



Australian Government

Department of Defence

JOINT HEALTH COMMAND

GARRISON HEALTH FACILITIES UPGRADE

Simpson Barracks, Watsonia, VIC

Puckapunyal Military Area, VIC

Albury-Wodonga, South Bandiana, VIC

Royal Military College, Canberra, ACT

Russell, Canberra, ACT

Holsworthy Barracks, NSW

Larrakeyah Barracks / HMAS Coonawarra, NT

Robertson Barracks, NT

Army Aviation Centre, Oakey, QLD

Gallipoli Barracks, Enoggera, QLD

RAAF Base Townsville, QLD

Campbell Barracks, Swanbourne, WA

RAAF Base Pearce, WA

Statement of Evidence

to the

Parliamentary Standing Committee

on Public Works

Canberra, Australian Capital Territory

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JOINT HEALTH COMMAND

GARRISON HEALTH FACILITIES UPGRADE

Identification of the Need

1. Defence Health Service Delivery is a key military enabler, required to enable operational preparedness in support of ADF operations. Defence Health Capability provides healthcare that is timely, responsive and available. The strategic driver for maintaining health facilities on Defence bases is the requirement to maintain health and wellbeing of ADF personnel for operational preparedness. The key difference from civilian health practices is that health facilities on bases can deliver services to suit timeframes of ADF operations and training imperatives across Australia. This requires delivery of a higher level of preventative and proactive healthcare to support operational preparedness.
2. This facility proposal aims to address issues of limited investment and building obsolescence and will enable increased efficiency throughout the health service delivery at 13 Joint Health Command (JHC) health care facilities around Australia.

Historical Background

3. In 2008, Defence garrison health services delivery was changed from single service (Navy, Army, Air Force) arrangements to the responsibility of JHC. JHC subsequently refined the Garrison Health Services Delivery Model (GHSDM) to create a nationally consistent and efficient model of care.
4. In 2009, the Defence White Paper provided specific guidance related to health care service delivery as a 'baseline' enabling capability. In particular, the paper described the importance of facilities to support capability.
5. In 2010, a review of ADF health care facilities generated the JHC Strategic Infrastructure Plan (SIP) 2011-2021. This reviewed the fitness for purpose of health facilities and JHC's priority of works to remedy those health facilities identified as not fit or only partially fit for purpose. The SIP provided guidance for the ongoing rationalisation of the estate from an original 107

existing health buildings to an end state of 49 health facilities by 2020. Since 2010, JHC has undertaken a rationalisation program in accordance with the SIP. This project contributes to this rationalisation by consolidating 22 existing facilities into 13 to meet the current end state requirement.

6. The 2016 Defence White Paper has further reinforced the importance of health care as a key military enabler.

Purpose of the Works

7. JHC provides the ADF with pre-deployment and proactive health care for operational preparedness. The project will make a significant contribution to JHC efforts to improve effectiveness and efficiency within garrison health care service delivery, including better utilisation of ADF, Australian Public Service (APS), contracted personnel and materiel resources.
8. The rationalisation and investment into health facilities will enable more efficient and effective delivery of clinical health services that contributes to one of JHC's fundamental principles: "Caring for our people."
9. All of the existing health facilities proposed to be replaced or refurbished under this project have a number of issues affecting JHC's ability to deliver effective health care services. Typical issues include:
 - a. non-compliances with legislative codes including the Building Code of Australia (BCA), the Disability Discrimination Act (DDA), and policies including Defence's Manual of Fire Protection Engineering (MFPE), and Defence Security Manual (DSM);
 - b. non-compliance with design standards including the Australasian Health Facility Guidelines (AHFG);
 - c. dysfunctional layouts that limit JHC's ability to provide efficient services;
 - d. infection control risks associated with outdated fittings and fixtures;
 - e. multiple extensions and repurposing of ad hoc spaces to accommodate new or modified capability requirements; and

- f. engineering systems that are at the end of their serviceable life.
10. A key objective of this project is to deliver facilities to support the benefits of consistent and efficient health care facilities across Defence. A standardised health facility supports a consistent standard of health care service provision to the ADF dependency. This is particularly important for the changing landscape of health care which includes emphasis on multi-disciplinary care, de-stigmatisation of mental health through integrated primary care with mental health and rehabilitation services, and the emphasis on preventative health services such as physiotherapy.

Options Considered to Fulfil the Need

11. Defence has considered four options to address the deficiencies in health care facilities so as to better deliver a balanced, consolidated, functional and optimised solution. The options considered were:
- a. **Do Nothing.** Provides a bench mark which other options can be assessed against. This option considers the current functionality and increased requirement for ongoing reactive repair and maintenance costs of ageing and obsolete facilities;
 - b. **Minor Refurbishment.** Provides minor upgrades to address essential building services and health equipment and where possible make critical functional improvements to the facility;
 - c. **Major Refurbishment.** Provides a larger upgrade to meet legislative requirements and to provide the required functionality as much as practical within the constraints of the existing building footprint; and
 - d. **New Build.** Provides a new purpose built health facility to deliver all of the required functionality, efficiencies and amenities. This option will include the demolition of obsolete existing health facilities.
12. The detailed options analysis at each site considered the following essential criteria:
- a. functional suitability and efficiency of the building layout;
 - b. level of compliance to the AHFG, GHSDM, JHC Model of Care and the User Requirements Brief (URB);

- c. ability to address existing building fabric and engineering services issues to determine refurbishment, or replacement options, in a cost effective manner;
 - d. level of compliance with the Statutory Requirements;
 - e. environment and heritage impacts; and
 - f. overall value for money of both the project construction costs and impact on JHC health service delivery.
13. The preferred option is a combination of new build, major and minor refurbishments.
14. A major or minor refurbishment is proposed where critical elements of the requirement can be provided in a cost effective manner, and where the building fabric, engineering services and functionality is in a condition that can be upgraded.
15. A new build is proposed for the sites where it is not possible to upgrade or refurbish the existing facility in a effective or efficient manner. A new build can provide a standardised modern health facility capable of providing all of JHC's key requirements. This includes a flexible layout for contemporary health service delivery with features such as central reception and waiting areas and multi-purpose bookable rooms. The new build approach supports the requirement for future-proofing as they are designed to be more easily adapted to changing health practices and future growth.
16. Through the initial design phase, various siting options for the new build sites were considered. Within the approved sites, various layout options have been tested to ensure that the design solution is functional, cost effective, and allows sufficient capacity for future expansion.

Description of the Proposal

17. The project proposes to construct eight new health centres and refurbish five existing health centres across 13 sites around Australia. This solution will provide efficiencies in health service delivery, consolidate to single on base facilities and address building obsolescence and functionality issues.

Project Location and Key Requirements

18. The Project will generate employment opportunities in the construction sector (and related sectors) in regional areas surrounding each site. These include regional Victoria, southern NSW, Oakey, and Townsville.

New health centres are proposed at:

- a. Simpson Health Centre, Simpson Barracks, Watsonia, VIC;
- b. Puckapunyal Health Centre, Puckapunyal Military Area, Puckapunyal, VIC;
- c. Albury Wodonga Health Centre, South Bandiana, Albury-Wodonga, VIC;
- d. ACT Health Centre, Royal Military College, Canberra, ACT;
- e. Oakey Health Centre, Oakey Army Aviation Centre, Oakey, QLD;
- f. Townsville Health Centre RAAF Base Townsville, Townsville, QLD;
- g. Larrakeyah Health Centre, Larrakeyah Barracks / HMAS Coonawarra, Darwin, NT;
and
- h. Campbell Health Centre, Campbell Barracks, Swanbourne, WA.

Refurbishment of existing health centres are proposed at:

- a. Russell Clinic, - minor refurbishment Russell Offices, Russell, ACT;
- b. Robertson Health Centre, – minor refurbishment Robertson Barracks, Palmerston, NT;
- c. Holsworthy Health Centre, – major refurbishment Holsworthy Barracks, Holsworthy, NSW;
- d. Enoggera Health Centre, – major refurbishment Gallipoli Barracks, Enoggera, QLD;
and
- e. Pearce Health Centre, – major refurbishment RAAF Base Pearce, Bullsbrook, WA.

Environment and Heritage Impact

19. Defence engaged a specialist environmental consultant to undertake an Initial Environmental Report (IER) at each of the proposed new build sites. The purpose of the IER was to assist Defence in determining whether a more substantive environmental impact assessment is required under the *Environmental Protection and Biodiversity Conservation (EPBC) Act 1999* (Cwth), or whether the project can proceed via Defence's internal process of Environmental Clearance Certificates (ECC) subject to specified controls or mitigation measures being employed.
20. The IER for the ACT Health Centre identified high risks at the Royal Military College in relation to the site's proximity next to the Changi Chapel and street vista along Robert Campbell road which is of heritage value of exceptional significance. To mitigate this risk, Defence has undertaken a heritage impact assessment of the proposed new ACT Health Centre, and extensive consultation with National Capital Authority (NCA) and designed into the plans protection and extension of the heritage vista requirements.
21. The remaining risks identified in the IERs were assessed as either medium or low. These could effectively be managed through the design process and through the preparation of a thorough Construction Environmental Management Plan (CEMP) and the implementation of existing site environmental management frameworks.
22. The IERs assessed heritage risk of the proposed new facility works and specifically noted that:
 - a. Royal Military College Duntroon has listings on the Commonwealth Heritage List and the Register of the National Estate for their landscaping and heritage values. The approved site is outside of the heritage protection zone, however Defence has undertaken a heritage impact assessment which has informed the design of the new ACT facility;
 - b. South Bandiana does not have any listings on the Commonwealth Heritage List or the Register of the National Estate, however the adjacent storage warehouse is considered to have some heritage value. This has been considered in the design of the new Albury Wodonga facility and there is no heritage impact expected;

- c. Puckapunyal Military Area has listings on the Commonwealth Heritage List, the Register of the National Estate and the Victorian Aboriginal Heritage Register. There is no heritage impact expected from the proposed works;
 - d. Campbell Barracks has listings on the Commonwealth Heritage List however there is no heritage impact expected from the proposed works, and
 - e. Larrakeyah Barracks has listings on the Commonwealth Heritage List, the Register of the National Estate and has a Sacred Site Precinct under the *Northern Territory Aboriginal Sacred Sites Act 1989*. There is no heritage impact expected from the proposed works.
23. There were no specific listings for the other sites.
 24. Environmental assessments have been conducted in each phase of the project and at each proposed new site and to best provide ecologically sustainable design and siting of the facilities to minimise environmental impacts.
 25. Defence's Asbestos Register for each of the sites has been reviewed during the design phase. This will guide the identification and removal of asbestos during the construction phase of the project. Asbestos contamination will be removed in seven existing facilities proposed for demolition (Simpson Health Centre, Albury Wodonga Health Centre, ACT Health Centre, Holsworthy dental building, Oakey Health Centre, Townsville Health Centre, Pearce dental building). The asbestos will be disposed of in accordance with local statutory requirements.
 26. Geotechnical testing for Poly-Fluoroalkyl Substances (PFAS) has been undertaken at every new build site. Minor concentrations of PFAS compounds were detected in shallow soil samples at Oakey Army Aviation Centre and RAAF Base Townsville. The concentrations were found to be below the adopted Defence Human Health (Residential) screening criteria. The risk to human health and the environment is considered low. Testing will continue at these sites prior to, and during construction.
 27. There is the possibility that despite geotechnical testing, other types of contamination will be discovered during the course of constructing the works. The site-specific Construction Environment Management Plans (CEMP) will incorporate appropriate environmental control measures to ensure that any contaminated material is handled in accordance with the relevant legislation, codes or standards. Development of the site-specific CEMP is the contractual

responsibility of the construction contractor. Compliance with the approved management plans will be audited throughout the course of the project.

28. Based on the outcomes of the Initial Environmental Review, it is anticipated that a referral will not be required under the *Environment Protection and Biodiversity Conservation Act 1999 (Cth)*.

Key Legislation

29. The following key legislation is relevant to this project:

- a. *Defence Act 1903 (Cwth)*;
- b. *Environment Protection and Biodiversity Conservation (EPBC) Act 1999 (Cwth)*;
and
- c. *Building and Construction Industry (Improving Productivity) Act 2016 (Cwth)*.

30. The design of the proposed works will comply with all relevant and current Defence Standards, Australian Standards, Codes and Guidelines including the following:

- a. National Construction Code - Building Code of Australia (NCC-BCA) 2016;
- b. *Work Health and Safety Act 2011 (Cwth)*;
- c. *Work Health and Safety Act 2011 (NSW)*;
- d. *Occupational Health and Safety Act 2004 (VIC)*;
- e. *Work Health and Safety Act 2011 (QLD)*;
- f. *Occupational Health and Safety Act 1984 (WA)*;
- g. *Disability Discrimination Act 1992 (Cwth)*;
- h. Manual of Fire Protection Engineering (MFPE); and
- i. Defence Infrastructure Management policies and processes including Defence's WHS policy.

Impacts on Local Communities

31. the Project will generate employment opportunities in the construction sector (and related sectors) in regional areas surrounding each site. These include regional Victoria, southern NSW, Oakey, and Townsville. The proposed works will also generate contractor and sub-contractor employment opportunities in Melbourne, Canberra, Sydney, Brisbane, Darwin and Perth town centres.

Consultation with Key Stakeholders

32. To develop the requirements and proposed solutions for this proposed project, extensive consultation has been undertaken with the relevant Defence users and technical authorities.
33. Defence has developed a community consultation and communication strategy that recognises the importance of providing local residents, statutory authorities and other interested stakeholders, including special interest groups, an opportunity to provide input into, or raise concerns relating to the project.
34. As part of this strategy, the following communication methods have been or will be adopted:
 - a. briefing letters issued to federal, state and local members, local chambers of commerce, service authorities and local interest groups at all sites offering a personal briefing;
 - b. letterbox drops to neighbouring residential areas potentially affected by the Construction works;
 - c. a website containing information on each of the sites, and a facility to respond with questions or feedback;
 - d. local newspaper advertisements describing the project and directing people to the website; and
 - e. community (public) information sessions at the sites where there is likely to be interest.
35. Public information sessions are proposed to be held at or near the proposed new build sites at, Royal Military College / Australian Defence Force Academy, Gallipoli Barracks, Oakey

Army Aviation Centre and RAAF Base Townsville as it is anticipated that there may be a higher level of public interest at these sites.

36. In implementing this strategy, consultation has occurred or will occur, with the following key external stakeholders:

a. Simpson Barracks:

- i. Federal Member for Jagajaga – Jenny Macklin MP;
- ii. State Member for Ivanhoe – Anthony Carbines;
- iii. Banyule City Council – Councillor Mark Di Pasquale;
- iv. Vicroads;
- v. Local community groups including:
 1. Wurundjeri Tribe Land Compensation and Cultural Heritage Council;
 2. Australian Chamber of Commerce and Industry;
 3. Victorian Chamber of Commerce;
 4. Friends of Banyule; and
 5. Banyule Business.
- vi. Local utility service provides including Yarra Valley Water and Jemena.

b. Puckapunyal Military Area:

- i. Federal Member for McEwan – Rob Mitchell MP;
- ii. State Member for Euroa – Steph Ryan;
- iii. Mitchell Shire Council North Ward – Councillor Bill Chisholm;
- iv. Vicroads;
- v. Local community groups including:
 1. Taungurung Clans Aboriginal Corporation;

2. Australian Chamber of Commerce and Industry;
3. Victorian Chamber of Commerce; and
4. Seymour Business and Tourism.

vi. Local utility and service providers including Yarra Valley Water and Ausnet.

c. Albury Wodonga Military Area:

- i. Federal Member for Indi – Cathy McGowan MP;
- ii. State Member for Benambra – William (Bill) Tilley;
- iii. City of Wodonga – Councillor Anna Speedie;
- iv. Vicroads;

v. Local community groups including:

1. Mungabareena Aboriginal Corporation;
2. Wodonga Aboriginal Network;
3. Australian Chamber of Commerce and Industry;
4. Victorian Chamber of Commerce; and
5. Wodonga Chamber of Commerce.

vi. Local utility and service providers including North East Water and Ausnet.

d. Royal Military College/Australian Defence Force Academy and Russell Offices:

- i. Federal Member for Fenner/Fraser ACT - Hon Dr Andrew Leigh MP;
- ii. ACT Chief Minister – Hon Andrew Barr;
- iii. National Capital Authority;

iv. Roads ACT;

v. Transport Canberra;

vi. Local community groups including:

1. Ngunnawal People Australian Chamber of Commerce and Industry;
2. Canberra Business Chamber;

3. Duntroon Society; and
4. Royal Military Golf Club.

vii. Local utility service providers including Icon Water and ACTEWAGL.

e. Larrakeyah/HMAS Coonawarra:

- i. Federal Member for Solomon – Luke Gosling OAM MP;
- ii. State Member for Port of Darwin – Hon (John) Johan Wessel;
- iii. City of Darwin – Alderman Dr Emma Young;
- iv. NT State Government Road Authority;
- v. Local Community groups including:
 1. Larrakia People;
 2. Australian Chamber of Commerce and Industry; and
 3. Chamber of Commerce Northern Territory.
- vi. Local utility service providers including Power Water Corporation.

f. Oakey Army Aviation Centre:

- i. Member for Groom – Dr John McVeigh MP;
- ii. State Member for Nanango - Deb Frecklington MP;
- iii. Toowoomba Regional Council - Councillor Paul Antonio;
- iv. Local community groups including:
 1. Jarowair People;
 2. Australian Chamber of Commerce and Industry;
 3. Queensland Chamber of Commerce and Industry;
 4. Oakey Chamber of Commerce;
 5. water contamination groups, and

6. Oakey Airport.

- v. Local utility service providers including Ergon Energy and Toowoomba Regional Council (water).

g. Campbell Barracks:

- i. Federal Member for Curtin – Hon Julie Bishop MP;
- ii. Member for Cottesloe – Hon Colin Barnett MLA;
- iii. City of Nedlands – Councillor Nikola Horley;
- iv. Department of Transport;
- v. Local community groups including:
 - 1. South West Aboriginal Land and Sea Council;
 - 2. Australian Chamber of Commerce and Industry; and
 - 3. Chamber of Commerce and Industry WA.
- vi. Local utility service providers including Water Corp of WA and Western Power.

h. RAAF Base Townsville:

- i. Federal Member for Herbert - Cathy O’Toole MP;
- ii. State Member for Townsville - Scott Stewart MP;
- iii. City of Townsville – Councillor Les Walker;
- iv. Local community groups including:
 - 1. Bindal and Wulgurukaba people;
 - 2. Australian Chamber of Commerce and Industry;
 - 3. Queensland Chamber of Commerce; and
 - 4. Townsville Chamber.

- v. Local utility service providers including Origin Energy and Townsville Water.

i. Holsworthy Barracks:

- i. Federal Member for Hughes – Craig Kelly MP;
- ii. State Member for Holsworthy – Hon Melanie Gibbons;
- iii. City of Liverpool – Councillor Tina Ayyad;
- iv. Roads and Maritime Services;
- v. Local community groups including:
 - 1. Tharawal Local Aboriginal Land Council;
 - 2. Australian Chamber of Commerce and Industry;
 - 3. NSW Business Chamber; and
 - 4. Liverpool Chamber of Commerce.
- vi. Local utility service providers including Sydney Water and Ausgrid.

j. Robertson Barracks

- i. Federal Member for Lingiari – Warren Snowden MP;
- ii. State Member for Nelson - (Gerry) Gerard Vincent;
- iii. Litchfield Council – Councillor Letchimi Wright;
- iv. NT State Government Road Authority;
- v. Local Community groups including:
 - 1. Larrakia People;
 - 2. Australian Chamber of Commerce and Industry; and
 - 3. Chamber of Commerce Northern Territory.
- vi. Local utility service providers including Power Water Corporation.

k. Gallipoli Barracks:

- i. Federal Member for Ryan - Hon Jane Prentice MP;
- ii. State Member for Ferny Grove (formerly Ashgrove) – Mark Ferner;
- iii. Brisbane City Council - Councillor Andrew Wines;
- iv. Department of Transport and Main Roads;
- v. Local community groups including:
 1. Turrbal Aboriginal Nation;
 2. Australian Chamber of Commerce and Industry;
 3. Queensland Chamber of Commerce;
 4. Marist Brothers College;
 5. Ashgrove residents;
 6. O’Connell Drive residents; and
 7. Gallipoli Precinct Action Group.
- vi. Local utility service providers including Energex and SEQ Water.

1. RAAF Base Pearce

- i. Federal Member for Pearce – Hon Christian Porter MP;
- ii. State Member for Swan Hills – Jessica Jane Shaw;
- iii. City of Swan – Councillor Mick Wainwright;
- iv. Main Roads Western Australia;
- v. Local community groups including:
 1. South West Aboriginal Land and Sea Council;
 2. Australian Chamber of Commerce and Industry; and
 3. Chamber of Commerce and Industry WA.

- vi. Local utility service providers including Water Corp of WA and Western Power.

Purpose of the Works

Project Objectives

37. The objective of the works is to provide fit-for-purpose health buildings at 13 sites around Australia and improve the effectiveness and efficiency of health services delivery to Defence through consolidation and modernisation of health facilities. JHC will need to continue to provide health care during new construction and refurbishments.

Site Selection

38. Site selection for each of the proposed new builds has been undertaken in accordance with Infrastructure Division planning policy requirement as set out on the Defence Estate Quality Management System (DEQMS). The reviews conducted by site selection boards considered Defence policy, environment, heritage and operational considerations and existing planning guidance under the relevant zone plan for each sites.

Scope of Works

39. To meet the project objectives, the proposed scope of works for each of the 13 sites is summarised in the table below, with locations shown in Attachment 1. The hollow circle represents a functional area that exists in the current health centre, but is not part of the proposed scope of works. The solid circles represent the functional area that the proposed work will address. Blank spaces indicate that the functionality is not required to be delivered at that site.

Table 1 Scope inclusions at each site

Health Facility	Entry	Administration	Primary Care	Mental Health	Rehabilitation	Inpatient Unit	Pharmacy	Physiotherapy	Hydrotherapy Pool	Dental	General Support	External works	JHU Headquarters	Airfield / Range Response	Deployable unit
New Build															
Simpson	•	•	•	•	•		•	•		•	•	•	•		
Puckapunyal	•	•	•	•	•	•	•	•		•	•	•		•	
Albury Wodonga	•	•	•	•	•	•	•	•		•	•	•			
ACT	•	•	•	•	•	•	•	•	•	•	•	•	•		
Larreakeyah	•	•	•	•	•		•	•		•	•	•			
Oakey	•	•	•	•	•		•	•		•	•	•		•	
Campbell	•	•	•	•	•		•	•		•	•	•			•
Townsville	•	•	•		•		•	•		•	•	•		•	•
Refurbishment															
Russell	•	•	•				•				0				
Holsworthy	•	•	•	•	0	0	•	0	0	•	0	0			
Robertson	0	•	0	•	0	•	0	•		•	0	0			
Enoggera	•	•	•	•	0	0	•	0	0	•	0	0	0		
Pearce	•	•	•	•	•		•	•		•	0	0		•	•

• - In project scope

0 - Existing functions at the sites with no proposed works under this project

40. Each health centre will contain standard functional areas. The size of the area will vary depending on the base population, the typical number of planned and unplanned appointments and staffing profile (ADF, APS and contracted staff). The standard functional areas include:

- a. **Entry.** To include an air lock, waiting area, reception, administration, toilets and store;
- b. **Administration.** To include the Health Centre Manager's office, Mental Health Manager's office, Rehabilitation Manager's office, Senior Medical Officer's office, general open plan workstations and meeting room;

- c. **Pharmacy.** To include a pharmacy counter, private consulting booth, assembly area, accountable drug store, dispensing area, pharmaceutical storage and refrigerated store;
 - d. **Primary Care.** To include consulting rooms, triage rooms, treatment/procedure room, treatment bays, large consulting room, interview rooms, multi-purpose meeting/group room, additional eye and hearing testing, clean and dirty utility rooms, general store, nurse's write up, office/workstation space, toilets and day stay room;
 - e. **Dental.** To include the dental manager's office, dental surgeries, x-ray processing, linen bay, dental laboratory, store, reprocessing area and dental plant;
 - f. **Physiotherapy.** To include physiotherapy gymnasium, treatment bays, treatment rooms, equipment store and workstations;
 - g. **General Support.** To include disposal room, receipt/dispatch room, cleaners' room, staff room, staff toilet/shower/change, medical gas storage and communication room; and
 - h. **External Works.** To include car parking for patients and staff, patient drop off zone, patient transport and emergency vehicles parking and landscaping. Infrastructure upgrades will be provided at sites where this is required.
41. In addition to these standard functional areas, some health centres have additional functional requirements. These include:
- a. **Joint Health Unit Headquarters.** To include offices, open plan workstations, and a meeting room. The headquarters function will be provided at ACT and Simpson Health Centres;
 - b. **Hydrotherapy.** To include pool, change rooms and toilets, equipment store, chemical store, pool cleaner and plant room. This function will be provided at ACT Health Centre;
 - c. **Inpatient Unit.** To include single bed rooms with ensuites, double bed rooms with ensuites, staff station, nurse unit manager office, inpatient consulting room, clean and dirty utility rooms, linen store, patient lounge/dining/kitchen, patient laundry,

- secure patient store, general store and toilet. This function will be provided at ACT, Albury Wodonga, Puckapunyal and Robertson Barracks Health Centres;
- d. **Airfield Response.** To include an operations control room, and equipment store. This function will be provided at Pearce, Townsville and Oakey Health Centres;
 - e. **Deployable Health - Special Air Services Regiment (SASR).** To include a four person shared office and open plan working accommodation, meeting room, class room, simulator room, equipment store, emergency vehicle storage, laundry and general store. This function will be provided at Campbell Health Centre;
 - f. **Deployable Health – 1 and 2 Expeditionary Health Squadron (1EHS and 2EHS).** To include office and open plan working accommodation, laboratory, training room, laundry and store. This will be provided at RAAF Base Pearce and RAAF Base Townsville Health Centres; and
 - g. **Range Response.** To include provision for the range medics, storage for radios and medical equipment. This accommodation will be provided at Puckapunyal Health Centre.
42. The scope of works at each site is described below and shown in Attachments 2 to 14.

Simpson Health Centre. (Attachment 2). The new health centre will be located in vacant area next to the existing health centre. This allows for the continuation of health care delivery during construction and the demolition works required for construction of car parking. The new facility will include: entry, administration, primary care (including mental health and rehabilitation), pharmacy, physiotherapy, dental, general support, external works, and JHU Headquarters.

- a. **Puckapunyal Health Centre.** (Attachment 3). The new health centre will be located on the corner of Morobe Road and Mont Street on an unused oval that has been rezoned to a Base Support Zone. The site enables better connection between the operational areas of the range, training facilities, Living-In Accommodation (LIA) and the support services on the base. This site provides convenient access for the majority of ADF members and reduces the length of time they are away from their operational roles. The Puckapunyal Health Centre will remain operational until completion of the new facility, and then the existing health centre will be

demolished. The new facility will include: entry, administration, primary care (including mental health and rehabilitation), inpatient unit, pharmacy, physiotherapy, dental, general support, external works and range response.

- b. **Albury Wodonga Health Centre.** (Attachment 4). The new health centre will be located in South Bandiana. The site is an unused area close to the main entry. The existing health centre at Latchford Barracks will be demolished once the new facility is operational. The new facility will include: entry, administration, primary care (including mental health and rehabilitation), inpatient unit, pharmacy, physiotherapy, dental, general support, and external works.
- c. **ACT Health Centre.** (Attachment 5). The new health centre will be located adjacent to the existing Duntroon Health Centre. This provides pedestrian access for members accessing the health centre from both Royal Military College and Australian Defence Force Academy. The Duntroon Health Centre will remain operational until the new facility is completed, then the existing health centre will be demolished for a carpark. The site has convenient access for members located within the broader Canberra region. The new facility will include: entry, administration, primary care (including mental health and rehabilitation), inpatient unit, pharmacy, physiotherapy, dental, general support, external works, and JHU Headquarters.
- d. **Larrakeyah Health Centre.** (Attachment 6). The new health centre is located along Allen Ave and is conversant with the future development plans for the base. The new facility will include: entry, administration, primary care (including mental health and rehabilitation), pharmacy, physiotherapy, dental, general support, and external works.
- e. **Oakey Health Centre.** (Attachment 7). The new health centre will be located closer to the airfield than the existing health centre to enhance emergency response procedures to aviation incidents. It also allows for an existing car park to be retained for the health centre. The Oakey Health Centre will remain operational until the new facility is completed, then the existing health centre will be demolished. The new facility will include: entry, administration, primary care (including mental health and rehabilitation), pharmacy, physiotherapy, dental, general support, external works and airfield response.

- f. **Campbell Health Centre.** (Attachment 8). The new health centre is located on the boundary of the base. It has convenient access for members located within the metropolitan Perth area. The new facility will include: entry, administration, primary care (including mental health and rehabilitation), pharmacy, physiotherapy, dental, general support, external works, and deployable health accommodation for SASR.
- g. **Townsville Health Centre.** (Attachment 9). A vacant, contaminated building will be demolished to make way for a new health centre. It is located in a central zone with good access to the airfield as this health centre will provide a first response to aviation incidents. The Townsville Health Centre will remain operational until the new facility is completed, then the existing health centre will be demolished. The new facility will include: entry, administration, primary care (including mental health and rehabilitation), pharmacy, physiotherapy, dental, general support, external works, airfield response and deployable health accommodation for 1EHS.
- h. **Russell Clinic.** (Attachment 10). The proposed works in this facility is a minor refurbishment. The existing dental unit will be decommissioned and the vacant space made appropriate for another Defence user to refurbish for alternate use. The refurbished facility will include: entry, administration and primary care only.
- i. **Holsworthy Health Centre.** (Attachment 11). The proposed works in this facility is a major refurbishment. The dental clinic will be relocated from a separate building into the main health centre; the obsolete dental building will be demolished. The refurbishment will include: entry, administration, primary care (including mental health), pharmacy and dental.
- j. **Robertson Health Centre.** (Attachment 12). The proposed works in this facility is a minor refurbishment. Minor upgrades are proposed for the mental health area, physiotherapy, inpatient, and administration areas. A higher level refurbishment will be undertaken in the dental clinic.
- k. **Enoggera Health Centre.** (Attachment 13). The proposed works in this facility is a major refurbishment. The now vacant operating theatres will be refurbished to accommodate the dental clinic. The refurbishment will include: entry, administration, primary care, mental health, pharmacy, and dental.

1. **Pearce Health Centre.** (Attachment 14). The proposed works in this facility is a major refurbishment. The dental department will be relocated from a separate building into the main health centre. The dental building will be demolished. The refurbished facility will include: entry, administration, primary care (including mental health and rehabilitation), pharmacy, physiotherapy, dental, airfield response and deployable health accommodation for 2EHS.

Public Transport

43. Apart from ACT Health Centre and Puckapunyal Health Centre which are accessible by the local bus service, there are no public transport services available to the front of any of the other health centres due to the security requirements to access the base. There is local public transport available to the front of the base at Simpson Barracks, Gallipoli Barracks (Enoggera), Larrakeyah, Campbell Barracks, and RAAF Base Pearce. Accordingly, there is a high reliance on the use of private vehicles or base transport services to access the health centres. Adequate parking is proposed at all sites. All sites will continue as per current transport procedures.

Local Impact on Community, Roads and Traffic Concerns

44. It is anticipated that impacts on the local communities has the potential to be very positive for supply of local services, resources and material during construction. This may include demand for local accommodation, patronage of cafes, restaurants and other community resources to support the work force during construction.
45. The potential impacts on local communities during construction may include demand for materials and trades, shortage of accommodation in hotels and motels for other industries within the area. To ensure that the local communities are aware of the potential positive and negative impacts during the construction period, a website has been established with project information and the facility plans to allow comments or contact with the project team via email or phone.
46. During construction there will be a temporary increase in the number of large vehicles around each site as construction materials are delivered. Construction and traffic management control plans will be implemented to mitigate the effects of increased vehicles on local road networks. These measures may include the use of dedicated construction access gates at some sites to

prevent delays to traffic using main roads or planning the construction traffic to avoid peak periods.

47. There is no forecast increase in the working population or dependency accessing the health centres of most of the sites that will occur as a result of this project. Accordingly, the existing traffic load on road networks in and around project sites is not expected to increase after delivery of the project scope. The exceptions to this are:
- a. ACT Health Centre, where multiple health facilities in the Canberra region will be consolidated into the Health Centre. The anticipated increase in traffic loads have been managed through maintaining a small primary care clinic at Russell Offices to deliver sick parade services, and working with the local stakeholders including the NCA and base services to minimise impacts by accessing the base and the health centre through multiple entry points and additional carparks; and
 - b. Campbell Health Centre, where multiple health facilities in the Perth metropolitan area will be consolidated into the one health centre. This is anticipated to marginally increase the amount of traffic accessing the health centre from Pozieres Road and Seaward Avenue however this extra carparking can be accommodated within current arrangements.

Zoning, Local Approvals and Land Acquisition

48. All proposed sites are within the boundaries of Commonwealth owned and Defence controlled land. No civilian authority design or construction approvals are required, although the works will be certified through a civilian consultant and comply with relevant standards and regulation (where applicable). No land acquisitions are required for this proposal.

Planning and Design Concepts

49. The health planning for the new facilities is based upon providing consistent and standardised approaches across the sites for:
- a. flexible multi-use consulting spaces;
 - b. efficient patient and staff flows into the building, and between departments;
 - c. clear delineation between staff accessible zones, and patient accessible zones;
 - d. efficient use of business hours, and 24 hour zones;
 - e. emergency vehicle and patient transfer and drop off requirements; and
 - f. effective logistics and “back of house” services.

Structural Design

50. The new facilities will generally utilise steel framed construction. Roofs will be of low-pitch profiled metal sheeting. Floors will be of steel reinforced concrete and cladding will contain a mixture of aluminium and brick elements. The internal walls will be designed to maximise future flexibility. The internal corridors will run to the external walls to enable future expansion. Refurbished sites may have minor structural modifications.

Materials and Furnishings

51. Materials and furnishing will be selected from those readily available locally for their functionality, durability, low maintenance and ecologically sustainable design properties.
52. Furnishings typical of a modern health centre are proposed to be provided.
53. Materials and furnishings for proposed refurbishments will be sympathetic to the existing health centres.

Mechanical Services

54. The mechanical services works involve a number of systems. Air-conditioning will be provided to areas where climate and usage dictates a need. The selection of building services

and associated equipment to new air-conditioned facilities has targeted an economic balance between capital cost, operation and maintenance costs. System selection has been based on lifecycle costing analysis, and particular consideration has been given to energy efficient design solutions and natural ventilation where appropriate.

55. All equipment is accessible from ground level in order to provide ease of access for maintenance.

Hydraulic Services

56. The hydraulic services will conform to the requirements of all applicable Australian legislation, regulations, and codes of practice and guidance publications relevant to the works.
57. All sites will connect into existing water and sewer infrastructure which have sufficient capacity.

Electrical Services

58. Electrical systems including lighting, power and fire detection, have been designed for compliance with Australian Standards and any additional Defence requirements. Each building will have provision for connection to a back-up generator in the event of a prolonged power outage. Essential services such as the pharmacy fridges will have an uninterrupted power supply.
59. Facilities proposed for refurbishment will have upgraded electrical services to comply with Australian Standards, and demand for the equipment within the refurbished areas. Electrical systems will be replaced if they are nearing the end of their serviceable life.
60. There is sufficient electrical infrastructure capacity at each of the sites to support the proposed works.

Fire Protection

61. Fire hydrant, dry fire detection systems, and first attack fire systems such as extinguishers and fire hose reels are proposed to be provided in accordance with the requirements of the MFPE and NCC-BCA. The fire indicator panel in each of these buildings will be connected to the base monitoring system and local fire brigade.

62. Bushfire assessments have been completed for all sites to ensure any new structures located in bushfire prone land are designed to a standard consistent with their bushfire attack level, in line with the Australian Standards and the assessment and reporting requirements in Defence's MFPE. This takes into consideration prevailing wind directions, historical data of fire incidents, response times from local fire fighting agencies, fire clearance zones, fire fighting access and informs the siting and required building construction standards for bushfire protection, Construction Standards for bushfire protection, fire access and water supply requirements have been incorporated into the design.

Acoustics

63. All proposed facilities will comply with relevant acoustic codes and standards including:
- a. NCC-BCA 2016;
 - b. National Standard for Occupational Noise (NOHSC:1007 (2000));
 - c. National Code of Practice for Noise Management and Protection of hearing at Work (NOHSc: 2009 (2004));
 - d. AS/NZS ISO 717.1:2004 Acoustics – Rating of sound insulation in buildings and of building elements – Airborne sound insulation;
 - e. Australian Standard AS2021:2015 Acoustics – Aircraft noise intrusion – Building siting and construction;
 - f. Australian Standard AS2107:2016 Acoustics – Recommended design sound levels and reverberation times for building interiors; and
 - g. Australian Standard AS2670.2:1990 Evaluation of human exposure to whole body vibration – Continuous and shock-induced vibration in buildings (1-80kHz).
64. For Puckapunyal Health Centre which experiences noise from the firing range, and Oakey, Townsville and Pearce Health Centres which experience aircraft noise, the designs have taken into consideration the noise impacts associated with the surrounding base activities.
65. Internally, acoustic requirements have been assessed for each individual room type within the health facilities, with considerations taken for privacy for both patients and staff. Wall

treatments have been specified in order to comply with user functionality and privacy requirements.

Landscaping

66. Landscaping works will restore areas disturbed during construction. Precautions will be taken to avoid compromising existing environmental sensitivities by adopting landscaping practices in keeping with local environmental conditions. Landscaping design will have regard to minimising potable water usage, and will be appropriate for the operational requirements of the base.

Civil Works

67. The proposed works include car parks and pavements to facilitate movement of people. Materials have been selected to balance capital and ongoing maintenance costs, and to connect in with existing base infrastructure. At each site the earthworks have been designed to balance the cut and fill requirements to minimise cost.

Water and Energy Conservation Measures

68. The Commonwealth is committed to ecologically sustainable development and the reduction of greenhouse gas emissions. Defence reports annually to Parliament on its energy management performance and on its progress in meeting the energy efficiency targets established by the Government as part of its commitment to improve Ecologically Sustainable Development. Defence also implements policies and strategies in energy, water and waste to improve natural resource efficiency and to support its commitment in the reduction of energy consumption, potable water consumption and waste diversion to landfill. This project has addressed this policy by adopting cost effective Ecologically Sustainable Development as a key objective in the design development and delivery of new and refurbished facilities.
69. The ecologically sustainable development targets and measures for the project have been balanced with other requirements for Defence buildings (e.g. security, heritage considerations and workplace health and safety) to ensure that, first and foremost, Defence's operational capability is not compromised.

70. All relevant buildings included in this project will be designed, constructed, operated and maintained to ensure that they use energy efficiently. To achieve this, as a minimum, the buildings will comply with:
- a. Section J of Volume One of NCC-BCA;
 - b. Part 3.12 of Volume Two of the NCC-BCA;
 - c. the Energy Efficiency in Government Operations (EEGO) policy; and
 - d. Smart Infrastructure Manual; Design and Construction v1.0 (April 2015).
71. Energy use at all new buildings will be monitored through whole building energy meters and sub-meters for high priority end use of electricity and gas. Meters will be connected to monitoring systems where available to allow Defence to better manage and monitor environmental performance.
72. Efficient water usage will be encouraged through water saving measures where practical. This may include installation of water 'smart meters' at new build sites to monitor total water facility consumption, specified appliances and equipment that meets the minimum Water Efficiency Labelling Scheme ratings nominated in the Smart Infrastructure Manual, and incorporating water sensitive urban design practices through landscaping designs.

Demolition and Reuse of Existing Structures

73. Any medical or dental health buildings that are appropriate for re-use will have the medical equipment decommissioned and be left in a suitable condition for the base to refurbish for another function. Medical or dental health buildings that are not appropriate for re-use will be demolished and the vacant land left in a suitable condition for reuse. Currently nine buildings are to be demolished, one demountable in Darwin is to be relocated, and one dental building at Enoggera has been deemed suitable to be reused by the Base.

Provisions for People with Disabilities

74. Disabled access and facilities will be provided to all new buildings in accordance with NCC-BCA, Australian Standard AS1428 and Defence's policy 'Disabled Access and Other Facilities for Disabled Persons.'

Childcare Provisions

75. There is no requirement for additional childcare facilities as a result of this project. While there will be some additional staff at ACT Health Centre and Campbell Health Centre, existing childcare facilities are sufficient to meet the needs of each site.

Security

76. No public access is provided to the proposed health facilities, and entry will be controlled through existing controlled access points (for sites existing within the bounds of Defence Bases). The proposed buildings have been designed for the security classification stipulated by Defence requirements.
77. The ACT Health Centre is on an open base, however the facilities will not be accessible by the public. At sites with an inpatient unit that is accessible after-hours, access will be controlled by staff through the use of video intercom.

Work Health and Safety Measures

78. The proposed facilities to be provided under this project will comply with the Department of Defence's Work Health and Safety Policy, the *Work Health and Safety Act 2011*, Work Health and Safety (Commonwealth Employment - National Standards) Regulations and the Defence Work Health and Safety Manual as well as the AHFG.
79. The Australian Government is committed to improving work health and safety outcomes in the building and construction industry. In accordance with Section 43 of the *Building and Construction Industry (Improving Productivity) Act 2016*, contractors will be required to hold full work health and safety accreditation from the Office of the Federal Safety Commissioner under the Australian Government Building and Construction Work Health and Safety Accreditation Scheme.
80. Safety aspects of this proposal have been addressed during the design process and through a Safety in Design process. No special or unusual public safety risks have been identified in this process. Prior to construction commencing, the contractor will be required provide a Work Health and Safety Management Plan to identify all relevant risks and safety issues, mitigation, access and evacuation plans for the Delivery Phase. All construction sites will be appropriately secured to prevent unauthorised access during the construction period.

Cost Effectiveness and Public Value

Outline of Project Costs

81. The estimated out turn cost of the project is \$212.5 million, excluding Goods and Services Tax. The estimate includes the delivery costs for management and design fees, construction costs, furniture, fittings and equipment, information and communication technology, contingencies and escalation provisions.
82. The estimated sustainment costs associated with the completed facilities is anticipated to be \$3.1 million per annum at mature state.

Details of Project Delivery System

83. A Project Manager / Contract Administrator engaged from the Defence Infrastructure Panel has been appointed by the Commonwealth to manage the project works and the associated administration of the contracts in the planning and construction phase. Three Design Consultants have been appointed using the Department of Defence Design Services Consultant form of contract (DSC-1-2003), to manage design development and service the geographic locations.
84. Subject to Parliamentary approval of the project, the intention is for the works to progress using Department of Defence Head Contract (HC-1-2003) form of contract with one HC contract package for each site. This form of contract is well understood by industry. The procurement will be undertaken on a site by site basis, with the option to package multiple sites into one contract if a contractor can demonstrate the benefit to Defence in doing this.

Construction Schedule

85. Subject to Parliamentary approval of the Project, the construction program is anticipated to commence in mid 2018 and be completed in mid 2020.

Public Value

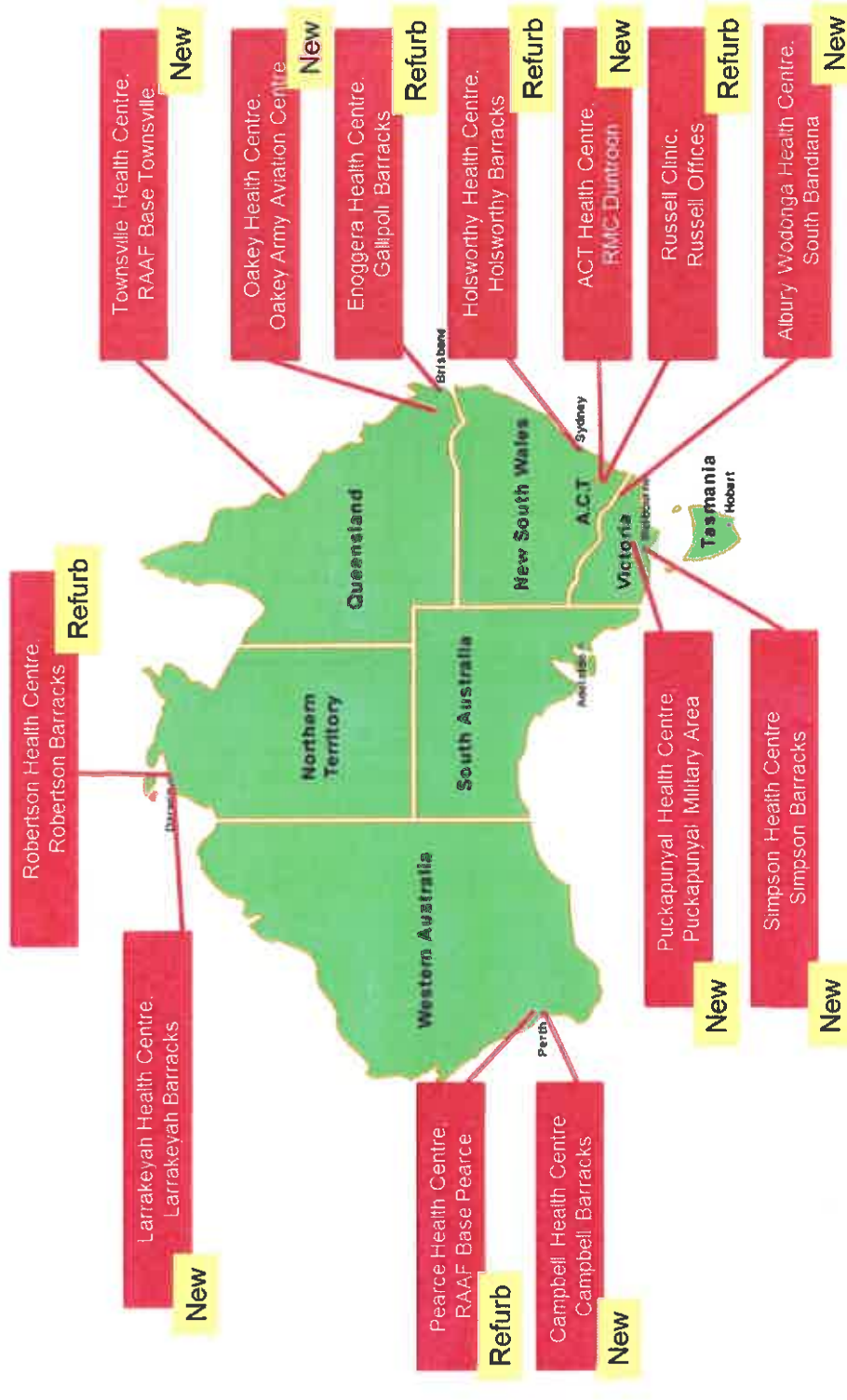
86. The proposed facilities will contribute to the ongoing effectiveness of ADF capability by directly supporting operational readiness.

87. A key driver for this project is to modernise and maximise the efficiency of health service delivery within Defence. This will be achieved through the implementation of the GHSM which includes a combination of on-base primary health care and off-base fee for services arrangements with local service providers.
88. The project will stimulate business in regional Australia, will have potential to employ local consultants, contractors, sub-contractors and construction workers and utilise local materials. The Project will generate employment opportunities in the construction sector (and related sectors) in regional areas surrounding each site. These include regional Victoria, southern NSW, Oakey, and Townsville. The proposed works will also generate contractor and sub-contractor employment opportunities in Melbourne, Canberra, Sydney, Brisbane, Darwin and Perth town centres.

Revenue

89. No revenue is to be derived from this project.

Attachment 1 - Locality Plan



Attachment 2 - Simpson Barracks

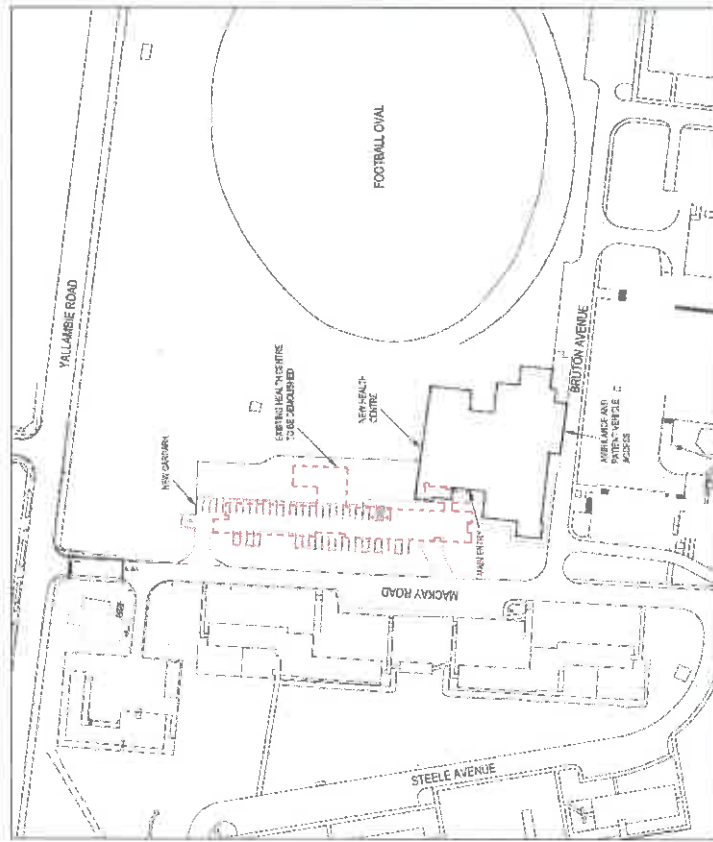


Figure 2A - Location

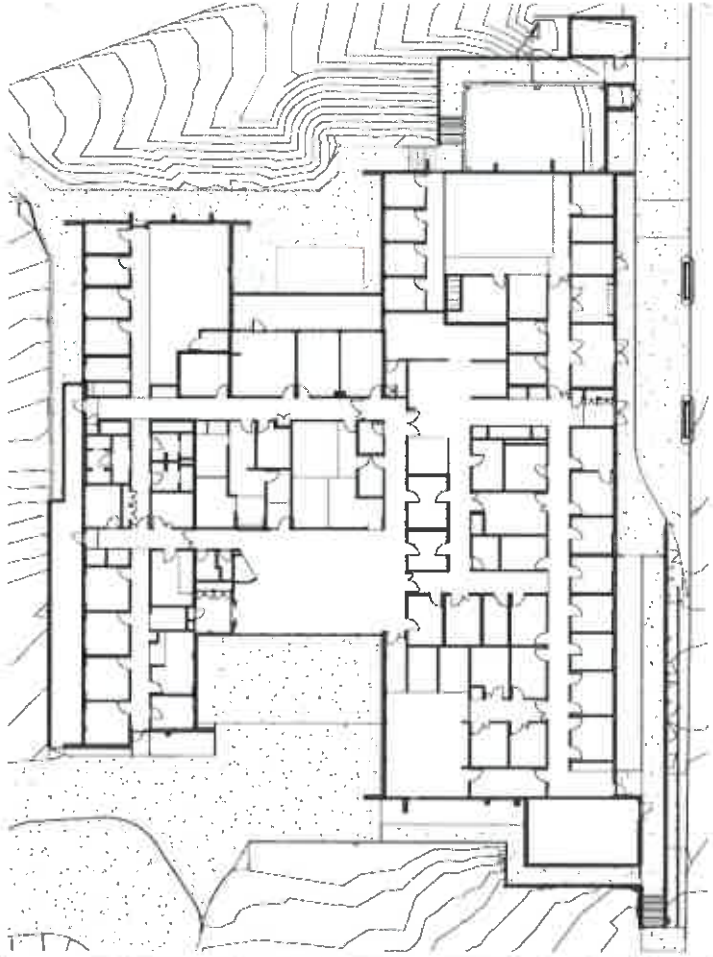


Figure 2B – Floor Plan

Attachment 3 - Puckapunyal Military Area

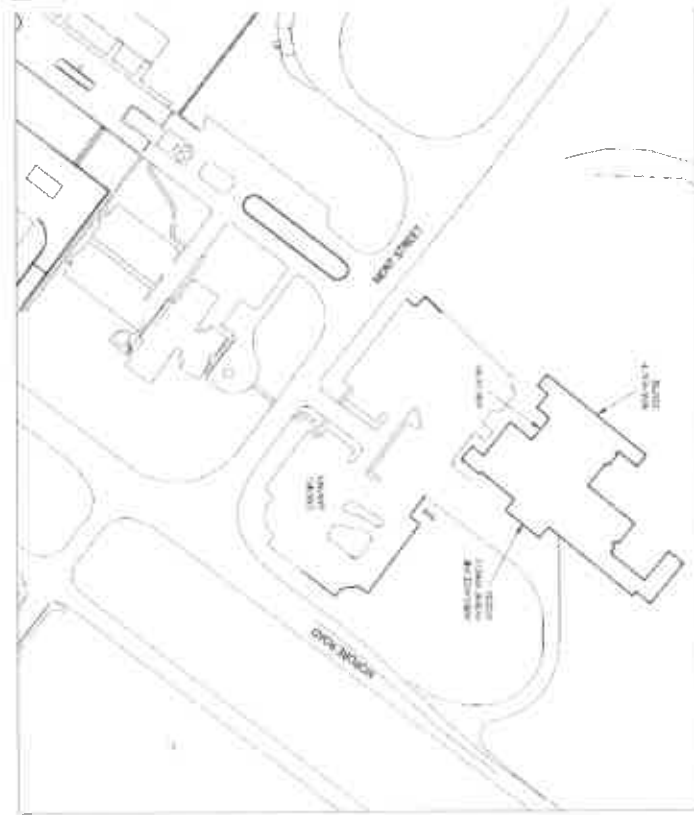


Figure 3A - Location

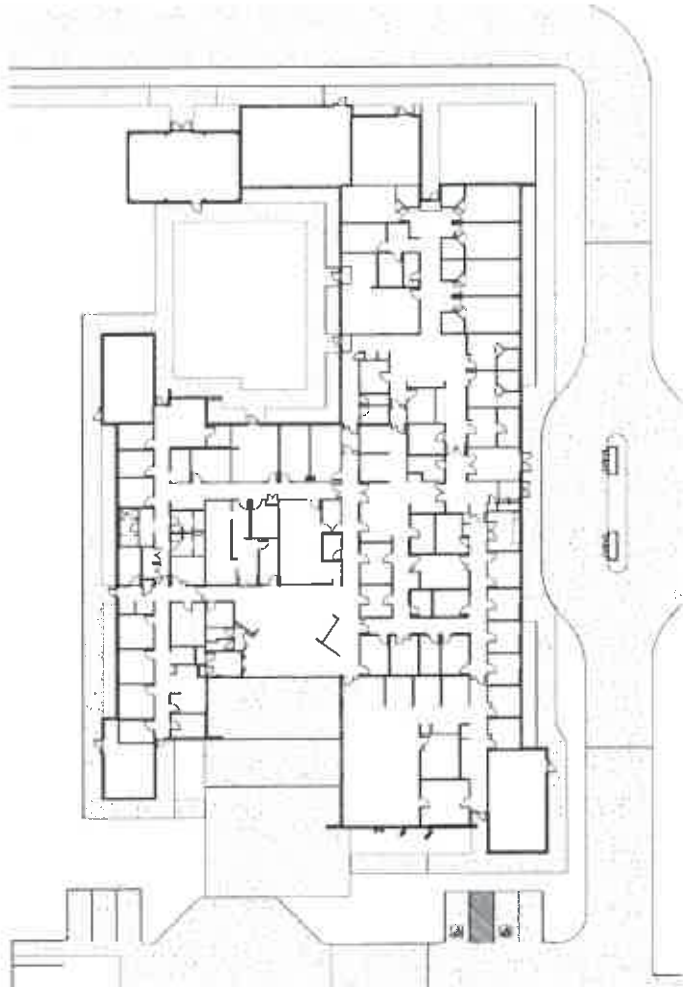


Figure 3B - Floor Plan

Attachment 4 - Albury Wodonga, South Bandiana

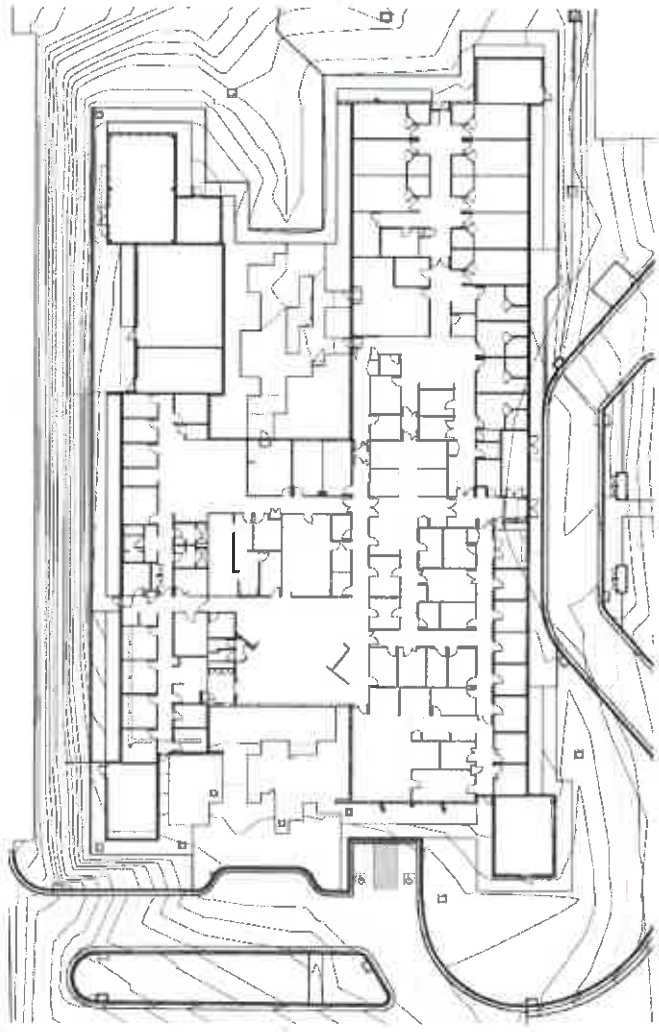
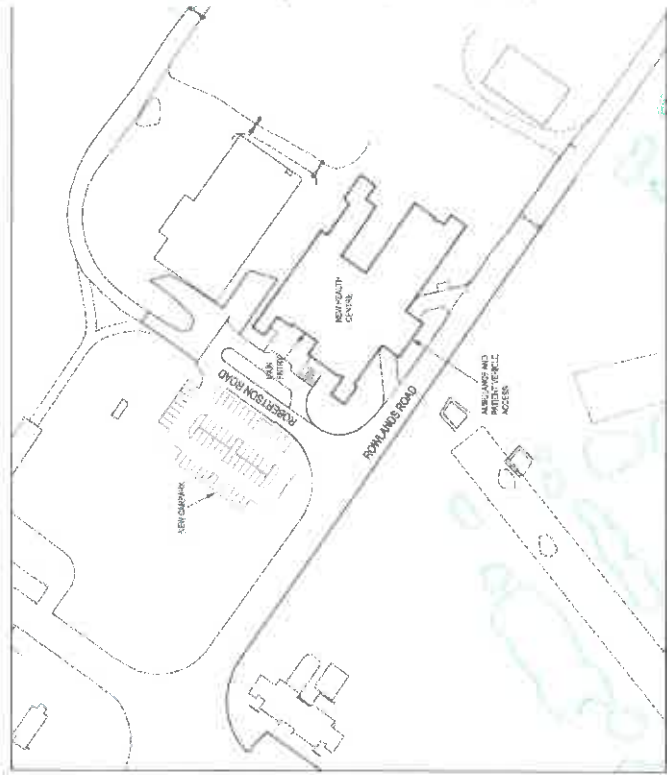
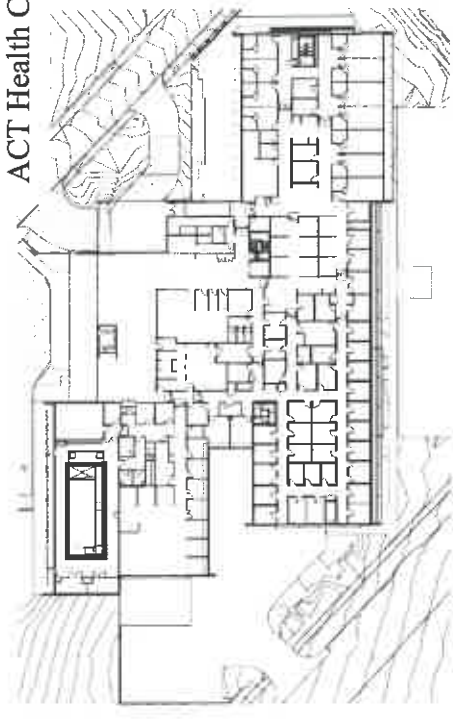


Figure 4A - Location

Figure 4B – Floor Plan

Attachment 5 - Royal Military College/Australian Defence Force Academy

ACT Health Centre Level 2



ACT Health Centre Level 1

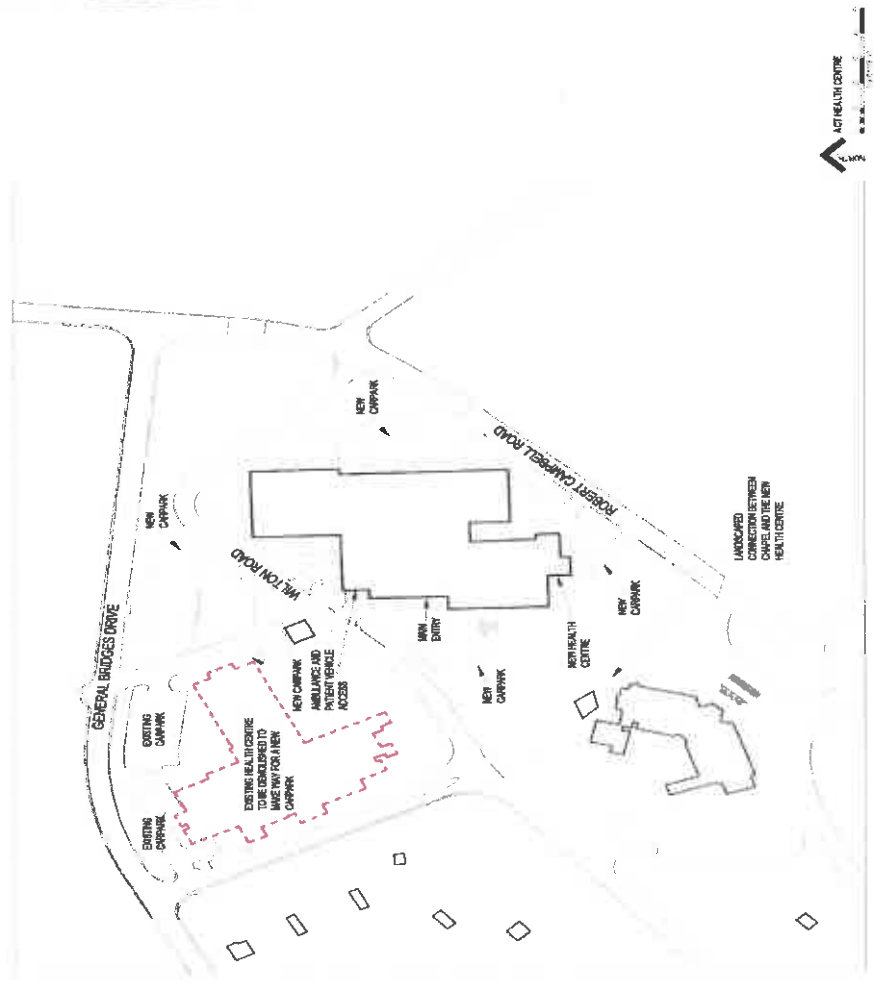
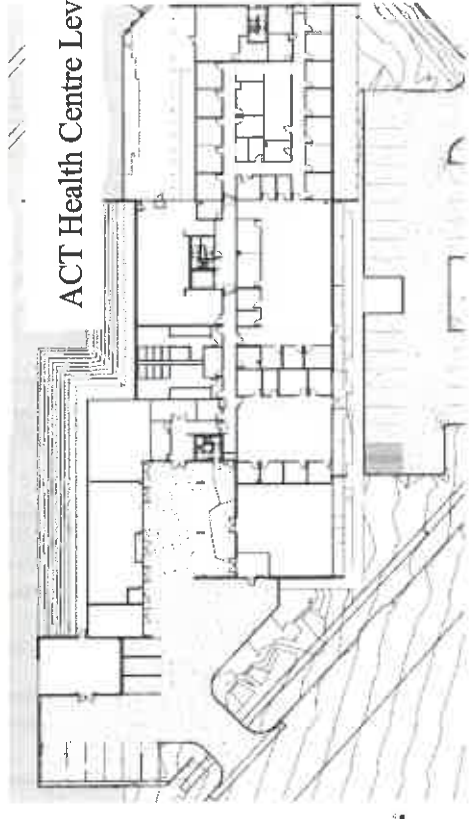


Figure 5A - Location

Figure 5B -- Floor Plan

Attachment 6 - Larrakeyah Barracks/HMAS Coonawarra

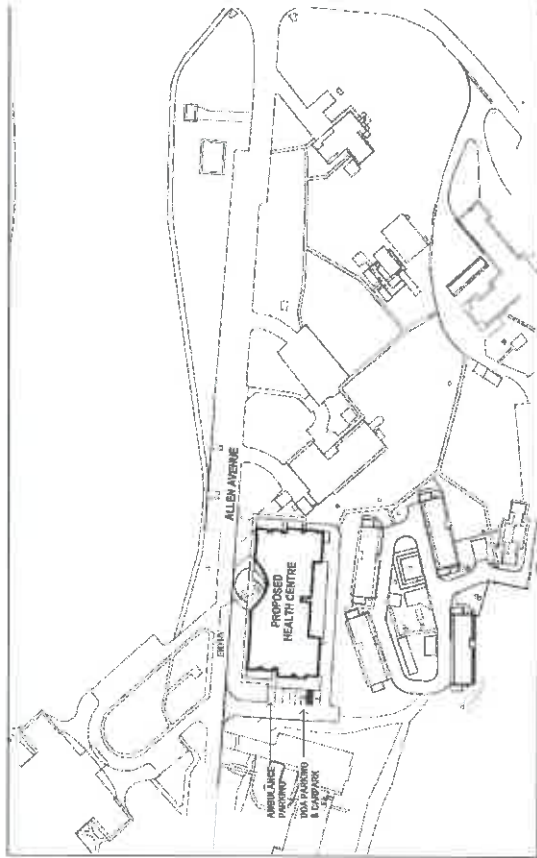


Figure 6A - Location

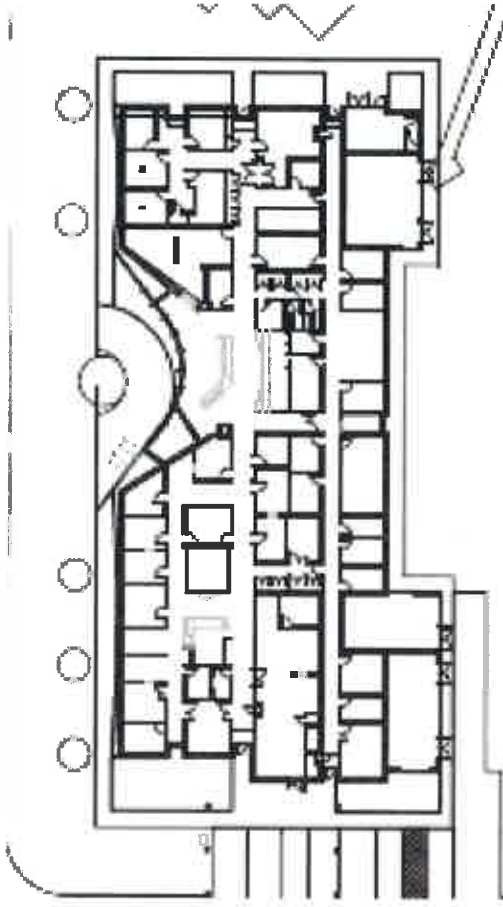


Figure 6B - Floor Plan

Attachment 7 - Oakey Army Aviation Centre

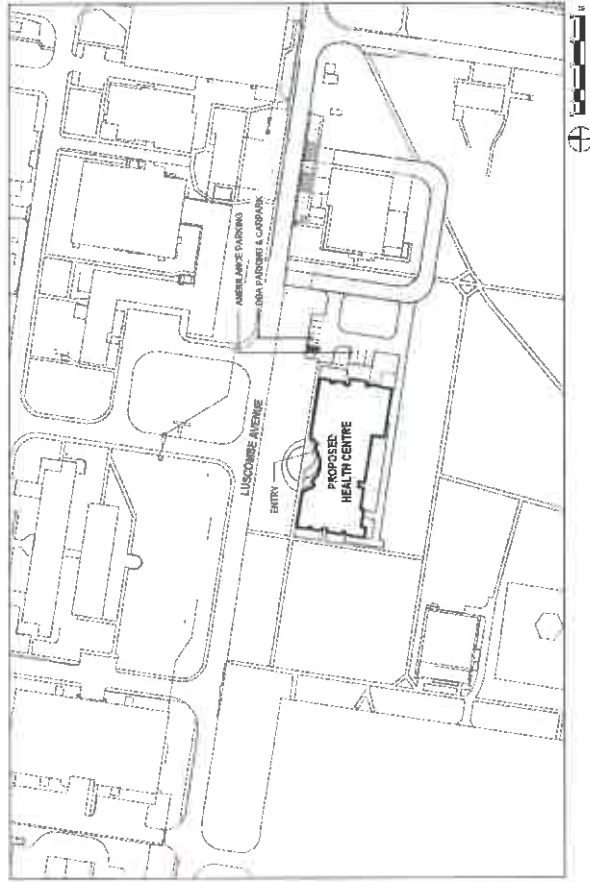


Figure 7A - Location

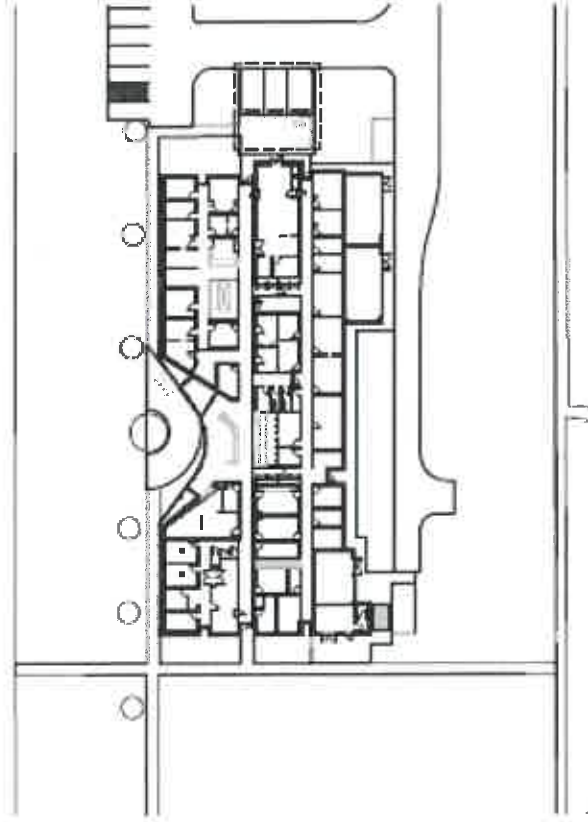


Figure 7B - Floor Plan

Attachment 8 - Campbell Barracks

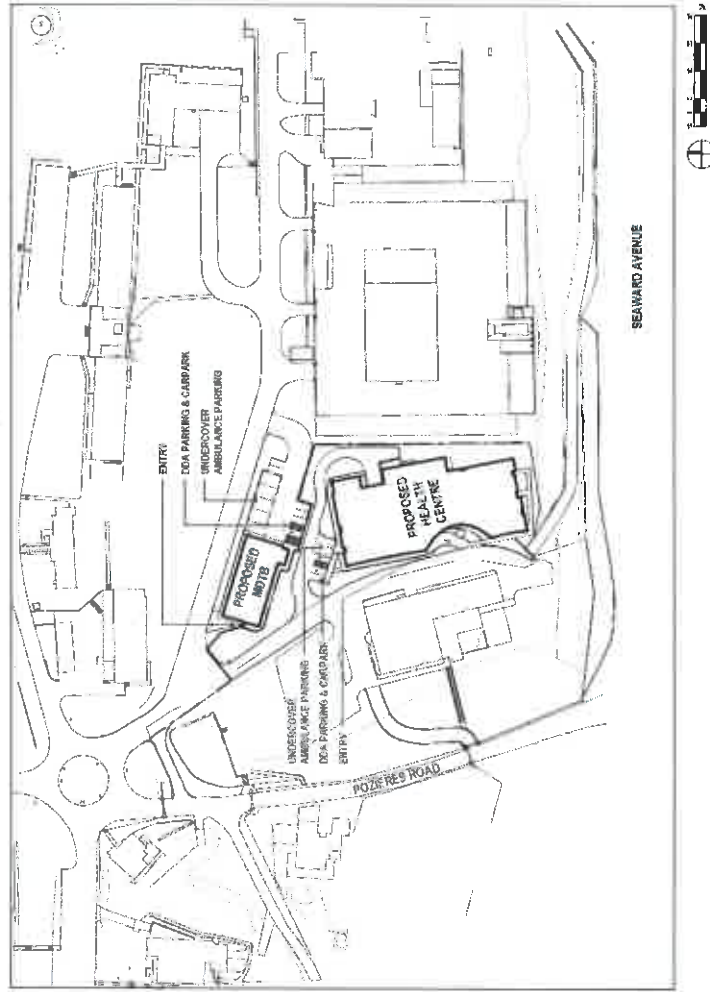


Figure 8A - Location

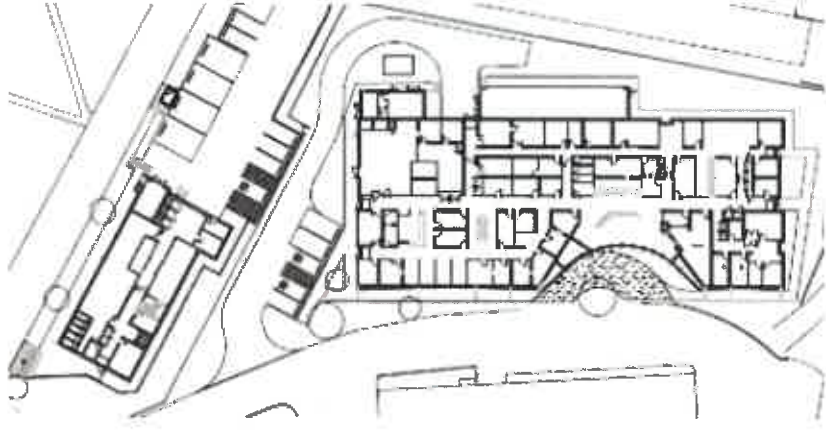


Figure 8B - Floor Plan

Attachment 9 - RAAF Base Townsville

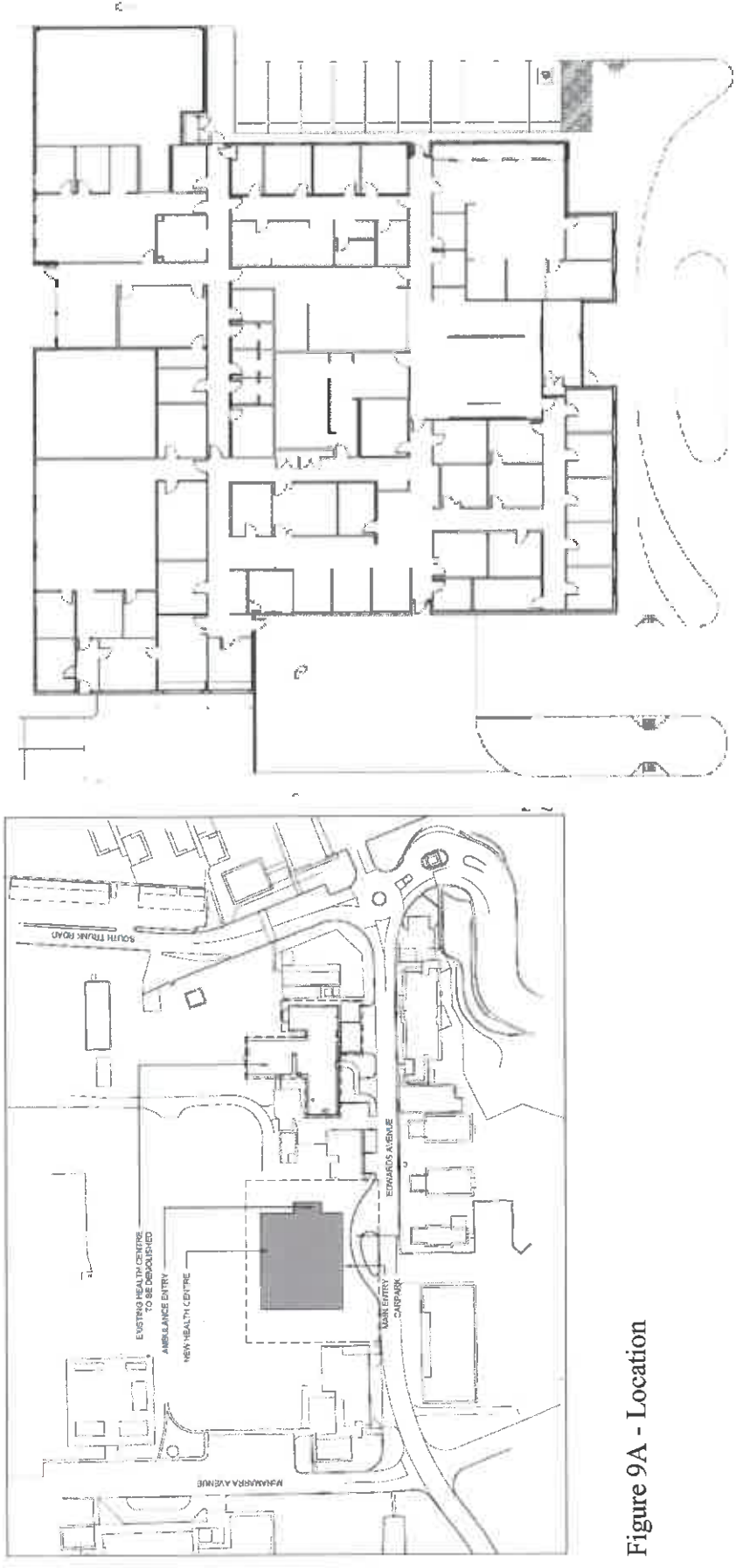
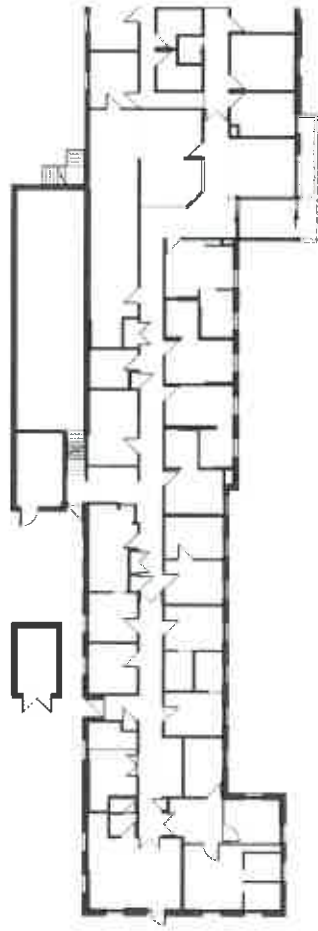


Figure 9A - Location

Figure 9B -- Floor Plan



Attachment 10B -- Floor Plan

Attachment 10 - Russell, ACT

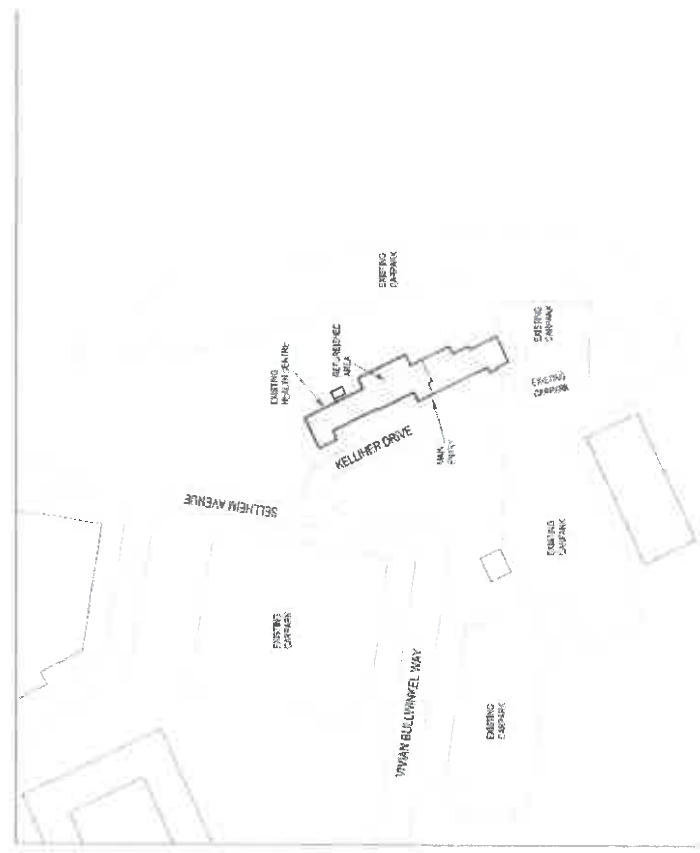


Figure 10A - Location

Attachment 11 - Holsworthy Barracks

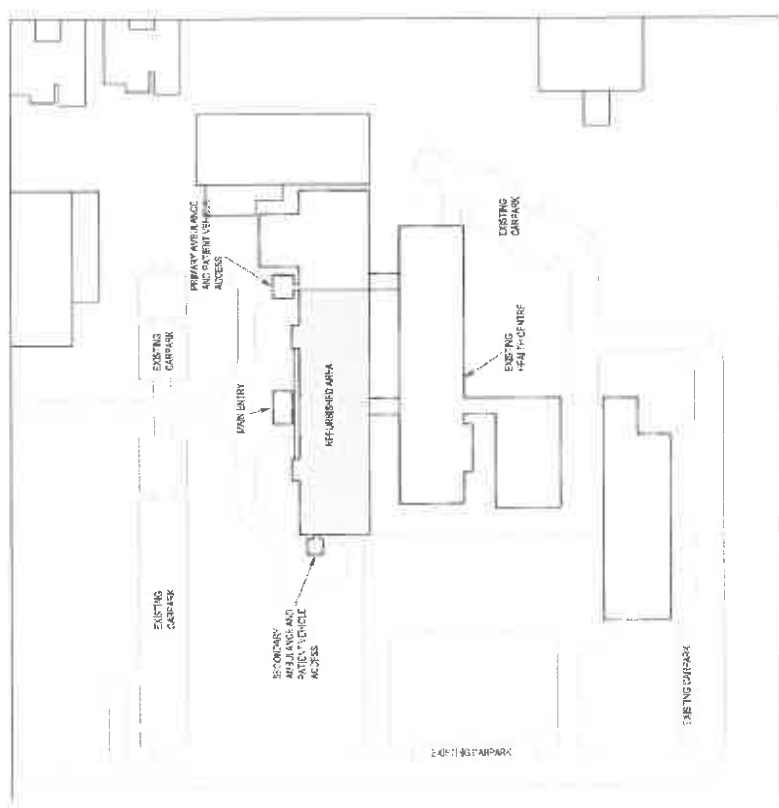


Figure 11A - Location

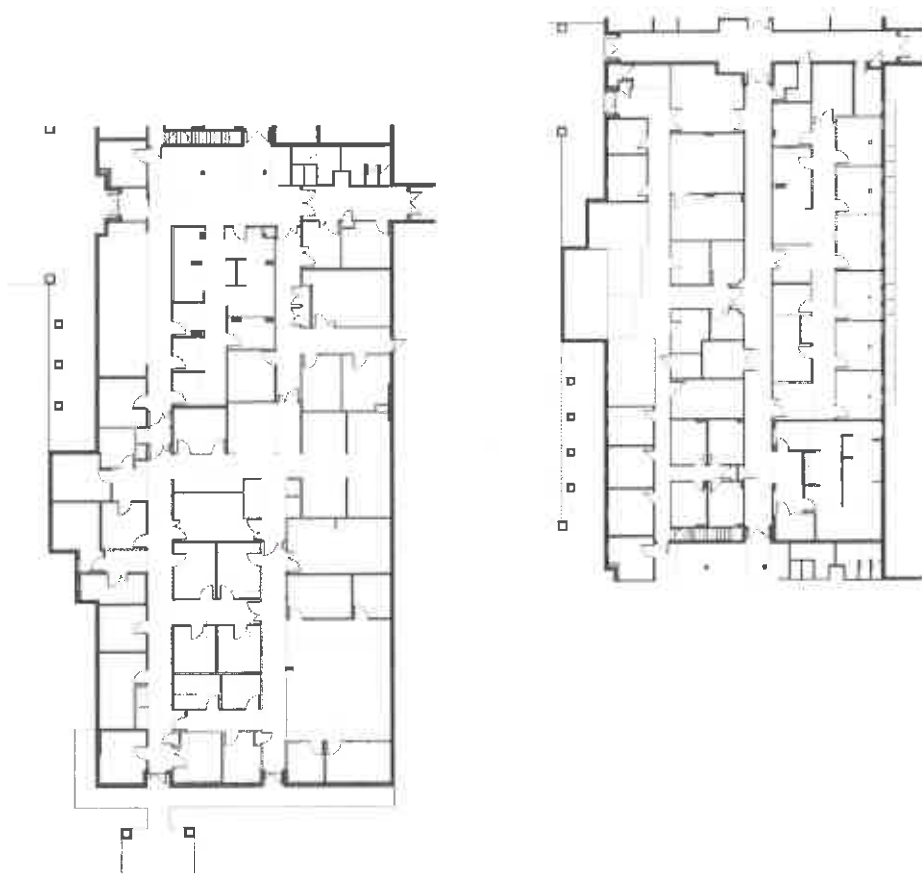


Figure 11B - Floor Plan

Attachment 12 - Robertson Barracks

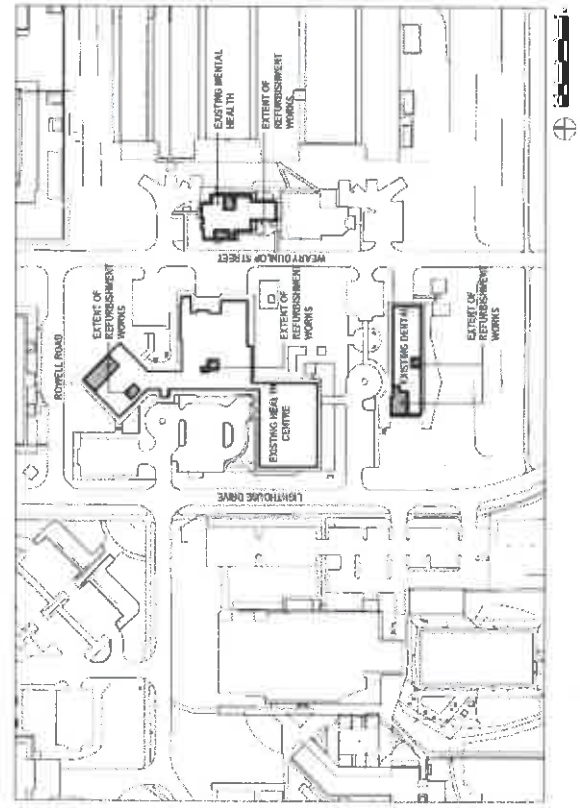


Figure 12A - Location

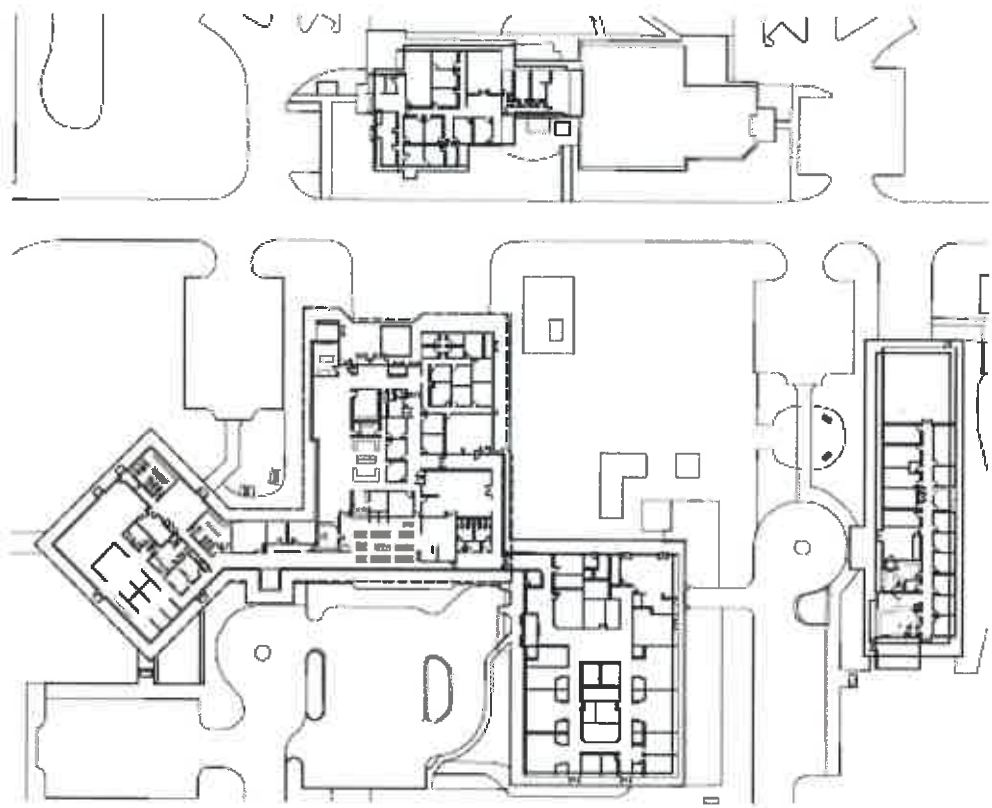


Figure 12B - Floor Plan

Attachment 13 - Gallipoli Barracks

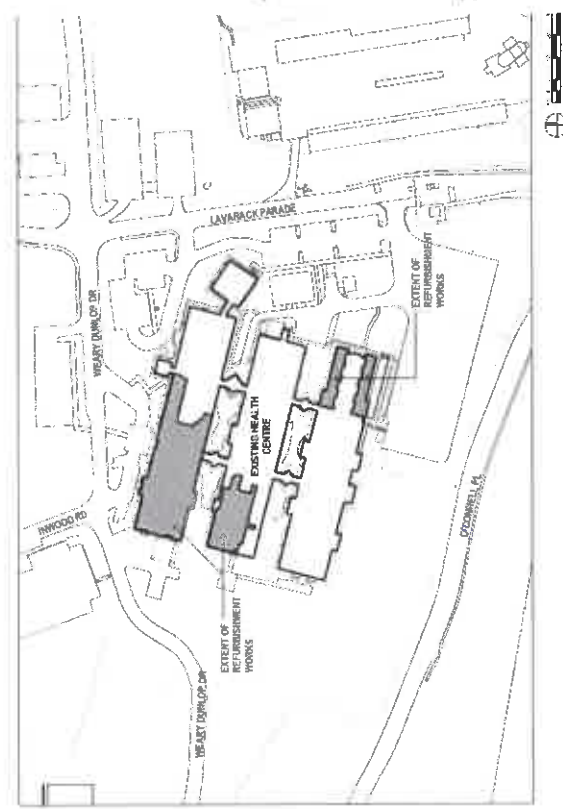


Figure 13A - Location

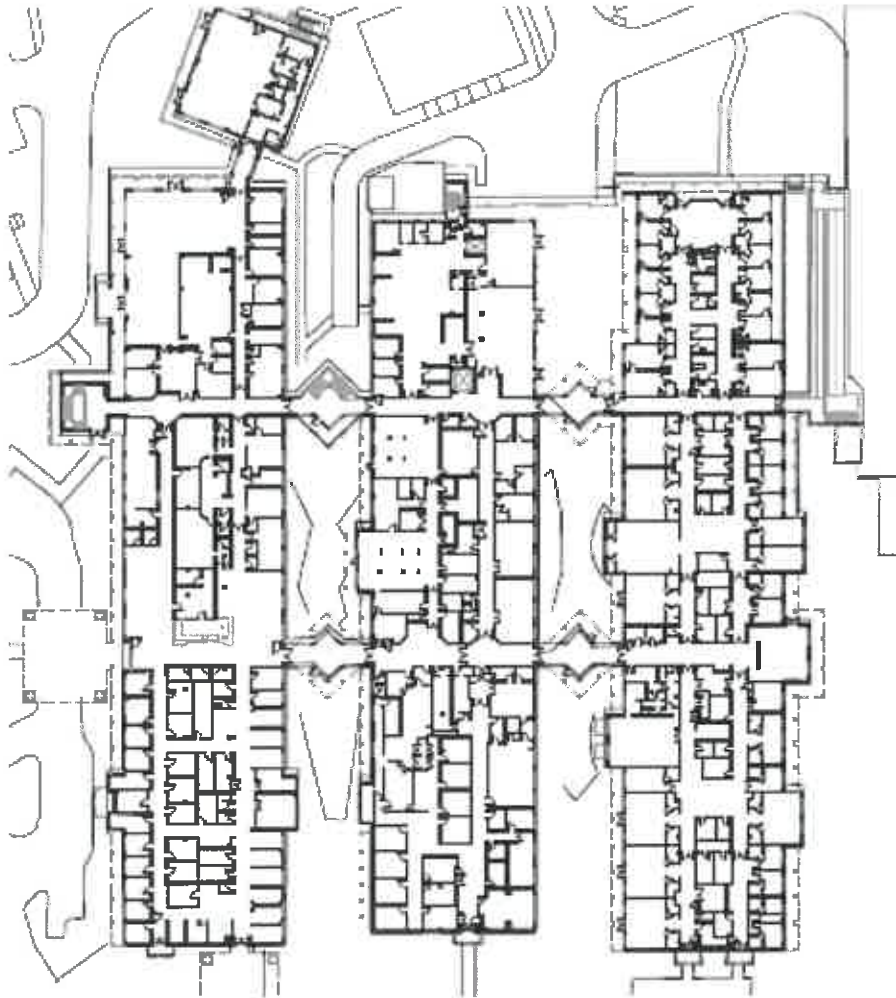


Figure 13B - Floor Plan

Attachment 14 - RAAF Base Pearce

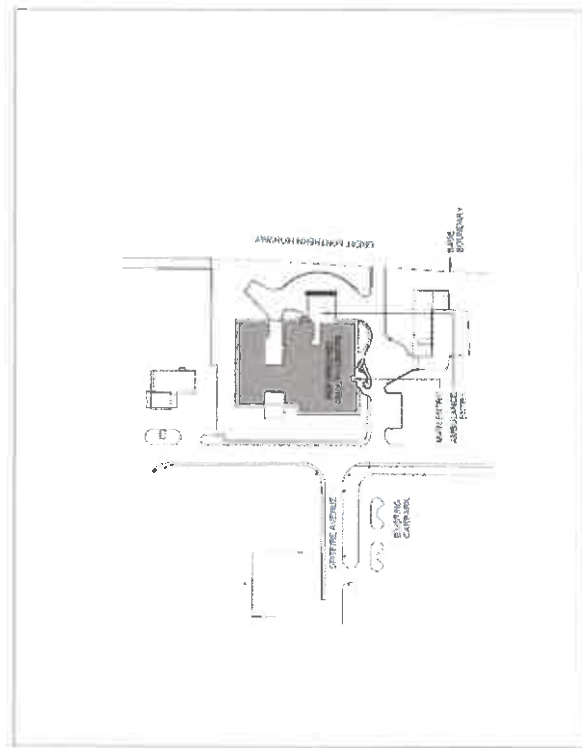


Figure 14A - Location



Figure 14B - Floor Plan