



## IMPORTANT NOTICE

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### ADDENDUM 7 TO REQUEST FOR TENDER NO 21568-RFT-006 DESIGN SERVICES FOR THE NORTHSIDE HOSPITAL PROJECT ON BEHALF OF ACT HEALTH DIRECTORATE

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Please note the following additional information for the above Request for Tender (RFT):

1. Questions received from interested suppliers, and the Territory's formal responses to those questions, are provided at **Attachment 1** to this addendum notice.

For further information, please contact Tenders ACT. Tenders ACT will direct all enquiries to the contact officer for this procurement.

[tendersACT@act.gov.au](mailto:tendersACT@act.gov.au)

30 November 2023

**ATTACHMENT 1**

**ADDENDUM 7 TO REQUEST FOR TENDER NO 21568-RFT-006 DESIGN SERVICES FOR THE NORTHSIDE  
HOSPITAL PROJECT ON BEHALF OF ACT HEALTH DIRECTORATE**

**QUESTIONS AND FORMAL RESPONSES**

**out of scope**

**Question 3.**

**Reference Design project scope**

The main RFT document states (within table 2.3.1) that the project scope includes main works, car parking, amenities, ESD considerations and a birthing centre feasibility.

The SoR document notes (Item 3- Background) that the preferred concept design for the project consists of the main hospital building, a standalone mental health facility, a multi deck car park, a child care centre and associated administrative,

	<p><b>educational, research and accommodation facilities. The SoR document goes on to state (item 5) that the RDC will support ACTHD in developing a Reference Design and Cost Plan suitable for ECI tender for a new main hospital building, mental health building and multi storey car park.</b></p> <p><b>Could you please confirm which of these elements form part of the scope for the Reference Design Consultant under this commission?</b></p>
Answer 3.	<p>The Territory reaffirms that the RDC scope includes the <u>New Main Hospital, Carpark, and a New Mental Health Building</u>. The detail provided within table 2.3.1 of the RFT outlines whole-of-project scope as background information only and not to be confused with the RDC specific scope, as detailed in the SoR at item 5, points a), b) and c). The RDC scope does not include the birthing suite or the childcare centre.</p>
Question 4.	<p><b>The Statement of Requirements Main Works – Reference Design Consultant" states on page 3:</b></p> <p><b>The RDC will support ACTHD in developing a Reference Design and Cost Plan, to a design level suitable for Early Contractor Involvement (ECI) tender, for the following:</b></p> <p><b>a) New Main Hospital Building,</b></p> <p><b>b) Mental Health Building, and</b></p> <p><b>c) Multi-storey Carpark,"</b></p> <p><b>Could you confirm whether the reference design Childcare centre, Amenities facility, Birthing Centre feasibility, and existing hospital staging and early works will form part of the RDC scope?</b></p>
Answer 4.	<p>The Territory confirms that designing the childcare centre, amenities facility, birthing centre feasibility, and early works are not part of RDC scope.</p>

# out of scope

# out of scope

# Northside Hospital Project

## Birth Centre - Functional Design Brief and SOA Review

**Project Stage:** Schematic Design Design

**Meeting:** Functional Design Brief Review  
Round N/A Birth Centre

**Date:** Tuesday, 9 December 2025

**Time:** 9:00 AM

**Venue:** Gawanggal Project Office

**Minuted by:** schedule 2.2(a)(ii)

Attended	Apology	Name	Initial	Organisation	Attended	Apology	Name	Initial	Organisation
<input checked="" type="checkbox"/>	<input type="checkbox"/>	schedule 2.2(a)(ii)			<input type="checkbox"/>	<input checked="" type="checkbox"/>	schedule 2.2(a)(ii)		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	schedule 2.2(a)(ii)			<input type="checkbox"/>	<input checked="" type="checkbox"/>	Steve Hall	SH	iCBR
<input checked="" type="checkbox"/>	<input type="checkbox"/>	schedule 2.2(a)(ii)			<input type="checkbox"/>	<input checked="" type="checkbox"/>	schedule 2.2(a)(ii)		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	schedule 2.2(a)(ii)			<input type="checkbox"/>	<input checked="" type="checkbox"/>	Amanda Slater	AS	iCBR
<input checked="" type="checkbox"/>	<input type="checkbox"/>	schedule 2.2(a)(ii)			<input type="checkbox"/>	<input checked="" type="checkbox"/>	schedule 2.2(a)(ii)		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Kate Evans	KE	iCBR	<input type="checkbox"/>	<input type="checkbox"/>			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Louise Keys	LK	CHS	<input type="checkbox"/>	<input type="checkbox"/>			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Yvonne Noakes	YN	CHS	<input type="checkbox"/>	<input type="checkbox"/>			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	schedule 2.2(a)(ii)			<input type="checkbox"/>	<input type="checkbox"/>			
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\*=partial attendance only

Categorisation Codes
1 Major - Item added to design Issues register
2 Minor - Item added to design Issues register
3 Design development
4 Request for Information
5 Note

Minutes numbering convention: [Section number].[Meeting number].[Item number]

Item	Topic/ Discussion	Action By	Due Date	Category
1.0	Present/ Apologies & Confirmation of Previous Minutes			
1.1.1	KE provided Welcome to Country & Introduction	Note		5
1.1.2	<a href="#">schedule 2.2(a)</a> talked through presentation agenda.	Note		5
2.0	<b>FUNCTIONAL DESIGN BRIEF</b>			
2.1	<a href="#">sche</a> Notes that individual Birth Centre Function Design Briefing has been prepared in conjunction with over arching facility Functional Design Briefing	Note		5
2.2	<a href="#">sche</a> notes that although Aus HFG has ben utilised for development of brief, there is no HPU (Health Planning Unit) for a Birth Centre	Note		5
2.3	Scope: KE confirms that the project EUG has endorsed 2 birthing rooms and associated services. LK queries basis for 2 rooms, with KE noting that strategy forms part of 2041 strategy, along with 6 additional birthing suites	Note		5
2.4	CSP to be issued to LK for review	<a href="#">schedule</a>	16/12/2025	4
2.5	Hours of operation: LK confirmed hours of operation align with that detailed within FDB	Note		5
2.6	Shared reception space: LK advised preference for standalone waiting space. FDB to be updated to reflect this noting governance still required.	<a href="#">sched</a>		1
2.7	Privacy and Dignity: In discussion of access to acute services, LK advises that transfer would not take place through front of house and would typically be via back of house corridor. Confirmed in meeting that this will be considered as part of location studies to be undertaken by design team	Note		5
2.8	Fridges: LK confirmed that 2 separate fridges will be required for vaccinations and medications. FDB updated to reflect	<a href="#">sched</a>		2
2.9	Nitrous Oxide. LK queries whether bottled gas is to be considered in lieu of piped service. KE notes that this will be considered as part of a facility wide approach, however for purposes of briefing, confirmation that Nitrous oxide provision to remain.	Note		5
3.0	Fridge monitoring. Confirmed that fridge monitoring for retention is required as part of certification. To be included within FDB	<a href="#">sched</a>		3
3.1	Staff Estimates: Staff estimates to be provided by CHS for review as part of FDB development	CHS		4
3.2	Functional relationships: LK notes desired separation between birth zone and waiting space. <a href="#">sche</a> note that consideration to be given as part of the test fits to be provided as part of SD. FDB functional relationships diagram updated in session to re-orientate birth zone and shared support areas	<a href="#">sched</a>		3
3.3	Access and Security: noting requirement for patients to be accompanied by staff members, during out of hours if there is no response at Birth Centre intercom, this is to cascade to maternity unit. To be captured in FDB	<a href="#">sched</a>		3
3.4	Access to outdoor space: LK advise preference for a fenced off courtyard that is safe separated from public.. Visual and acoustic privacy also considered. vision to greenery, yet private so no one can look in. Consideration to birthing in outdoor space, not to be considered as a POC. Separation of outdoor spaces for each suite. Kate Evans notes that this require EUG approval.	iCBR		1
3.5	Access to Outdoor space: Consideration for birthing with country and consultation with <a href="#">schedule 2.2(a)(ii)</a> will be required	Note		5
3.0	<b>SCHEDULE OF ACOMMODATION</b>			
3.1	Waiting Space captured as Family Lounge (15m2)	Note		5
3.2	Birth Rooms - confirmed as quantity of 2	Note		5
3.3	LK request for additional 1 person office to serve as Manager's office	iCBR		1
3.4	LK request for 2x additional consult rooms (14m2)	iCBR		1
3.5	Combined clean store/medication rooms - CHS to review departmental flows noting co-location has been adopted within NHP design.	CHS		4
3.6	Automatic Dispensing: Confirmed that no automatic dispensing cabinets to be included	Note		5

Meeting Closed:

Time: 10:00am

# NORTHSIDE HOSPITAL PROJECT

Departmental Functional Brief  
Birth Centre

2025

## VERSION CONTROL

Northside Hospital Project Functional Design Brief Birth Centre					
Revision	Prepared by	Issue Date	Issued to	Reviewed by	Revision Purpose
0.1	out of scope	26/11/2025	out of scope	iCBR/CHS	Draft
1.0	out of scope	09/12/25	out of scope	iCBR/CHS	Revised draft with CHS input
2.0	out of scope	09/12/25	out of scope	iCBR/CHS	Updated with iCBR, CHS and Project User Group feedback; project team quality assurance

## DEPARTMENTAL FUNCTIONAL BRIEFS

### Purpose of departmental briefs

- This document informs long term project planning for the Northside Hospital based on future service delivery as described in the Northside Hospital Clinical Services Plan 2024-2041.
- It is intended to inform the project design team, including architects, of the infrastructure requirements for potential future service delivery, while noting that this brief does not confirm that this department will be in scope for the project.
- Requirements applicable to all departments are described in the Northside Hospital Overarching Functional Brief.
- Service specific requirements are described in the referenced Australasian Health Facility Guidelines Health Planning Unit.
- This departmental functional brief does not repeat these requirements and should be read alongside the Overarching Functional Brief and the referenced Australasian Health Facility Guidelines.

## 1. SCOPE OF SERVICE

The Birth Centre will provide midwifery led care to ‘obstetrically low risk’ consumers who desire a physiological labour and childbirth. Birth Centre midwives work within a model, providing individualised maternity care to an assigned caseload of women each month with the support of their team.

The midwives will follow a midwifery led schedule of antenatal care providing a holistic, woman-centred approach to each client throughout the continuum of pregnancy, labour and the postnatal period. Antenatal appointments may occur within the client’s home, at an outreach clinic or within the Birth Centre.

Birth Centre services will include:

- A home-like environment provided for antenatal, labour and birth care.
- Antenatal care and education provided from the client’s primary midwife with the support of a team.
- Birth planning in discussion with primary and team midwives to ensure client centred care throughout labour and birth.
- Group education classes and midwife-led gatherings.
- Postnatal care in the home, at outreach clinics or the Birth Centre as required.

The treatment spaces anticipated to support the future service to 2041 are identified below.

Table 1: Birth Centre Treatment Spaces Table

Treatment Space Type	2025 - Current	2041 - Future	Comments
Birth Centre rooms	2	2	
<b>TOTAL</b>	<b>2</b>	<b>2</b>	

## 2. KEY REFERENCE DOCUMENT

- Australasian Health Facility Guidelines: Maternity Unit, Revision 8, January 2023

## 3. OPERATIONAL DESCRIPTION

### 3.1 Hours of Operation

The Birth Centre will be a 24-hour, 7 day per week service, with:

- Clinics run 7 days a week usually during business hours
- On call services outside of business hours

### 3.2 Access and Security

- The Birth Centre will require dedicated access for all presentations, supported by a secure, purpose-designed entry point, separate to the main Hospital entrance.
- Controlled access will be required via video intercom and door release 24/7 with will link to the clinical work and if not answered within a specified timeframe, a secondary link to the Birthing Suite within the maternity service will be required.
- Electronic access control on medication rooms, pneumatic tube station.
- Nurse call and duress will be available within the family room and all birthing/clinic rooms.
- Escalation pathways to theatres and birth suite must occur via a back-of-house route, ensuring transfers do not traverse public corridors.

## 4. SUMMARY OF NON-STANDARD CLINICAL/NON-CLINICAL SUPPORT APPROACHES

### 4.1 Clinical

#### 4.1.1 Pharmacy

- Limited medications will be stored in the unit within a small, dedicated medication room.
- One vaccine fridge monitored via BMS and electronic access control for S4R and S8 drugs.
- Access to nitrous oxide in birthing rooms is required.

### 4.2 Pathology

- 24/7 support will be provided via pneumatic tube.

## **4.3 Non-clinical**

### **4.3.1 Linen**

- Warming cabinets will be required in the birth zone for blankets.

### **4.3.2 Waste**

- A monitored fridge is required for the retention of products of conception in the birth centre. Disposal procedures will be as per relevant policies.

## **5. INFORMATION AND COMMUNICATIONS TECHNOLOGY**

ICT requirements will be as per the overarching direction.

## **6. EDUCATION AND TRAINING**

Non bookable shared education spaces will be available in the birth centre. These spaces will be equipped with appropriate information technology to support educational activities.

Education and training facilities are centralised within the facility for staff access.

## **7. SPATIAL ESTIMATES FOR STAFF**

Workforce estimates have been provided by CHS Executive to inform quantities and sizes of staff amenities (e.g. toilets, staffrooms, staff property bays and office/workstation allocation). Spatial allocation for staff amenities is outlined in the Schedule of Accommodation.

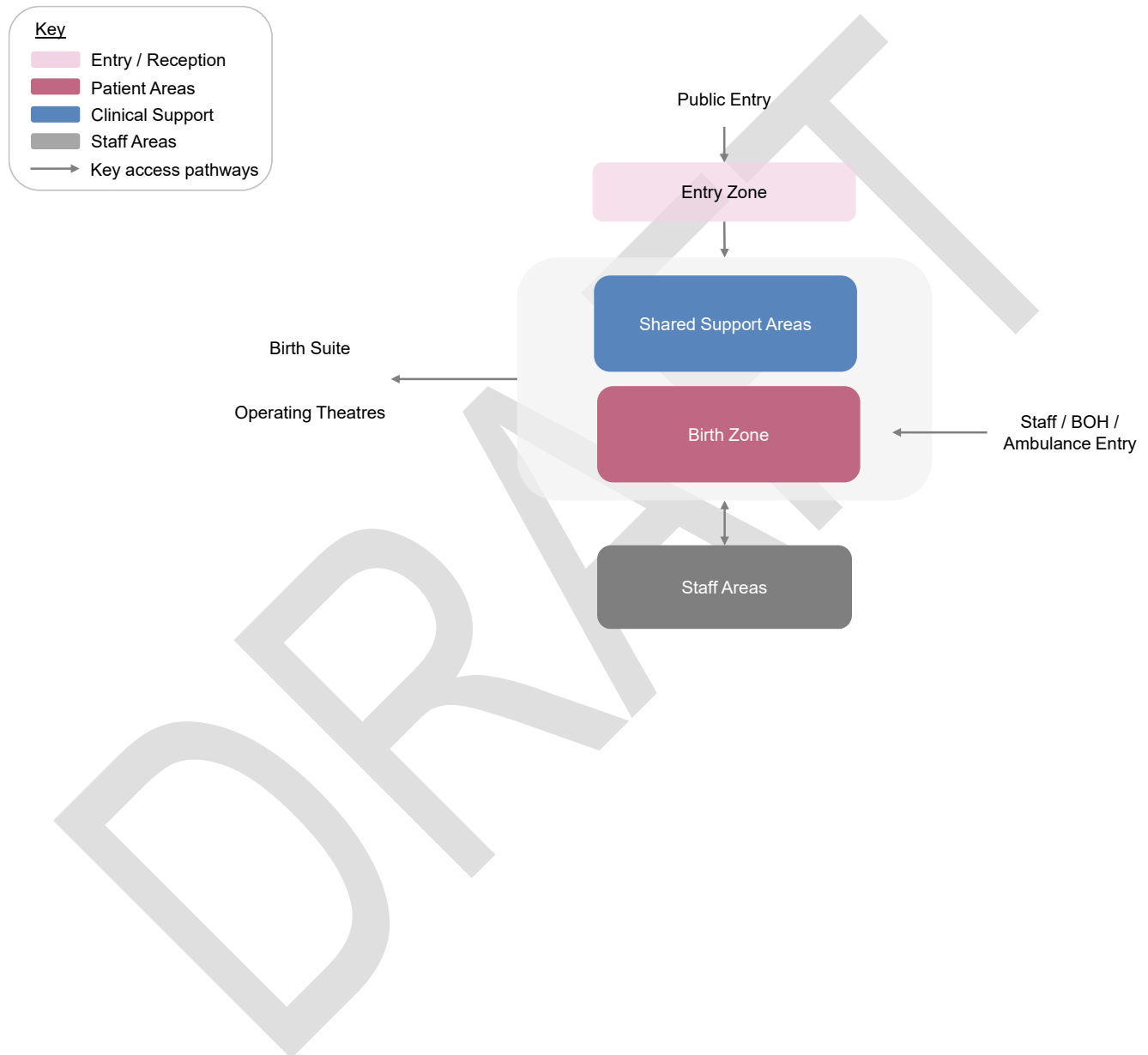
## 8. FUNCTIONAL RELATIONSHIPS

Refer to adjacencies matrix for relationships between departments.

### Internal Functional Relationships

The internal relationship planning within the department will adopt a zonal approach as illustrated below.

Figure 1 Birth Centre: overarching functional relationship diagram



## 9. ADDITIONAL DESIGN REQUIREMENTS

In addition to the overarching design principles, items specific to Birth Centre include:

Key Design Requirement	Design Detail
Access and Security	<p>Video intercom at the entry linked to the clinical workroom, which will have localised door release to enable staff to provide after-hours access.</p> <p>Controlled access entry after hours.</p> <p>Nurse call and duress strategically situated within the birth centre.</p>
Entry Zone	<p>Entrance to the Birth Centre will open into an open plan waiting space that will be used as a communal gathering to create a family-friendly welcome to the service.</p> <p>The design and interiors will create a warm family friendly environment, with beverage bay for preparation of hot and cold drinks, to enhance the experience for parents and their families.</p>
Safety	<p>Scavenging of waste nitrous oxide in birth rooms to reduce ambient nitrous to acceptable levels, as per Safe Work Australia.</p> <p>Floor waste in birth room ensuites designed so that obstruction of drainage is avoided when birth equipment is used, e.g. stools.</p> <p>Birth rooms with slip rating of floors to mitigate the high risk of slips and falls owing to a range of fluids present, e.g. water from the birthing pool and other body fluids or waste associated with birthing.</p> <p>Careful orientation of birthing pools so that a patient can be safely lifted out of the pool in an emergency and placed directly onto a transport trolley.</p> <p>Birth pools to be accessible from all sides and accommodate the use of a discrete ceiling hoists to lift a patient from the pool, if required.</p> <p>Considered layout and orientation of the room to ensure that any wall mounted equipment does not impede direct access for clinicians, particularly in the event of a medical emergency.</p> <p>Ensure layout and room dimensions are sufficient to facilitate safe floor to trolley transfer for recovery of collapsed/ fallen patient</p>
Infection Prevention and Management	<p>Contemporary birth rooms are designed with negative airflow.</p> <p>Easy access within discrete storage to PPE.</p> <p>ABHR will be made available to all staff, patients, and visitors.</p>
Therapeutic Environment	<p>A home like environment, to the optimal extent achievable within the clinical setting.</p> <p>Create spatial flexibility in the room to facilitate the movement of furniture and birthing equipment to ensure consumer comfort, whilst maintaining ease of access. .</p> <p>Acoustic confidentiality is an important consideration in this area, to minimise the ability for a woman to hear other patients and/or their newborn(s).</p> <p>There will be a strong focus on allowing women to birth as actively and physiologically as possible, including monitoring technology that allows freedom</p>

Key Design Requirement	Design Detail
	<p>of movement, active birth equipment, sufficient sound proofing, ability to play music, and ability to control lighting.</p> <p>Create spatial flexibility in the room to facilitate the movement of furniture and birthing equipment to ensure consumer comfort, whilst maintaining ease of access to best monitor the fetus.</p> <p>Access to outdoor areas from the birth rooms is desirable as it supports birthing on country.</p> <p>Good outlook from birth rooms to outdoor areas (essential).</p>

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## 10. SCHEDULE OF ACCOMMODATION

Northside Detailed SOA

Project User Group December 2025 v2.0



## Northside Canberra Hospital SOA - Detailed

1.7 9/12/25

Ref Number	Dept	Functional Grouping	RDS Room Code	Room Name	Number of Rooms	AusHFG Room Area m2	Project Room Area m2	Variance from AusHFG	Room Total m2	General Comments
132	Birth Centre	Waiting	MEET-15	Meeting Room	1	15.0	15.0	-	15.0	
133	Birth Centre	Waiting	WCPT	Toilet - Patient	1	4.0	4.0	-	4.0	
134	Birth Centre	Birth Zone	BIRM-B	Birthing Room - With Bath	2	40.5	40.5	-	81.0	
135	Birth Centre	Birth Zone	ENS-BR	Ensuite - Birthing	2	7.0	7.0	-	14.0	
136	Birth Centre	Birth Zone	BBW	Bay - Blanket / Fluid Warmer	1	1.0	1.0	-	1.0	
137	Birth Centre	Birth Zone	BHWS-B	Bay - Handwashing, Type B	2	1.0	1.5	0.5	3.0	

138	Birth Centre	Birth Zone	BLIN	Bay - Linen	1	2.0	2.0	-	2.0	
139	Birth Centre	Birth Zone	BMEQ	Bay - Mobile Equipment	1	4.0	4.0	-	4.0	
140	Birth Centre	Birth Zone	BRES	Bay - Resuscitation Trolley	1	1.5	1.5	-	1.5	
141	Birth Centre	Birth Zone		Family Lounge	1	15.0	15.0	-	15.0	Include beverage bay
142	Birth Centre	Birth Zone	OFF-CLN	Office - Clinical Workroom	1	12.0	12.0	-	12.0	
143	Birth Centre	Birth Zone	CLN-MED-20	Clean Store / Medication Room	1	10.0	10.0	-	10.0	No ADC required in Birth Centre
144	Birth Centre	Birth Zone	DTUR-10	Dirty Utility	1	10.0	10.0	-	10.0	
144.5	Birth Centre	Support Areas	OFF-1P-9	Office - 1 Person	1	9.0	9.0	-	9.0	MUM

145	Birth Centre	Support Areas	CONS	Consult Room	3	14.0	14.0	-	42.0	Increase to 3 to accommodate antenatal clinic requirements
146	Birth Centre	Support Areas	STEQ-14	Store - Equipment	1	10.0	10.0	-	10.0	Pending model of care requirements
147	Birth Centre	Staff Areas	ENS-ACC	Ensuite - Accessible	1	7.0	7.0	-	7.0	For staff use
148	Birth Centre	Staff Areas	CLRM	Cleaner's Room	1	5.0	5.0	-	5.0	Dependent on location and adjacency to other units

DRAFT

# STATEMENT OF REQUIREMENTS



## **NORTHSIDE HOSPITAL PROJECT ENABLING WORKS – SITE INVESTIGATIONS, FEASIBILITY, AND CONCEPT DESIGN**

on behalf of

**ACT HEALTH DIRECTORATE  
NORTHSIDE HOSPITAL INFRASTRUCTURE PROJECT TEAM**

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## **1. BACKGROUND**

To respond to Canberra’s growing and ageing population and the increasing demand for health care services, the ACT Government is building a new Northside Hospital.

On behalf of the ACT Government, ACT Health in partnership with Major Projects Canberra, has undertaken scoping and early design for the Project.

Following the 2023-24 ACT Budget, the ACT Government has agreed to progress the Project on the existing North Canberra Hospital site in Bruce. The Project represents an investment of more than \$1 billion and will be the largest single health infrastructure project to be delivered in the Territory’s history.

The preferred concept design positions the main hospital on the western edge of the existing Bruce Hospital campus at Block 4 Section 1, Bruce. The standalone mental health facility and multi-storey car park is proposed to be located to the north of the existing Hospital Campus, directly across from Mary Potter Circuit on Block 2 Section 1, Bruce (Northern Block).

The proposed site masterplan for the Project is shown in Figure 1, below.

Figure 1: New Northside Hospital site masterplan



- |   |  |                               |
|---|--|-------------------------------|
| ● NEW MAIN HOSPITAL BUILDING                                      | ① XAVIER BUILDING - TO BE RETAINED (USE TBC) | ↔ MAJOR PEDESTRIAN CONNECTION |
| ● ZONE FOR NEW SATELLITE MENTAL HEALTH                            | ② MARIAN BUILDING - TO BE DEMOLISHED         | ↔ INTERNAL HOSPITAL STREET    |
| ● NEW MULTI-DECK CAR PARK   | ③ CURRENT ICU - TO BE DEMOLISHED             | ↔ BRIDGE                      |
| ● ZONE FOR NEW CHILDCARE  | ④ GREEN HEART                                |                               |
| ● ZONE FOR NEW FAMILY ACCOMMODATION                               | ⑤ FUTURE IPU EXPANSION                       |                               |
| ● ZONE FOR NEW STANDALONE BIRTH CENTRE                            |  |                               |
| ● ZONE FOR FUTURE OUTPATIENT, ADMIN, INNOVATION & RESEARCH CENTRE |  |                               |
| ● ZONE FOR PRIVATE HOSPITAL EXPANSION                             |  |                               |

out of scope

# out of scope

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Section D

# Concept Design Option 1d:

## Bruce Site - Multiple Buildings / stand alone mental health (reduced size)

VERSION 05 10.03.2023

- Section A Introduction
- Section B Concept design Option 1c
- Section C Concept design Option 1a
- Section D Concept design Option 1d
- Section E Concept design Option 2
- Section F Appendices

# D

# D.1 Executive Summary

## Option 1d

Option 1d proposes to provide a smaller hospital with a standalone mental health facility on the Bruce site, with the primary objective of reducing the project capital cost.

To achieve this, the SoA provides the following:

Critical services are provided to meet the 2041 forecast demand, where 'critical' has been based on an assessment of which services would be harder to expand in the future and those with close functional relationship to other critical services. For example, the emergency department is considered critical and unsuited to future expansion due to the difficulties that would be associated with construction in a live emergency department.

Ambulatory care is provided to meet a level of demand prior to the 2031 forecast demand.

Administration, education and clinical research areas provided reflect a reduced percentage of the total functional floor area compared to the benchmark rates.

All other services, including those provided in the standalone mental health facility, are provided to meet the 2031 forecast demand.

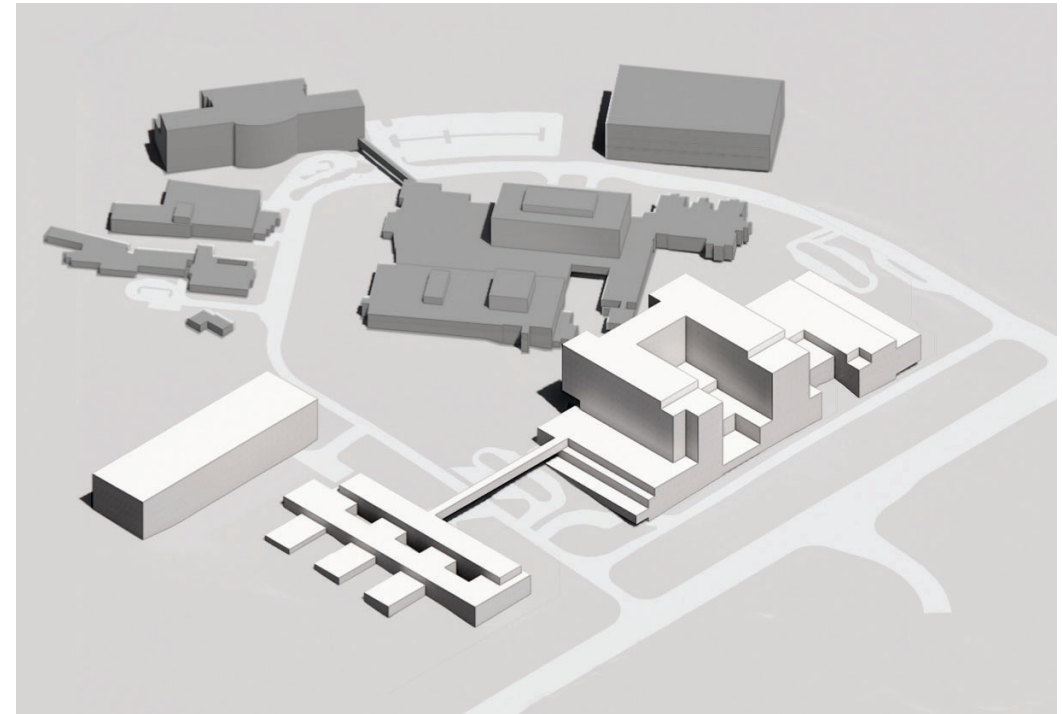
Refer to SoA V3.6 for further information.

Similarly to Option 1a, Option 1d proposes to provide all the required services in two separate buildings on the site of the existing Calvary Public Hospital in a single stage: one main hospital building within Mary Potter Circuit and a satellite mental health facility to the north on the northern block.

### Podium

Option 1d takes the podium configuration developed for Option 1a and rationalises it to reduce the size of the building. For example, removal of some carparking on the basement level (Level -1) reduces the footprint of the building and the excavation required to construct it. The remaining parking areas provide opportunities for future logistics and plant expansion, if required. Bulk earthwork estimates for the podium only suggest approximate excess cut over fill value is 19,7 m<sup>2</sup>. The excess cut will need to be appropriately disposed on site during construction.

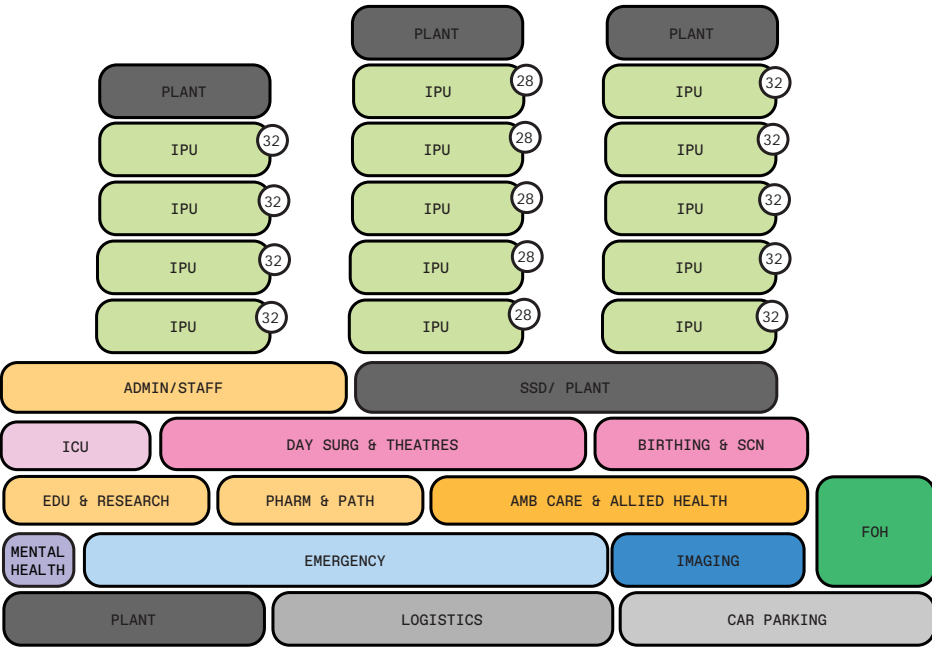
The reduction in area provided for ambulatory care and administration, education and clinical research enables these functions to be provided on the same level (L1), and for the area of L3 to be reduced. In Option 1a, L3 was the top level of the podium. The sum of these changes is illustrated on the following page, where the left block and stack represents the Option 1a configuration and the right block and stack represents the smaller Option 1d configuration.



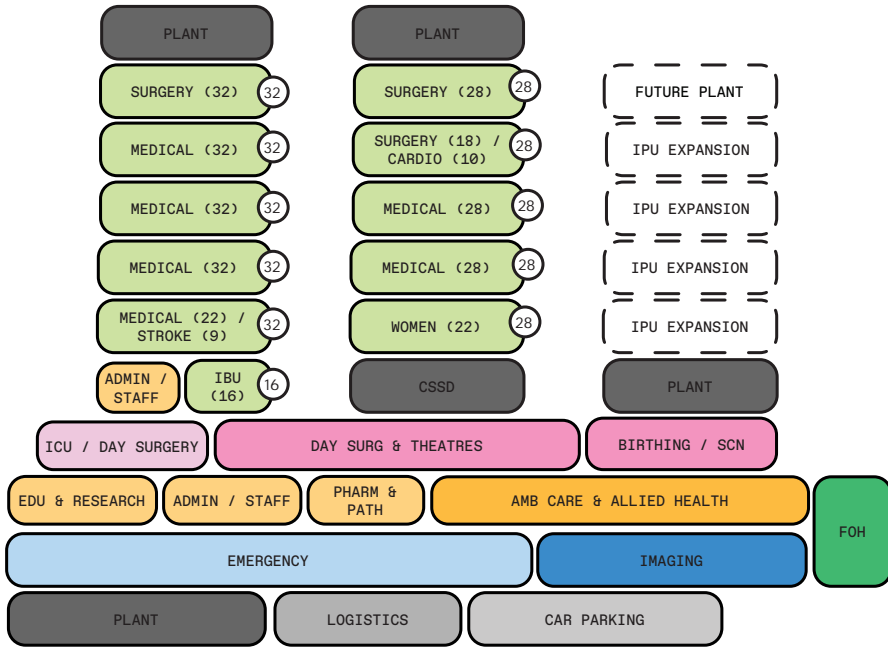
SITE MASSING

# D.1 Executive Summary

## Option 1d



OPTION 1A BLOCK AND STACK



OPTION 1D BLOCK AND STACK

out of scope



# D.3 Proposed design

## Level 2 plan

