or hopefully, that'll be resolved within a day or so
257 MP- OK, are you familiar with the hos...,
258 are you interested in me to explain that to compare it to that?
259 JS- Well ehm, if it's, if it's new information
260 we'll send it through to Ian
261 MP- Ok. Better write up the notes and include it and send it to you
262 JS- Yeah yeah that's fine, that's fine
263 MP- ... that differs ...?
264 JS- Hm.
265 MP- ?
266 JS- That's not a surprise
267 MP- Eh, they are the only major ones, ...
268 wants to change the brief,

269 if we include them and then submit the brief to you for review, it's perhaps the best is it?
270 JS- Well, let me just summarise what we're doing,
271 we need we need to get the brief updated with ehm based on the notes that I took the other week, with the notes that you took yesterday
272 MP- Hm
...

Appendix C

The Project Definition Plan

The Design Brief section of the Project Definition Plan has not been included here for reasons of space.

ALTERATIONS AND ADDITIONS TO WARATAH HOUSE

AT

CAMPBELLTOWN HOSPITAL

PROJECT DEFINITION PLAN

SOUTH WESTERN SYDNEY
AREA HEALTH SERVICE
Eastern Campus Liverpool Hospital
Elizabeth Street
LIVERPOOL NSW 2170

Prepared by
JTCW+FORBES

April 1995

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1.0 EXECUTIVE SUMMARY

In 1991, after considerable investigation, the decision was made to provide 30 adult beds at Waratah House and not to build a replacement unit for the Adult and Child Psychiatric Unit on the Campbelltown Hospital site. The development of such a unit would be achieved by adding a new wing to the existing Waratah House. The addition would house 15 new general beds, provide 7 new secure beds and reuse 8 beds. The cost was estimated at $3.6 million dollars.

The project was put on hold in 1992, after JTCW Architects prepared preliminary sketch plans, pending the availability of funds. Planning work continued in 1994 with the preparation of a Design Brief and the initial planning documents. The project was further progressed in late 1994 by calling for submissions from firms of architects. JTCW+Forbes were the successful tenderers and prepared this *Project Definition Plan* as required by the NSW Health Department's new *Process of Planning* guideline.

Th objective of the project is to add to the existing Waratah House building by producing a balanced architectural solution which provides for specific functions such as security, whilst minimising patient stress with an attractive residential scale design. To this end, the low height of the existing buildings has been retained and the new works will be integrated into the landscape.

Consideration of three options led to the development of a fourth option which incorporated the best elements of the others and this was developed into a sketch plan. The Brief was reviewed and it was found that there were several matters which had changed and these were incorporated into a Revised Design Brief (see Section 13 of this document). This revision led to a modification of the earlier sketch plans, prepared in 1992, however these changes are intended to determine the feasibility of the project proposal and not to resolve the design problem.

Alternative procurement methods were considered by the NSW Public Works Department and it was considered appropriate to progress toward a Design Develop and Construct (DD&C) type of contract rather than a Construct Only approach. The architect and engineering consultants were engaged on this basis. Capworks Management Pty Ltd has been engaged as the Project Manager for the project.

On the acceptance of this Project Definition Plan by the relevant authorities, planning will progress to Schematic Design. It is expected that modifications of the 1992 layout plan will be accepted and will remain within the available budget.

2.0 INTRODUCTION

The Project Definition Plan (PDP) has been prepared by JTCW+Forbes, in conjunction with Waratah House staff and the sub-consultants. The material in this document is to a large extent a compilation of the draft Design Briefs and prepared Reports from 1992 onwards and is intended to meet the requirements of a PDP as defined in the *Process of Facility Planning* Manual issued by the NSW Department of Health.

The existing documentation which was used in the preparation of the Project Definition Plan include:

S.W.S.A.H.S. - Design Brief of Waratah House - Health Services Development Unit - Report March 1994: revised September 1994

S.W.S.A.H.S. - Campbelltown Health Service - Mental Health Inpatient Service - Functional Plan - Health Services Development Unit Report 92/009; July 1992

This document refers only to the work required to be completed at the Campbelltown site to improve and add to the existing unit at Waratah House and achieve a total of 30 beds for adults. It does not make reference to the work being done at 6 Browne St.. for Adolescent and Adult Community Health Services, or at Liverpool Hospital, to upgrade facilities for an Adolescent unit of 12 beds.

3.0 PROJECT BACKGROUND

3.1 Project History

In March of 1991 documentation for a comprehensive Adult, Child and Adolescent Psychiatric facility was prepared by the Jackson Teece Chesterman Willis/Bates Smart & McCutcheon joint venture, adjacent to the present Waratah House site. This was to be a complete redevelopment of the Mental Health Services for South Western Sydney and other rural areas in accordance with the findings of the 1989 Barclay Report prepared for the NSW Government.

This project carried a budget of $8.2 million. The Waratah House project was put on hold in December 1991 whilst a review of the Mental Health needs of Campbelltown and the SWS Area was conducted.

A Mental Health Steering Review Committee was formed to review all planning to date and develop an Area Strategic Plan for future development of Mental Health services. Membership of the Steering Committee included representation from the Health Department Mental Health and Capital Works Branches, Clinicians, Area Advisors, Sector General Managers, staff from the Health Services Development Unit and Area Administration.

In March 1992 the Area Strategic Plan for Mental Health Services was approved by the Area Health Board. This provided a comprehensive development plan for Mental Health Services in the Area based on the Mental Health Resource Allocation Formula and the previously approved capital works budget.

It was determined that the focus of Mental Health services should be "community based" and that inpatient facilities should only be utilised as a last resort.

In recognition of the need to enhance the development of community based services, the Department of Health purchased and redeveloped a two storey building at 6 Browne Street, Campbelltown. Located in this facility is the infant, child, adolescent and adult non-inpatient services. This facility also provides a base for staff providing rehabilitation, community education and domiciliary services.

Functional planning for the provision of inpatient facilities at Campbelltown Hospital is now definitive as there is no longer a need to allocate space for outpatient, day hospital or educational facilities. As well, infant, child and adolescent services will be provided at Macquarie Clinic by mid-1995 and not at Campbelltown.

Prior to the suspension of the project in mid-1992 JTCW had prepared options for the alterations and additions (with a reduction from 40 to 30 adult beds) of an Adult facility adjoining the present Waratah House. This carried a construction cost of $2.7 million.

3.2 Review of Options for Waratah House

3.2.1 The Criteria for Selection

The criteria that guided the development of the options were as follows.

- **USE OF SITE CONTOURS**

- Accommodate the steep topographic fall across the site.

- **OPERATIONAL CONTINUATION**

- Minimise disruption to existing facilities during construction so that staff and clients can continue to occupy the buildings and provide as complete a service as possible.

- **FUNCTIONAL EFFICIENCY**

- Seek optimal relationships between functional components within the unit.
- Clearly separate traffic flows, especially differentiate arrival points for general public and emergency or police traffic. Provide geographic zoning of the activities according to frequency of interaction or control, that is: general room accommodation, security areas , treatment and office spaces and day activities.

- **COST MINIMISATION**

- Minimise the recurrent costs through maximising the ease of staff observation of client's rooms and the activity spaces, and minimisation of distances travelled by staff in the performance of routine tasks.
- Minimise capital costs through the reuse of existing spaces, for existing functions wherever possible, to minimise alterations and enable the shortest possible construction period.

- **OPTIMUM WORK ENVIRONMENT**

- Provide a safe and pleasant working environment for the staff and patients by use of orientation, light and contours to advantage

3.2.2 Discussion of The Options

Initially three options were developed which address the criteria; these are presented on the following pages. After consideration of the pros and cons of the initial three options a fourth option was developed and adopted as the most efficient and least costly. Some elements were common to all options, that is:

- The link with the Campbelltown Hospital was to remain and it would be found in the same location.
- The existing Waratah House would be used for recreational and management activities which require least alteration. One row of inpatient beds would be retained on the North side of the present building by alteration of four bedded rooms to two bedded rooms. Only new general inpatient and secure accommodation would be built in all options. The additions must therefore be located to the north of the existing building.
- The present arrival and road systems would remain although the location of the screened access for the police vehicles to the secure area varied.

Option A placed the secure area and its courtyard on the western side of the existing building and provided a continuum of wards across the north side of the complex by adding new wards to the eastern side.

Option B provided the mirror image of this solution with secure areas to the east and new wards to the west. In both cases, these solutions minimised the need to alter the corridor of the existing ward and provided the visual continuity required. Unfortunately, in both the options, the location of the secure courtyard was remote from the general observation of staff and this would lead to inefficient utilisation of staff or, if the unit was insufficiently staffed, make control difficult.

Option C attempted to overcome the lack of integration of the secure courtyard by bringing it into the space between the two new wings. This unfortunately broke the continuum of the general corridor between the wards making travel inefficient and potentially increasing the staffing requirements and therefore the recurrent costs.

With regard to the variations of capital costs it was recognised that due to the steep east-west fall across the site, any additions to the north-west of the existing building would incur extra cost associated with the building of a suspended slab to maintain floor levels with the existing ward. Any building works to the north-east would involve excavation but this is a less costly approach. As a consequence, Options A & C would be preferred over Option B from a cost point of view.

SECURE WINDS

SECURE AREA COURTYARD

BEDROOM WINDS

CRAFTS COURTYARD

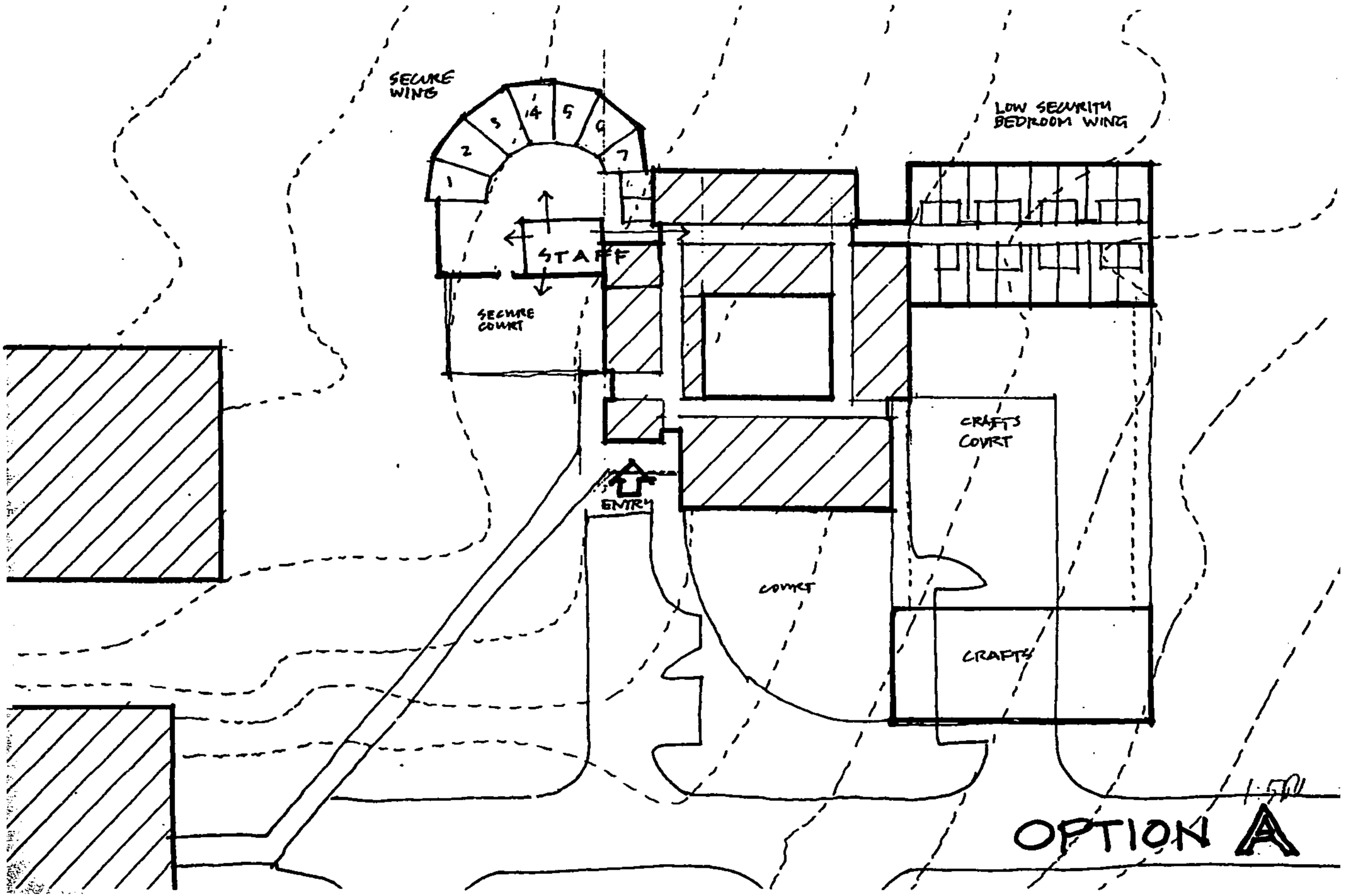
CRAFTS

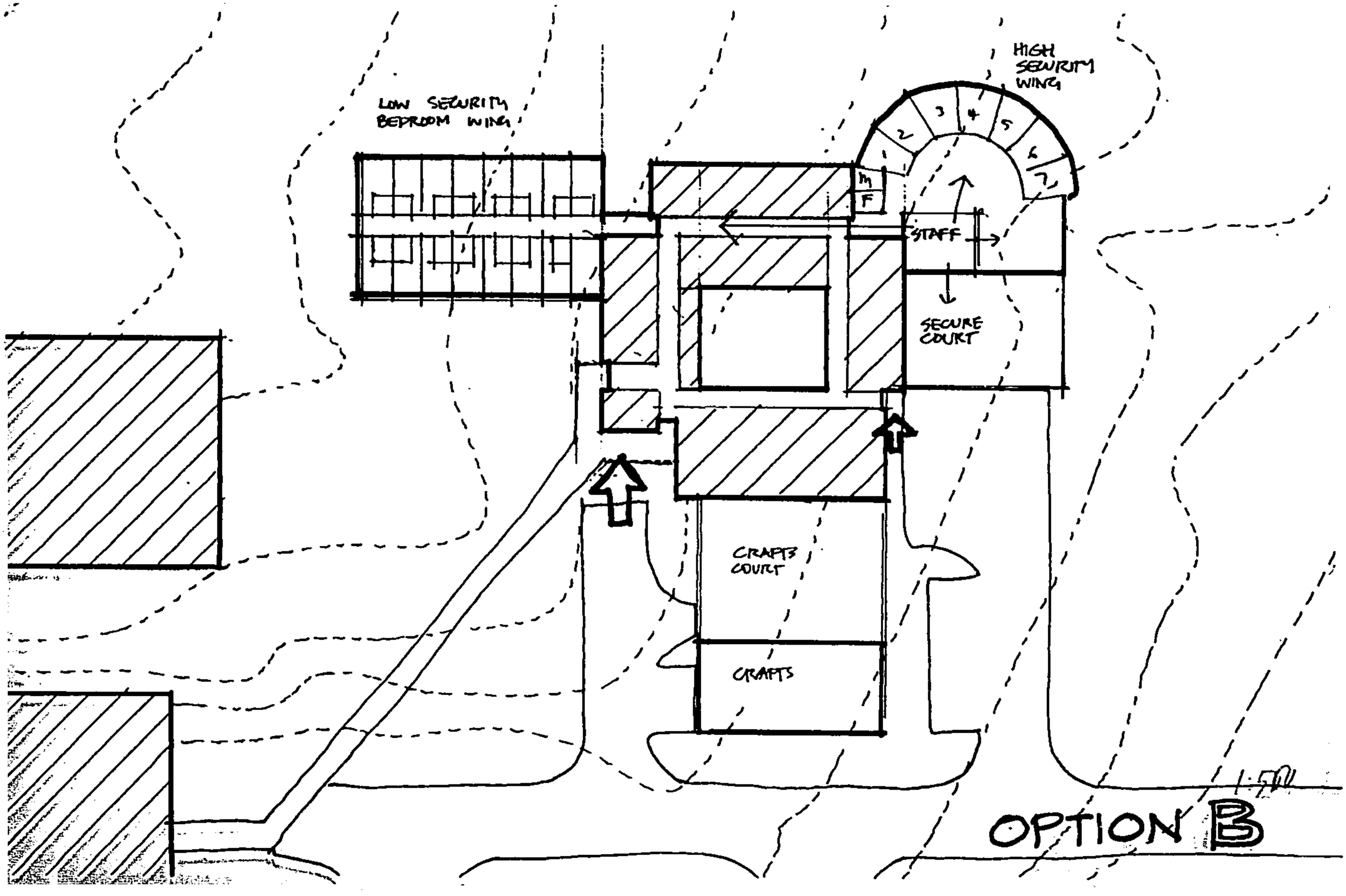
Waratah House –
Campbelltown Hospital

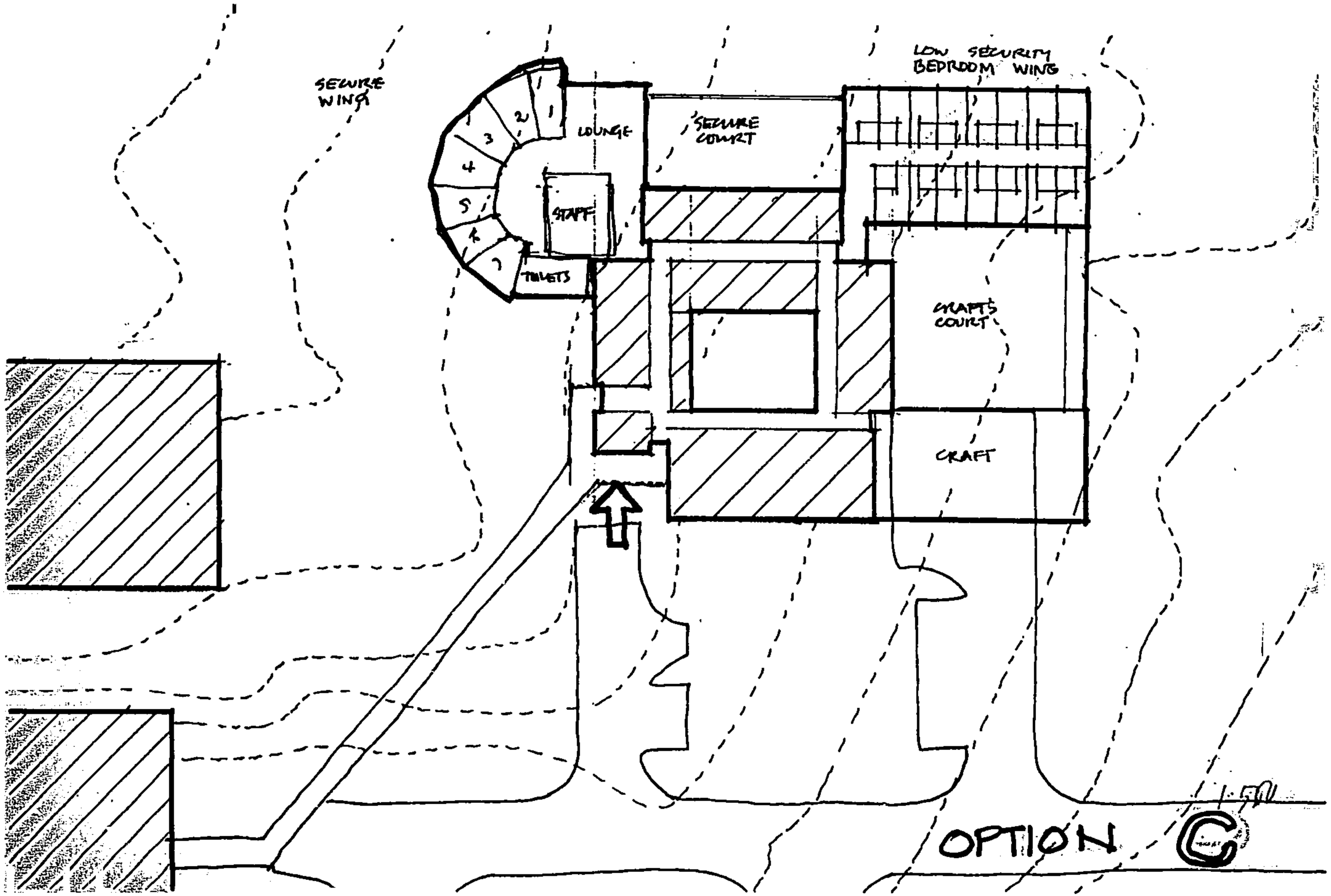
13 Feb 92 JTCW 92021

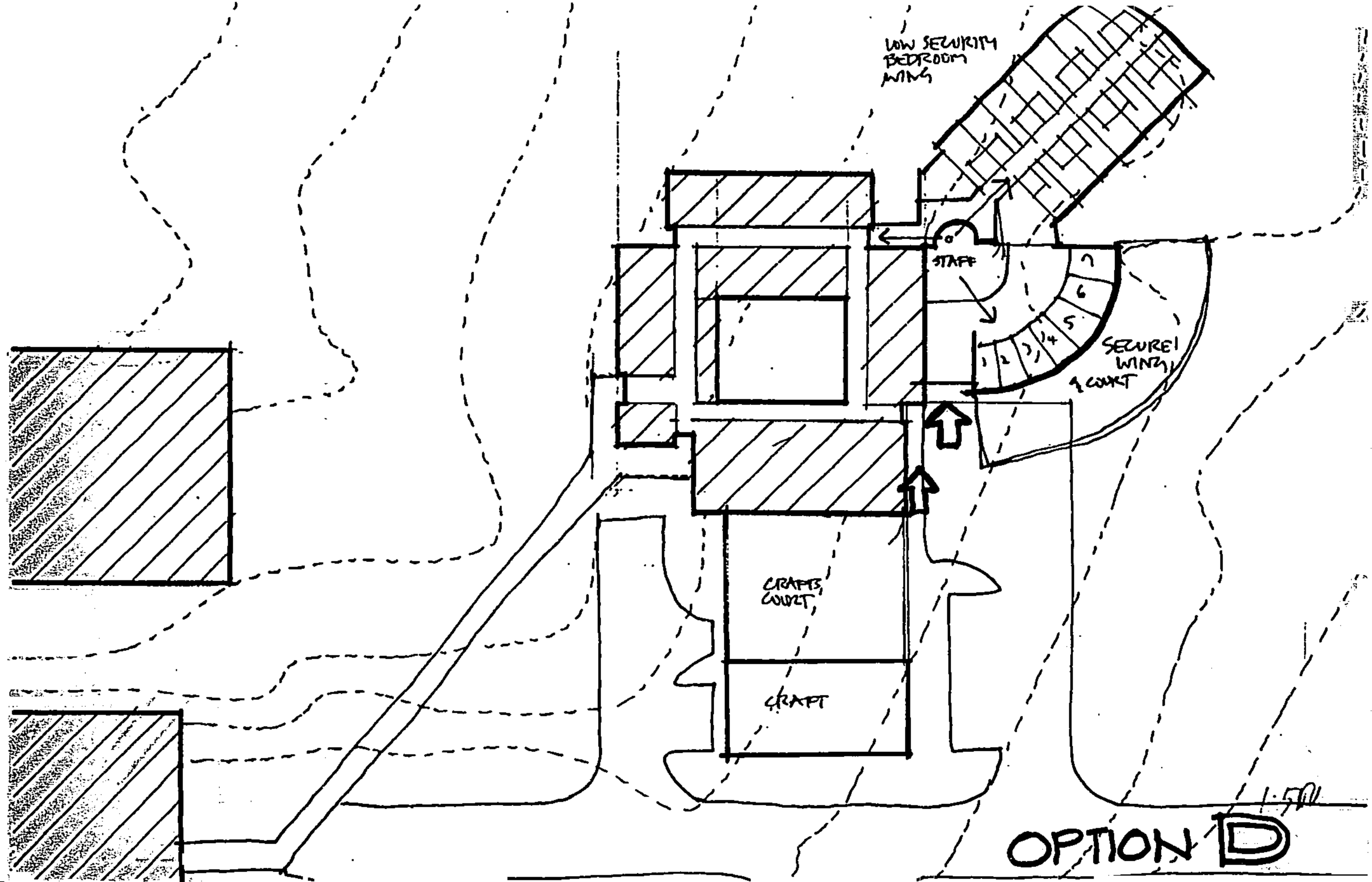
1:200

SITE LAYOUT
OPTION A


SECURE WING
1
2
3
4
5
6
7
STAFF
SECURE COURT
LOW SECURITY BEDROOM WING
CRAFTS COURT
ENTRY
COURT
CRAFTS
OPTION A


LOW SECURITY
BEDROOM WING
HIGH
SECURITY
WING
1
2
3
4
5
6
7
M
F
STAFF
SECURE
COURT
CRAFTS
COURT
CRAFTS
OPTION B


SECURE WING
LOUNGE
1
2
3
4
5
6
7
STAFF
TOILETS
SECURE COURT
LOW SECURITY BEDROOM WING
CRAFTS COURT
CRAFT
OPTION C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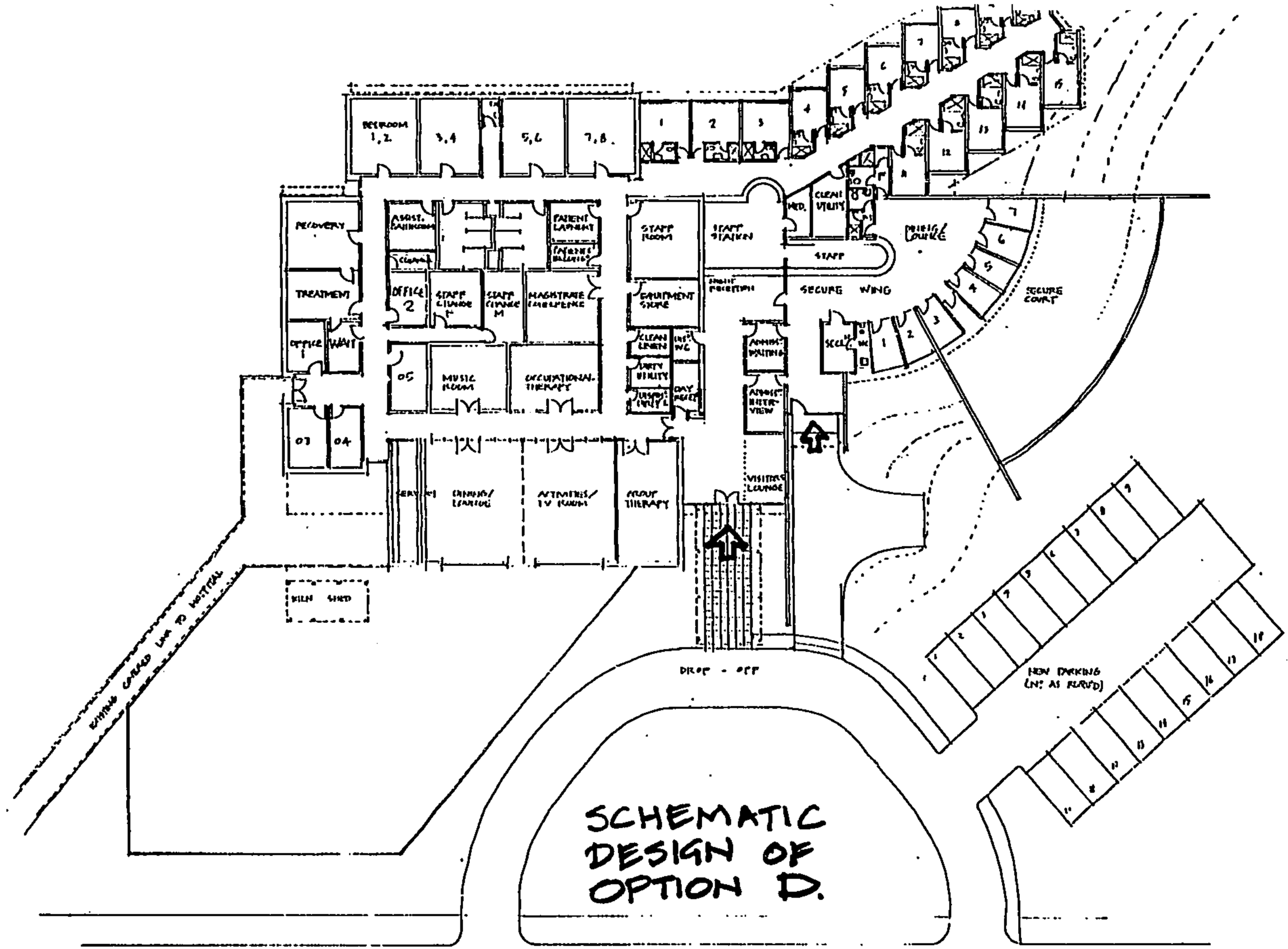
BEDROOM
WING
STAFF
SECURE
WING
COURT
CRAFTS
COURT
CRAFT
OPTION D


BEDROOM 1,2
3,4
5,6
7,8
RECOVERY
TREATMENT
OFFICE 1
WAIT
ASSIST. BATHROOM
PATIENT LAUNDRY
OFFICE 2
STAFF CLINIC
MAGISTRATE INTERVIEW
05
MUSIC ROOM
OCCUPATIONAL THERAPY
03
04
KILN SHED
DINING/ LEISURE
ACTIVITIES/ TV ROOM
GROUP THERAPY
STAFF ROOM
STAFF STATION
EQUIPMENT STORE
CLEAN LINEN
DIRTY UTILITY
DAY AREA
ADMIN WAITING
ADMIT INTERVIEW
VISITORS LOUNGE
MED.
CLEAN UTILITY
STAFF
SECURE WING
SECURE COURT
DROP - OFF
NEW PARKING (NOT AS PLANNED)
SCHEMATIC DESIGN OF OPTION D.

Whilst Options A & C would be less costly from a capital point of view they would mix general hospital, emergency and public traffic inappropriately.

All of the options examined contained some good points and some bad points but non were able to meet the majority of criteria. This means that another option had to be created to gain the best of all options. The solution was to place the new accommodation wings on the same side of the building so that the closest functional adjacency could be achieved. It would be placed on the eastern side of the present building and by having the non-secure rooms at a diagonal to the present building would effectively work with the contours. To achieve the benefits of the options which had the new wing running east-west, the rooms in Option D were staggered so that each room aligned north-south to reduce heat gain. In this way a solution which met the most criteria was achieved.

3.2.3 The Selected Option: Option D

Features of the scheme are:

- Location of the secure wing on the eastern side allows direct access by police vehicles without conflict with the pedestrian links to the main hospital.

- The secure area has been planned to give direct radial vision from the staff base through the day/dining areas and the bedrooms to an enclosed outdoor court.

- The orientation and location allow the secure courtyard to be cut into the hillside enabling a high mesh security fence to be provided in a "ha-ha" which can be screened from view from both sides.

- The bedroom wing is located next to the secure wing to provide surveillance from the main staff area. The rooms all have en-suite bathrooms and are orientated to the north or east. This reduces the influence of the east-west sun and enables the solution to have a minimal temperature differential. The result will be lower air conditioning costs.

- The existing bedrooms on the northern face are too small for four beds but can be satisfactorily used for two beds, and patients using the existing bathrooms across the corridor. These rooms functionally become integral with the new wing. The north facing old rooms should be provided with external sun shading to help maintain comfortable internal conditions.

- Laundry facilities in the existing eastern wing can satisfactorily be retained, though some upgrading and reorganisation is required. It was considered that the three bedrooms adjacent, which will have their windows blocked by the new wing, are best used for staff related activities. The existing en-suite bathrooms, two rooms connected to form a staff meeting and magistrate's room, and a corridor formed to more directly link the new staff base with the activities areas.

- Activity areas can be substantially upgraded by roofing over the central courtyard and creating new dividing walls. The kitchen/servery area can be relocated and create a new Dining Room and a Group Room on the other side of the activities room.

- The activities room should be opened out to the grassed area to the south, which should be enclosed by a high wall for security, designed to match the existing architecture of the campus. An open-sided, roofed area would provide useful space for outdoor activities such as pottery.

- It is considered that the existing main entrance is inappropriately located, and would be better replaced by a new entry and reception constructed at the point adjacent to the activities and next to the secure area thereby making one entry but with screened police access. Interview and staffing control can be centralised for after hours use. An awning and a turning circle would provide a suitable drop-off point. The police access road would be on the other side of a wall from the main entrance and be paved to become an integral part of the landscape.

- A treatment and adjacent recovery room have been located in the existing western wing.

- All west-facing windows should be fitted with external perforated metal blinds to help maintain tolerable internal conditions.

4.0 ISSUES AFFECTING THE SITE

4.1 Site Works and Access

Mechanical Services:

The existing air conditioning and ventilation systems are independent from the systems serving the Main Hospital and do not impact upon the feasibility of the expansion.

Electrical Services:

The new work will have a marginal impact on the street lighting in south east of Waratah House. Some lights will have to be relocated and a new feed to the external lighting established.

Fire Protection Services:
The new work will have no impact on the fire services.

4.2 Engineering Services and Linkage to Campbelltown Hospital

Mechanical Services:

The existing air handling systems do not have sufficient capacity to satisfy the heating and cooling requirements associated with the proposed expansion nor is there adequate space in the plant room to accommodate an additional air handling unit.

Preliminary assessment of air conditioning options, i.e. air cooled reverse cycle ducted system, air cooled chiller and fan coils, multiple air cooled split systems, cooling tower and condenser water cooled package units, indicates that the air cooled reverse cycle ducted option is the least capital cost intensive. It is envisaged that this system would consist of a new air cooled reverse cycle air handling unit with supply and return air duct work similar to the existing systems.

The unit could be located on the roof or at grade level on the north eastern facade of the building.

Air conditioning and heating will also be required for the existing Activities area which will be enclosed as part of the new work.

Existing local exhaust systems for Toilets cannot be expanded to meet the demand for exhaust in the new extension. Additional roof mounted Toilet exhaust fans will be required to provide acceptable air quality and to meet Code requirements.

The existing Servery exhaust fan is inadequate and should be upgraded.

Piped medical gases (Suction and Oxygen) will not need to be reticulated from the Main Hospital, although Waratah House is not currently supplied with medical gases. There will only be a small local supply required.

Electrical Services:

The existing supply to the building appears adequate for the proposed addition. A submain will be installed from DB1-7 to serve a new

distribution board in the new extension. The air conditioning plant will be served from this new distribution board.

Distribution board 1-7, which provides the essential power, has adequate spare capacity to cater for the new extension.

The Hospital Engineer has advised that the existing power circuits have no earth leakage protection. These circuits should be upgraded as part of the expansion in order to comply with current Code requirements and to enhance patient safety.

The telephone and MATV Systems will be expanded to cater for the additional requirements.

The existing nurse call system will be upgraded to cater for the new extension.

The general hospital paging system will be extended to the new areas.

Security lighting will be provided around the building perimeter and for pedestrian thoroughfares.

Emergency and exit lighting will be installed to AS 2293 and shall be of the self contained single point system.

Fire Protection Services:

The existing fire alarm panel has no spare capacity. It is intended that this panel be replaced with a new panel which will cater for the new extension and provide spare capacity for future expansion.

Smoke detectors will be installed throughout the new addition in accordance with AS 1670.

5.0 ISSUES AFFECTING HEALTH SERVICES

5.1 The Changing Demand Profile

The demographic profile of the Area reveals that a significant number of people fall into high risk and "difficult to service" groups, e.g. non-English speaking background, low socio-economic stratus, predominantly young population, refugees, Aborigines and single mothers. The most relevant implications for the redevelopment of a higher proportion of younger residents are that the peak onset of psychosis is in the younger age group and that young males with schizophrenia are often chronic, aggressive, violent and difficult to manage.

Waratah House is treating dramatically more new cases of young adult patients suffering primarily from psychotic illnesses. This is reflected in the increasing numbers of involuntary patients and the increasing need to transfer to Cumberland Hospital for secure care.

It should also be noted that the non-psychotic cases are overwhelmingly young adults at risk of suicide, often admitted following a serious suicide attempt. Again, given the population in the are, it is likely that the numbers of such cases requiring inpatient care may increase further with time.

5.2 Deficiencies of Existing Accommodation

(i) Acute Observation Area:

- o lounge and free space is too small
- o violent patients necessitate closure of all beds in secure area
- o no access to secure external living area, poor provision for patient privacy
- o nurses station too small, with insufficient bench space, no file storage and inadequate observation of patients
- o aside from a single toilet, patients must leave the area for bathroom facilities
- o no separate ward entrance for acutely disturbed patients, new patients must pass other patient areas
- o no separate waiting area for interviews or where relatives/police may sit with new patient prior to admission

(ii) General Admissions Ward Area:

- o the bath is not raised and hence a Henry lifter cannot be used
- o inadequate storage for patient's belongings
- o no area for clothing storage
- o internal courtyard is too small and introverted
- o no protected external wing living spaces
- o no nurse-call system or means for staff to summon assistance

(iii) Electro Convulsive Therapy Services:

- o ECT was carried out in the general procedures room behind the Accident and Emergency department of the main hospital due to a lack of suitable space within the Unit. Patients had to walk the 50 metres from the Unit and this posed some problems if the patient is involuntarily receiving ECT or the patient is apprehensive about the whole procedure. Treatments are now done in an ad hoc conversion of a patient room without waiting or proper recovery spaces.

(iv) Clinical Teaching Services:

- o No available teaching spaces for this expanding role.

These deficiencies have been addressed in the Design Brief and the proposed option, which was selected according to the desired criteria, will ensure that the operational deficiencies are removed.

6.0 CAPITAL COST ESTIMATE

The full capital cost of the project has been estimated based upon the areas shown in the Design Brief and the various allowances required by the NSW Department of Health's guidelines. The estimate below is provided by the Quantity Surveyors Wilde and Woollard as of the 3rd March 1995.

Estimate Summary

	$
Alterations to Existing Building	509,000
New Additions	1,416,000
	1,925,000
Site Preparation	99,000
External Works (including Landscaping)	256,000
External Services	20,000
	2,300,000
Preliminaries	240,000
Profit and Overhead	Included
	2,540,000
Design Contingency (5%)	125,000
Contract Contingency ($2^1/_2$% new, 50% existing)	75,000
Delay Allowance	25,000
Estimated Gross Building Cost at March 1995	**2,765,000**
Allowance for Escalation to Completion	150,000
	2,915,000
Furniture and Equipment	300,000
Consultants' Fees	360,000
Client Management Fee	25,000
Total Estimated Project Cost	**3,600,000**

Alterations to Existing Building

	$	$/m²
Demolition	14,500	11.90
Substructure	18,500	15.19
Columns	5,000	4.10
Roof	89,000	73.07
External Walls	5,000	4.11
Windows / Doors	49,500	40.64
Internal Walls	20,000	16.42
Internal Screens	7,000	5.75
Internal Doors	9,500	7.80
Wall Finishes	30,000	24.63
Floor Finishes	34,000	27.91
Ceiling Finishes	21,500	17.65
Fitments	65,000	53.37
Special Equipment	6,000	4.93
Hydraulic Services	28,000	22.99
Mechanical Services	55,000	45.16
Fire Protection	-	-
Electrical Services	44,000	36.12
Builder's Work in Connection with Services	7,500	6.16
	509,000	417.90

Areas

FECA	=	1,062m²
UCA	=	156m²
GFA	=	**1,218m²**

New Additions

	$	$/m²
Substructure	80,000	101.91
Roof	174,000	221.66
External Walls	108,000	137.58
Windows / Doors	69,000	87.90
Internal Walls	97,000	123.57
Internal Screens	54,000	68.79
Internal Doors	28,000	35.67
Wall Finishes	86,000	109.55
Floor Finishes	45,000	57.32
Ceiling Finishes	58,000	73.89
Fitments	129,000	164.33
Special Equipment	20,000	25.48
Hydraulic Services	88,000	112.10
Mechanical Services	154,000	196.18
Fire Protection	Included	Included
Electrical Services	176,000	224.20
Builder's Work in connection with Services	50,000	63.69
	1,416,000	**1,803.82**

Areas

FECA = 767m²
UCA = 18m²
GFA = **785m²**

Site Preparation

	$
Site Clearance	1,000
Site Strip	3,000
Oversite Excavation	82, 000
Grading / Compaction	8,000
Dewatering	2,500
Ag Drains	2,500
	99,000

External Works

	$
Retaining Walls	71,000
Paving	23,500
Awning Roof	25,500
Roadworks	22,000
Fence	3,000
Landscaping	111,000
	256,000

7.0 ASSET MANAGEMENT IMPLICATIONS

The Waratah House project is an extension to the existing building. The project will require an increase in capital investment in buildings and equipment in order to achieve the services outlined in the SWSAHS Mental Health Strategic Plan developed in March 1992. The capital investment is being made to achieve a 10 bed increase in service and to improve the ability of the service to achieve the requirements of, the inpatient component of the service at Campbelltown. The existing facilities require upgrading and have been examined in the light of a complete replacement. This was considered not to be cost-effective and it is proposed to retain the present building with modification and additions.

There is ample land available adjoining Waratah House and no acquisition cost are needed to provide the expansion site. There are minimal additional investments required to provide the required additional accommodation.

There will be no assets realised through the sale of property associated with this project.

8.0 EQUIPMENT REQUIREMENTS

The equipment required for the project are provided in the Design Brief. Each room has an estimate of the furniture, fitments and equipment to be provided and the costs associated with this are nominated in the capital estimates at $300,000. This allows for replacement of all the beds to ensure domestic type beds are used, new furniture will be provided in all new rooms and replacement is expected of more than 50% of the present furniture in the other rooms since much of this has not been upgraded for some time. The details of the actual equipment and furniture will be resolved on a room by room basis when the detailed Design Development Drawings are prepared. Until that time the estimates are believed to provide a realistic allowance.

9.0 RECURRENT COST ESTIMATES

Using the existing staff provided in the Brief and the increases expected to that staffing, the recurrent cost estimates have been achieved by assuming the salaries and on-costs are the same for present and future staff classifications and then assuming the salaries represent 85% of the overall operating costs of the unit.

Current Recurrent Costs

25.5 Staff Equivalents = $ 1,193,774 x 1.15 (other costs) = $ 1,372,840.00

Future Recurrent Costs

58.5 Staff Equivalents = $ 2,514,512 x 1.15 (other costs) = $ 2,891,689.00

Increased Recurrent Costs = $ 1,518,849.00

10.0 STAFF RESOURCING AND CHANGE MANAGEMENT STRATEGIES

10.1 Staff Establishment

10.1.1 Current Staff Establishment

Medical	
Director	1
Staff Psychiatrists	1
VMO Psychiatrists	0.2
Psychiatric Registrars	2
Nursing	16.8
Psychologist	1
Social Worker	1
Clerical	1
Domestic	1.3
Occupational Therapist	0.5
TOTAL CURRENT STAFF	25.8

10.1.2 Future Staff Requirements

Future staffing of the Campbelltown Mental Health Service is divided into two groups: Group A being those staff based full-time at Waratah House and Group B being those staff based primarily at Browne Street but also attending Waratah House. Group A will need specific accommodation in Waratah House, while Group B will need access to shared clinical offices and group rooms in Waratah House, but not individual office space.

The net affect of this is that five offices have been briefed for permanent and visiting staff. There is provision for four permanent offices (Nurse Unit Manager, Social Worker, Psychiatrist, and Occupational Therapist) and one office with room for two visiting staff to share a space. Other medical/allied health staff who visit the unit will be moving around the unit or be in the treatment/activities section, while those who need to write reports can do so at the staff station and office on the ward.

GROUP A	
Medical	
Registrar	1
Psychiatric RMO	1
Nursing	
Acute Admissions Services	25.8
Social Workers	1
Occupational Therapists	1
Occupational Therapist Aide	1
Clerical	1
Wardsman	4.8
Pharmacist	0.2
Domestic	1.7
Maintenance	0.2
Catering	1
Stores/Linen	0.4
TOTAL GROUP A	40.1
GROUP B	
Medical	
Director	1
Staff Psychiatrists	3
VMO Psychiatrists	0.2
Psychiatric Registrars	3
Psychologists	3
Social Worker	1
Occupational Therapist	1
Clerical	1
TOTAL GROUP B	13.2
TOTAL GROUP A & B	53.3

10.2 Changed Staff Management Strategies

The provision of three locations for the Area Mental Health Service causes some decentralisation of management with the funding and allocation of staff centrally but most staff will be located in offices at Browne St. The overall staff complement will increase and this is reflected in the changing role of patient care ie dealing with more aggressive cases at Campbelltown rather than transferring them to Cumberland, as well as the increasing regional role provided by the staff to Campbelltown Hospital and the area.

Staff to patient ratios have been determined by matching the specific dependency levels. For example on each shift the Secure area will need 2 staff with the 7 residents located there and in the non-secure area the

ration of one staff per 8 residents is required on the day shift. There will be an need for additional male wardsmen to provide security with more violent and aggressive cases.

There have been no staff increases due to the design of the facility and care has been taken to ensure that the two entrances (general/public and emergency/police) can be easily covered by staff after hours, interview and admission rooms are accessible from both sides and the staff bases in both secure and non-secure areas facilitate easy visibility and access to residents. It is expected that the planning will enhance staff efficiency.

11.0 PROJECT IMPLEMENTATION STRATEGY AND PROGRAMME

11.1 Proposed Procurement Method and Risk Assessment.

The proposed procurement method is the Design Development and Construct (DD&C) method. The DD&C method has been compared to the Construct Only method and found to be preferred in the case of the Campbelltown project. The Construct Only method requires the completion of all documentation prior to tender and while this has the highest potential level of quality outcome, there is a cost associated with the delay to complete the documentation and there is lack of flexibility in fast-tracking the project due to this lead time.

The DD&C is to be used in the Waratah House project because the project is not complex and the benefits from having the contractor accept the risk for the documentation of much of the works, particularly in the alterations to the existing building, will reduce the risk to the NSW Health Department. There is a clear and full Design Brief, full sketch plans, descriptions of the standards to be adopted, and a full technical specification of products the contractor is to incorporate in the works. This will ensure there is minimal risk associated with the potential for a lesser than anticipated quality product.

The potential risks associated with greater variations due to the likely time impacts caused by compressed time frames (with design development and documentation being done concurrently), will be offset by the reduction in the number of variations caused by deficiencies in the documentation which arise when the contractor takes no responsibility for the detailing and construction methods assumed.

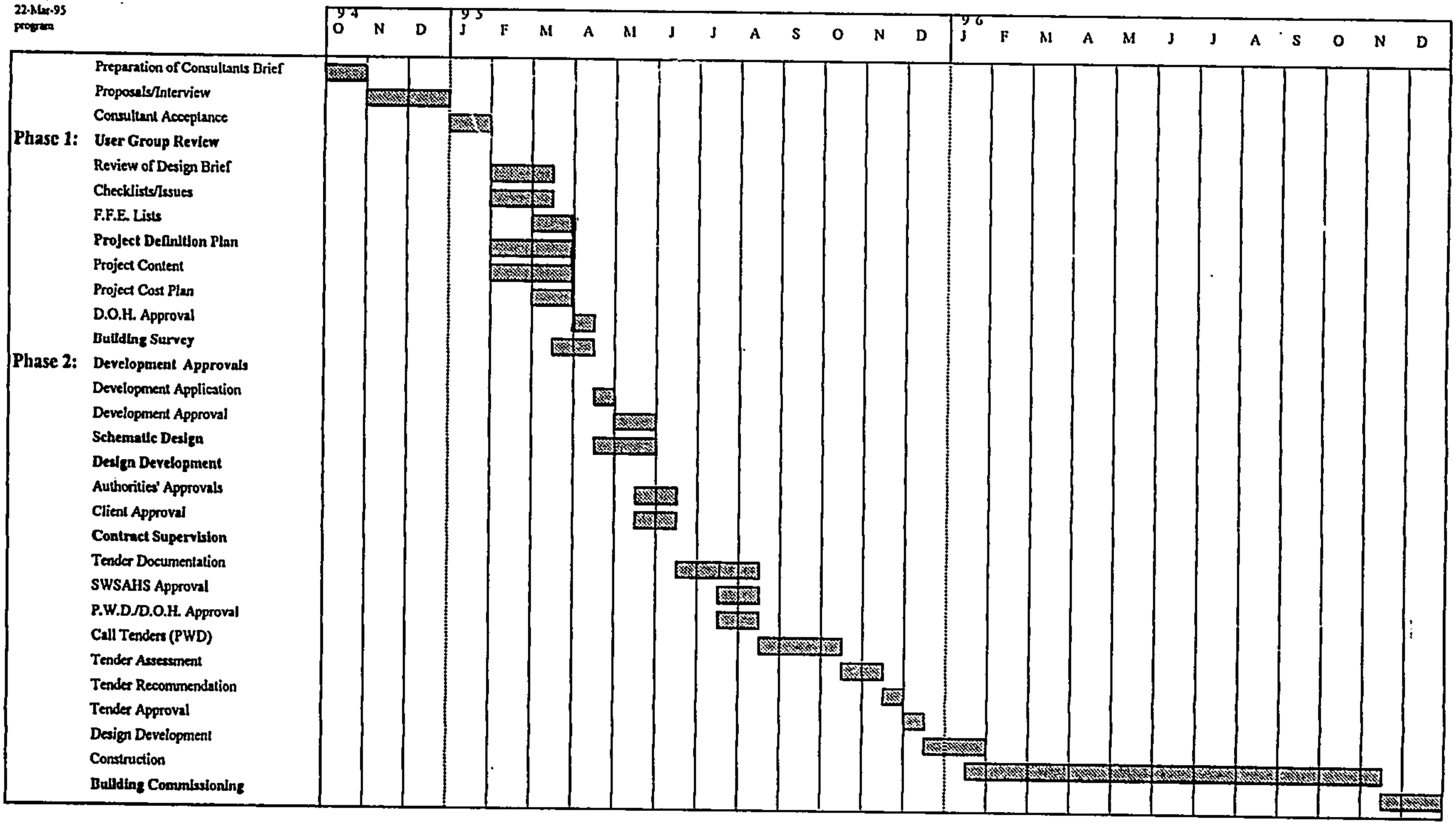
LOCAL AUTHORITY AND AREA BOARD REQUIREMENTS.

It is not expected that there are any matters which can not be met with respect to the local government and fire authority requirements. The building is assumed to be zoned 9B since their are residents in bed and the various restrictions which this imposes on the design of the

CAMPBELLTOWN HOSPITAL - WARATAH HOUSE

PROGRAM

22-Mar-95
program



building and engineering services will apply. This has been reflected in the estimates and in the assumptions about corridor widths, egress for fire safety, etc. These matters will be finally resolved when the initial plans are reviewed by the authorities having jurisdiction.

The building by nature of its requirement for resident security will have a limited number of points of entry. This will not necessarily limit the number of places which allow fire escape. These escape points will have to be alarmed if they are located in areas where residents can access them. The resolution of these entry and access points will be achieved during the design process.

13.0 DESIGN BRIEF