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PARLIAMENT OF TASMANIA

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PARLIAMENTARY STANDING COMMITTEE ON PUBLIC WORKS

# Launceston General Hospital Mental Health Precinct

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*Presented to Her Excellency the Governor pursuant to the provisions of the  
Public Works Committee Act 1914.*

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## MEMBERS OF THE COMMITTEE

### Legislative Council

*Mr Harriss (Deputy Chair) until 2 May 2026*  
*Mr Hiscutt from 26 May 2026*  
*Ms Rattray (Deputy Chair from 11 May 2026)*

### House of Assembly

*Ms Butler (Chair)*  
*Ms Burnet*  
*Mr Shelton*

## TABLE OF CONTENTS

1	INTRODUCTION .....	3
2	BACKGROUND.....	3
3	PROJECT COSTS .....	5
4	EVIDENCE .....	6
5	DOCUMENTS TAKEN INTO EVIDENCE.....	20
6	CONCLUSION AND RECOMMENDATION .....	21

## 1 INTRODUCTION

To Her Excellency the Honourable Caroline Wells, Governor in and over the State of Tasmania and its Dependencies in the Commonwealth of Australia.

MAY IT PLEASE YOUR EXCELLENCY

The Committee has investigated the following proposal:-

### **Launceston General Hospital Mental Health Precinct**

and now has the honour to present the Report to Your Excellency in accordance with the Public Works Committee Act 1914 (the Act).

## 2 BACKGROUND

- 2.1 This reference recommended the Committee approve works to construct a new mental health inpatient service at 52 Frankland Street.
- 2.2 Mental health care and services at the Launceston General Hospital (LGH) are currently delivered primarily from the Northside Mental Health Unit, which has 20 inpatient beds.
- 2.3 The new LGH Mental Health Precinct (the Precinct) is proposed as part of the broader LGH Precinct Masterplan for the progressive development of the LGH over 20 years. Initially planned for a site on the corner of Charles and Howick Streets, Launceston (previously the Anne O'Byrne building), in early 2023 the location of the proposed Precinct changed to 52 Frankland Street, Launceston, directly adjacent to and forming part of the LGH campus, on the site of the former Viewpoint building.
- 2.4 The new Precinct will feature a 30-bed mental health in-patient unit to replace the current Northside Unit, and will be designed to feel more like a home than a hospital for mental health patients. It has been designed in collaboration with a number of key stakeholders, including lived experience representatives to ensure it consumer-focused and contemporary home-like environment. It will also provide essential community mental health services including a Recovery College and a Safe Haven.
- 2.5 The inpatient unit is being designed with clustered beds (pods) to allow separation of consumer cohorts when necessary, which will support infection control and flexibility in care delivery. Clinical design will emphasise clear separation between admitted and non-admitted zones, as well as front-of-house and back-of-house flows. Secure staff entry points and dedicated service pathways for goods and waste will ensure operational efficiency and minimise consumer exposure to support areas. Staff amenities are being designed to foster collaboration, safety, and well-being, with natural light, external views, and intuitive circulation routes.

Public spaces will focus on being family-friendly, and will include gender-neutral restrooms, baby change facilities, and sharps disposal units.

- 2.6 The Precinct will include car parking for staff and consumers on site with easy access to the building. It will also be connected to the LGH via a dedicated covered link bridge spanning Frankland St, from Level 1 of the building to a lobby area adjacent to the LGH Emergency Department.
- 2.7 The Precinct will deliver a range of mental health services to provide immediate support, brief interventions, education, and assistance for the community to access services in a contemporary, home-like environment. It is expected to help improve mental health outcomes within the community by enabling access to timely care and services and by reducing avoidable mental health presentations to Emergency Departments.

### 3 PROJECT COSTS

3.1 Pursuant to the Message from Her Excellency the Governor-in-Council, the estimated cost of the work is \$90 million.

The following table details the current cost estimates for the project:

	<b>Budget</b>
Base Project Cost Estimate (Construction plus Consultants and Design costs)	65,758,000
Design and Construction Contingency	9,384,000
<b>Design and Construction Sub Total</b>	<b>75,142,000</b>
Furniture, Fittings and Equipment	3,500,000
Professional and Authority Permits, Fees and Charges (inc. project management, contract management etc.)	7,974,000
ICT Infrastructure and Equipment	1,051,000
Art in Public Buildings	80,000
<b>Client Cost and Fees Sub Total</b>	<b>12,605,000</b>
<b>General Project Contingency</b>	<b>2,062,000</b>
<b>Total Project Cost Estimate</b>	<b>89,809,000</b>

## 4 EVIDENCE

4.1 The Committee commenced its inquiry on Thursday, 12 March last with an inspection of the site of the proposed works. The Committee then returned to Meeting Room 6, at the Hotel Grand Chancellor Launceston, whereupon the following witnesses appeared, made the Statutory Declaration and were examined by the Committee in public:-

- Jarrod Bannon, Group Director – Mental Health Services North/North West, Tasmanian Health Service, Department of Health;
- Rachael Dobson, Senior Project Manager, Infrastructure Services, Department of Health;
- Simon Dunne, Director Programming and Delivery, Department of Health;
- Mr Peter McFarlane, Project Manager, Infrastructure Services, Department of Health;
- Catherine Schofield, Executive Director of Nursing (Director of Services), Tasmanian Health Service, Department of Health; and
- Mr Cameron Burbidge - Architect, ARTAS.

The following Committee Members were present:

- Ms Jen Butler MP (Chair);
- Ms Helen Burnet MP;
- Hon Tania Rattray MLC; and
- Mr Mark Shelton MP.

### Overview

4.2 Mr Dunne provided an overview of the proposed works:

**Mr DUNNE** - ...It's an essential public infrastructure project designed to transform mental health care for the communities across northern Tasmania. The Northern Mental Health Precinct will be located at 52 Franklin Street, Launceston, forming a central part of the broader Launceston General Hospital [LGH] Precinct Masterplan, underpinned by a \$90 million investment from the Tasmanian Government. This purpose-built facility has been designed to deliver a contemporary, home-like therapeutic environment that integrates both acute and community-based mental health services. The precinct will include a 30-bed patient mental health unit to replace the ageing Northside facility, representing a net increase of 10 beds; a recovery college and safe haven; and a link bridge connecting the new facility directly to the LGH, improving clinical integration and patient flow.

The design process included extensive engagement with clinicians, consumers, staff and community stakeholders to ensure the building supports contemporary models of care and best-practice mental health outcomes. Environmentally, the site's established oak trees will be retained, landscaped areas incorporated and accessibility enhanced through improved vehicle and pedestrian access, and onsite parking for staff and consumers. Progress towards delivery of this vital project is well underway, with site preparation works, including demolition of vacated structures, scheduled for completion later this month, and a

development application lodged with the City of Launceston, with construction expected to commence in late 2026 and reach completion in late 2028.

The precinct is also a critical component of the Government's broader mental health infrastructure planning, contributing to the 2030 Strong Plan for Tasmania's Future, supporting timely access to care and reducing avoidable presentations to the emergency department.

The Northern Mental Health Precinct represents a vital, evidence-based investment in the wellbeing of Tasmanians, one that will modernise service delivery, expand capacity and provide a safe, supportive environment for people experiencing mental ill-health. We welcome the opportunity to be part of the Committee's oversight of this significant public works project and look forward to your questions.

### **Demand for Mental Health Services**

4.3 In response to questioning about the demand for acute mental health services the Department provided the following information on notice:

*... Statewide Mental Health Services recognises a growing demand for mental health services in the North of Tasmania.*

*Occupancy rates (capacity) for beds at LGH over the past five years have grown from 87 per cent in 2021 to 100 per cent in 2025. Mental Health related presentations at the LGH have grown from 2,580 in 2021 to 2,768 in 2025 and admissions have grown from 449 to 476 in the same period.*

*The data (below) demonstrates a continued trend of increasing demand.*

<b>LGH Northside</b>	2021	2022	2023	2024	2025
Occupancy rate (based on 20 beds)	87%	90%	90%	92%	100%
Total admissions	449	415	398	460	476
LGH ED - Mental health related presentations	2580	2698	2842	2715	2768
LGH ED - Mental health related presentations ALOS (hours)	8.8	10.3	10.5	9.9	11.4
Average wait for inpatient mental health bed from ED (hours)	3.1	6.7	6.7	4.4	7.9

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### **Increased Capacity**

4.4 The Committee heard evidence that the proposed works would provide a significant increase in the number of beds available for mental health inpatients:

**CHAIR** - *Can you also, for the record, run through how many mental health beds are in the current facility, as opposed to the proposed facility, and what the difference would be from the existing to the new proposed project?*

<sup>1</sup> DoH Response to Questions on Notice-LGH Mental Health Precinct Hearing 12 Mar 26, page 3.

**Mr BANNON** - Yes, happy to. Northside Mental Health Clinic currently has the capacity of 20 beds, and we're proposing at the new precinct that there will be 30 beds, so an increase of 10.

**CHAIR** - Can you break down the high and the low classifications of those for us?

**Mr BANNON** - ... Currently at Northside we don't have a dedicated high-dependency unit; it is a swing environment. So, it's not considered a component of our total bed numbers, as opposed to the new precinct where it will be and function as a standalone high-care unit. It is, or can be, up to six beds, noting that the design considerations given do allow one of those

## **Model of Care and the Building Design**

4.5 The Committee asked the witnesses to explain the proposed model of care for the service and how this had influenced the design:

**CHAIR** - ... Can I ask for the record,... about the model of care in the proposed site, and also in relation to the design of this site, and how the design is mindful of that model of care which will be used in the proposed facility...?

...

**Ms SCHOFIELD** - ... So, we have worked in conjunction with the design around the model of care, noting that, as with yesterday, we have high-care areas where we will be looking at the staffing profile, coming down to the low-care areas, again, applying the principles that we currently work to which is the least restrictive, to be trauma-informed, to be consumer-focused with a recovery orientation. The new build will enable more of those conversations, the relation of capacity and aspect of providing care that is not so clinically driven, but is actually around engagement, understanding, safe space and privacy.

It provides single rooms with ensuites, so that is a safety mechanism. We want to move away from the dormitories, and the four-bed dormitories, as are in Spencer, and the two-bedded dormitories that are in Northside, because that's not the safety aspect that we want to be able to provide. That's really how we've done it, and also you would have seen, I think, in Northside the light, and the openness of that environment. They've done an incredible job, with the limits of the infrastructure, to provide a very open space, but also to have all those corners where people can sit and have some privacy out of their rooms. This facility will enable a lot more of that, as well as capacity to get outdoors and have fresh air and beautiful views.

**CHAIR** - Thank you. Mr Burbridge, would you like to add to that from the architectural point of view, also keeping in mind that you have studied other facilities in other states and maybe if you can talk about your experience in that area, some of your learnings and how this design will incorporate some of those learnings?

**Mr BURBRIDGE** - As mentioned before, all bedrooms are single bedrooms in this facility with individual ensuites, so no more of the dormitory-style bedrooms anymore. Multiple lounges split out around the floor plate, so again, just to give the consumers choice. If someone's doing something in a lounge room they don't like, they can go somewhere else, multiple areas where they can go and do things. Group activity rooms that convert - that are away from the main living areas or can be separated off. We're dealing with the noise and trying to make the space a bit quieter, trying to get lots of natural light into the design as well with nice courtyards on both levels.

BLP, who are the clinical architects alongside ARTAS on both this project and North West Mental Health, they have lots of experience in mental health buildings. The last two they did were in northern suburbs in Victoria and in Campbelltown in New South Wales, so they have lots of experience with projects that have worked and how the different models of care are set up and how different buildings operate.

## **Providing a Calming, Home-like Environment**

### 4.6 The Committee heard the design of the Precinct was centred on providing a calming, home-like environment for patients

**Ms BURNET** - In regard to a calm environment - it might be through lighting, less noise, and so forth - is there much available to introduce into this sort of acute mental health setting?

**Mr BANNON** - I think, importantly, the environment that the design team has been able to land on, in terms of the finishings within the environment, we've had some really strong and robust conversations with our infection control team who are often quite opposed to some of those home-like features. So, very much the colours that have been chosen, the textures, the tint panelling on the ceiling will all contribute, along with things like lighting - natural light as well as artificial. Components like the sensory room and the de-escalation suite will also allow consumers an area to go to. I think what we would have observed at both Spencer Clinic and Northside is we don't have that available.

Today you would have seen firsthand that there was a consumer that was starting to escalate, and all that they had available to them was their bedroom, which faces onto the lounge area, which is not considered appropriate or safe, as opposed to the proposed facility that will have those little pockets that are going to be adequately sound proofed, where a staff member can go and support a consumer to re-regulate and de-escalate.

...

**Ms BURNET** - Just going to the architectural finishes, though, because hospitals are inherently noisy and distracting. What has been available in your price?

**Mr BURBRIDGE** - Again, we've been working heavily with the acoustic engineers, because we are aware that noisiness can trigger a lot of people. The design of where rooms are is the first thing, so making sure the activity rooms are not right next to a bedroom, and things like that - so, getting the overall plan of it. Then the acoustic engineers work with us to determine the construction of the walls between rooms to stop that sound transfer of the ceilings. Then we've looked at the treatments applied internally to the room, so whether it be carpet on the floors, if we can get away with it in certain areas, soft furnishings, lots of ceilings and microperf ceiling panels that have really good acoustic absorption in them, so you don't get the bouncing and noise around the rooms. So, there's a few methods and, as Jarrod said, rigorous conversations with infection control to make sure what we're selecting still meets the infection control requirements and not going to cause an issue down the track.

...

**Ms RATTRAY** - we noted that the floor coverings had changed in the current facility to a vinyl-looking or vinyl timber-look arrangement. Is it moving back to carpet in the new facility or is it a mix of?

**Mr BURBRIDGE** - A mix of...

...

...In the smaller lounges, the idea is to have carpet in them to make it a bit more homely feeling. The general areas, the kitchen, higher-traffic areas and corridors will be vinyl - predominantly a timber-look vinyl. We've been doing a lot of work with the PRG [project reference group] and all the different reference groups to work through all that. The idea is to get some carpet in specific areas where it's not too high traffic and that can help acoustically as well make it a bit homely and less clinical.

4.7 The Committee also heard an important aspect of the environment for patients was the inclusion of courtyards and greenspace:

**CHAIR** - ... the existing site has a really lovely courtyard. Can you talk us through what that courtyard experience would look like in the proposed site?

**Mr BURBRIDGE** - There are multiple courtyards in different areas throughout the building.

**CHAIR** - The two main ones.

**Mr BURBRIDGE** - The main ones for both levels are on the northern side of the building. They are looking out over the oak trees, or through the oak trees and to the view behind the city to Launceston. We are trying to enhance that, bring the natural light into the building courtyards, kind of recess into the building a bit, and then to make the space flow in and out. There's been lots of work done with the landscape architects to design the courtyards appropriately to meet all the anti-ligature mental health requirements, but still... be nice places to be. That's been the challenge: to meet all the mental health requirements, but still make it a nice place with plants and all that sort of stuff, so there's lots of work.

**CHAIR** - There's an absolutely beautiful tree fern in the existing courtyard; will that be repurposed and taken over to the new courtyard; and, second question, do you know what plans there are for the current site and how that may be reused, that particular space?

**Mr BURBRIDGE** - I would say removing the tree fern and putting it in would be very difficult to meet anti-ligature requirements for a mental health facility. We've been looking with the landscape architects and how to get height into the planting but still be compliant for consumers and staff. There's been a lot of thought going into that. That's the nice thing you have with the courtyards on the north, is you have all those trees there and you have the greenery beyond. It's not just the courtyard, it's like spilling out into what's around us as well, so there has been a bit of thought going to perimeter planting around that back car park to both screen from the neighbours but then add that extra green to the view when you're in the courtyards looking out.

...

**Ms BURNET** - From a clinical perspective, how important is green space in any sort of acute medical facility?

**Ms SCHOFIELD** - It's very important and over the time in the courtyard that you saw this morning, there has been sort of concerns about certain plants that we've had out in that courtyard from a ligature perspective, however, we've also balanced the benefit of having trees and rose bushes that are available for people to sit near and sit under. We mitigate some of those risks because you can't eradicate all risk, all ligature points or all risk of harm. We have to balance those two things. Green space is really, I'd say, fundamental.

...

**Mr BURBRIDGE** - The landscape architects have been trying to get as much sensory into the environment as possible: touch, feel, smell, shapes, colours so that it's not just a monochrome - there's lots of different textures and stuff to feel, walk around with your bare feet and feel different textures of paving or astroturf or smells of plants and flowers and stuff like that as well.

**Ms SCHOFIELD** - That's also, I think, important from an Aboriginal consumer perspective: bringing as much nature and environmental aspects into the building, as well as access to those from the building, is fundamental to the wellbeing and mental health of Aboriginal people.

### **Sustainability Measures in the Design**

4.8 The Committee asked the witnesses to explain what sustainability measures had been incorporated into the design of the Precinct:

**Ms BURNET** - I'm just curious to know what kind of levels of sustainability have been considered for the project.

**Mr BURBRIDGE** - The same as yesterday: LED lighting throughout everywhere as a standard now; double glazing on all windows; triple glazing to all areas where consumers can be left alone by themselves; choosing colours that can help reduce the heat load on the building; a big one will be having an appropriate lighter-colour finish to the plant deck as that is quite a large area on the top of the building - making sure we're choosing a light-coloured waterproof membrane for that to help reduce the heat gain. There's been a lot of work done with the mechanical systems to make sure that they're zoned appropriately within the orientation of the building; also, the work with how the building is going to be used with consumers during different times of day to make sure the systems can be run as efficiently as possible. We don't want to have a system here that is running at 100 per cent all the time, or over capacity all the time.

**Ms BURNET** - And the overall materials, what are they, concrete slab?

**Mr BURBRIDGE** - It's concrete slabs throughout and then a combination of brickwork and lightweight cladding on the Frankland Street facade.

**Ms BURNET** - What sort of insulation is there? There would be quite a lot of board.

**Mr BURBRIDGE** - R3 is our minimum wall insulation. The walls end up being nearly 400 millimetres thick once you have all the external cladding and then all the insulation within all the wall frames, and then obviously there's also insulation underneath the slabs to stop heat going through the slabs, and insulation on the roof as well.

**Ms BURNET** - Is it standard for the Health Department to build like that?

**Mr BURBRIDGE** - Yes, it's the National Construction Code. We need to meet section J of the National Construction Code, so that is the minimum where we need to meet and we are exceeding the minimum.

**Ms BURNET** - That's good. It is nice to think that you are exceeding the minimum.

**Mr McFARLANE** - Yes, and it is best practice as well.

## **How Consultation has Improved the Design**

4.9 The Committee questioned the witnesses on consultation undertaken with staff, clinicians and those with lived experience, with a view to understanding how this had made a positive contribution to the Precinct design:

**Ms RATTRAY** - ...this morning Mr McFarlane shared with us that there had been a lot of consultation, not only with staff and clinicians, but also with people with lived experience. I think it would be interesting if you shared what you shared with our group this morning.

**Mr McFARLANE** -... As part of our reference group and working group, the clinical staff, areas from all around the hospital, back of house, facilities, maintenance, et cetera, and also the Mental Health Lived Experience Tasmania representatives, who were able to bring a very unique experience and a very unique perspective to guide the design process. As all the different elements of the space requirements come together, to have that sort of unique experience from the lived experience people was essential and I think it was a real value-add to the entire project.

**Ms RATTRAY** - You also shared that it wasn't only people who had been in a facility, but it was family and friends of those who had been part of that experience.

**Mr McFARLANE** - Absolutely. Representatives from the consumer side and also from the family-support side who are able to really guide the conversation and provide that alternative perspective. We're all experts in our own specific areas and having that other touch on the design process was absolutely amazing.

**Ms RATTRAY** - Can we have an example of something that did perhaps see a change because of that input?

**Mr BURBRIDGE** - One that jumps to mind is mirrors in bathrooms.

... Everything has to be anti-ligature. You can't have a normal mirror in there because you can break it and use it to harm yourself or others. Firstly, an anti-ligature mirror is basically highly polished stainless steel. The concern of the lived-experience support person was the distortion of the stainless steel, as you would see in public toilets. The mirror is not 100 per cent flat. They had experienced that before, the mirror being distorted, and the person she was supporting getting upset by that. We've then gone and got an example of the mirror. In our last project working group, we said, this is the mirror, this is what it will look like, to show that the mirror we can get doesn't have the distortion in it.

**Ms RATTRAY** - Like a better-quality type of arrangement.

**Mr BURBRIDGE** - Yes, a better quality. We wouldn't have known that.

**Ms RATTRAY** - And you would have gone for the cheap stainless -

**Mr BURBRIDGE** - But, them saying that to us and then we've said, okay, this is the mirror we're doing, and that's just alleviated the concerns. It was invaluable, the small things like that, we wouldn't necessarily have thought about it in that view. Invaluable.

## **Site Selection**

4.9 The Committee asked the witnesses to explain the decision to change the site of the proposed LGH Mental Health Precinct:

**CHAIR** - ... there was an alternative site earmarked for that precinct, and that was changed for the proposed project site to be at 52 Frankland Street, which is what we're assessing today. Could you run me through part of the reasoning for the change in site?

**Mr McFARLANE** - ... the original location was where the temporary car park is now, or the Anne O'Byrne building, and 52 Frankland Street was occupied, or was earmarked for Calvary Hospital to develop their own facility there. Then, when that didn't proceed, the availability for 52 Frankland Street arose. Then, in concert with the overall LGH Masterplan, it was shown as a more preferred site to build the Northern Mental Health Precinct.

**Ms RATTRAY** - ... it would be a better arrangement having it where it's proposed than stuck up on the corner?

**Mr McFARLANE** - I believe so, yes.

**Ms RATTRAY** - So, it makes sense to repurpose that site rather than go to the car park, which is in need, at the moment.

**Mr McFARLANE** - Agreed.

beds to be able to swing between the low-care unit or the high-care unit, depending on our cohort of consumers and their vulnerabilities at that time.

## **Purpose and Benefits of Link Bridge**

4.10 The Department's submission noted the separation from the main LGH campus presented an increased risk that operational needs may not be met. The Committee heard evidence that to minimise this risk, a link bridge will be constructed to connect the LGH Mental Precinct to the main campus, which will provide significant operational benefits:

**CHAIR** - ... Would you be able to provide insights into the link bridge? What the main purpose of that link bridge is and how the link bridge is an asset to this particular project.

**Mr McFARLANE** - Sure. The link bridge itself is about 30 metres spanning across Frankland Street, and will be done in about three sections box and girder. So, we will do the two end pieces that join on to the mental health precinct and the other end that joins on to LGH. It joins on to the LGH at level 4 and joins onto the mental health at level 1 as it spans across Frankland Street.

The primary reasoning for the link bridge is the connectivity to the LGH campus main and...maintaining that consumer dignity and their privacy, as a primary method of moving from the hospital main across to the mental health building itself.

Then, it will also be used for other services; so bringing meals across and those sorts of things and just transport of personnel back and forth across the bridge without having to go outside and cross the roads and those sorts of things - that immediate connectivity.

There will be airlocks at either end. As you walk in, you're not letting a rush of cold air or anything else into the either building on either side of the road. That's basically the link bridge, in itself.

...

**Ms RATTRAY** - ... Jarrod, you provided some really important information this morning on the site visit around the current location of the Northside facility and the ED [emergency department]. I think that would be very useful for us to have on the public record, as well, as to why it's important that it moves across the road and has that link available.

**Mr BANNON** - I shared with the Committee this morning our observation that the emergency department and the existing Northside Mental Health Unit are at the exact farthest points away from each other. They could not possibly be any farther apart. From a consumer experience perspective, we've received a lot of feedback around the impact that that has on consumers having to be transferred through public corridors within the hospital to receive care at Northside. That can be extremely traumatic for the consumer, members of the public, and the workforce, as opposed to the proposed mental health precinct, which will have a dedicated back-of-house lift that feeds into the back of the emergency department, which will allow a much more dignified and timely transfer to the mental health precinct.

**Ms RATTRAY** - Another aspect that you shared that I thought was an important one was because of some of the challenges that go with moving patients/clients/customers through the hospital, they would prefer to stay in the hospital and there's a code black emergency arrangement or a code black arrangement required.

**Mr BANNON** - Correct. It's not uncommon for consumers that need to receive care at Northside for them to not want to come to a mental health unit. They're often involuntary under the mental health legislation which can unfortunately result in the consumer needing to be escorted and supported to remain on a hospital gurney for that transition, which visually is quite traumatising to others, but more importantly to that consumer.

**Ms RATTRAY** - The fact that this will have a much closer connection through that link arrangement sees it as really positive.

**Mr BANNON** - Absolutely.

### **Removal of the Planned Short Stay Unit**

4.11 The Committee understood that a short stay unit had formed part of initial plans for the Precinct. The Committee asked the witnesses to outline the reasons a short stay unit was no longer part of the plans, and what options would be available for short stay patients:

**Ms RATTRAY** - ...I asked at the site visit about what wasn't included in the final design, so I'd be happy to have that information. Hence, the five short-stay beds have been taken out and, also, the community mental health service doesn't have a home close to the hospital. I think you might have indicated it's in a leased building in Canning Street.

**Mr BANNON** - Correct.

**Ms RATTRAY** - Can you just walk us through why that didn't take place? It's probably funding availability, but I think it needs to be on the record.

**Mr BANNON** - Absolutely. Our infrastructure team can probably speak to that far more eloquently, but when we went through the costing exercise it was deemed that we'd exceeded the funding envelope available to us. The team collaboratively - our clinical, operational and infrastructure services - went through a rescoping exercise to determine what could remain with the funds available. It was determined that an entire floor which was to house our community team would be removed in addition to the five-bed short-stay unit.

**Ms RATTRAY** - I guess the follow-up question is, is there a possibility - probably not by the look of the top of the building - to put a third storey on sometime to facilitate the community mental health service and a short-stay opportunity?

**Ms DOBSON** - I think that would be assessed at the time as and when. I think that the current accommodation and the availability of space within the community to accommodate for the community outreach team was assessed as being appropriate for the service at this time. As and when, if that model of care changes, then it will be assessed for the infrastructure requirements at the time. I would like to pick up on the five-bed short-stay; I don't know if we answered that question. It's probably best for Jarrod or Cat.

**Ms RATTRAY** - That means in the last two days we've lost two short-stay opportunities, one in the north west and a five-bed short-stay in the north as well. Where's that picked up? Is that just through the general hospital bed arrangements?

**Mr BANNON** - No, I guess the commitment that we've made - albeit we won't have a dedicated short-stay unit - is that we will develop within the model of care short-stay pathways for those consumers so that they're not lost to follow-up. We will still be providing care to those individuals. I think we spoke a little bit yesterday around the significant additional infrastructure that is required to have a dedicated standalone short-stay unit, hence having such an impact on the funding envelope available.

...

**Mr SHELTON** - In continuing that discussion, there are an extra 10 beds in this facility. I take it that when a consumer comes in, you don't actually know whether it will be a short stay or a longer stay. If they were highlighted to be a short-stay, they wouldn't be turned away because there is no short-stay facility as such. There's a bed there. They would be placed there and it would be determined whether they can go home tomorrow or the next day or whatever and deemed at the end of the day a short stay, but they've utilised the facility.

**Ms DOBSON** - As it happens now.

**Mr BANNON** - Correct. I think the question put to me today on our site visit by Ms Ratray around, do we have a wait list for beds and the response was, absolutely not. We are a demand and an acuity-driven service. If a consumer presents requiring care and support, we provide that.

### **Staffing the Precinct**

4.12 The Committee asked what impact providing services across two floors would have on staffing requirements:

**Ms BURNET** - ...In regard to the layout of the building, when we looked at the north west facilities, it was on one level, and that was seen to be a really important component for staff.

What kind of staff mix will there be and will there need to be more staff over two floors? What were the considerations there?

**Mr BANNON** - It was a conversation that was had quite robustly. I think initially our clinical staff were quite concerned about being split across both floors, but when we actually broke that down and ran through a number of scenarios, it was actually more beneficial to be able to have a quicker response between floors with a number of stairwells throughout the facility, so it was absolutely considered. We acknowledge that with an increase of 10 beds, we will already need to have an increase in our workforce, and being split across both floors will likely also result in the need to have some additional supports available to ensure that we can provide a timely response to escalating situations.

### **Building Access and Carparking**

4.13 The Committee recognised the parking challenges at the LGH and surrounding streets. The Committee sought further detail on proposed parking arrangements:

**Ms RATTRAY** - If I can talk about the elephant in the room, which is the car parking.

Currently, we have 91 spaces of car parking availability behind the previous building and people use it and it looked like it was quite a sought-after space this morning. The new proposal will have 60 car spaces; so for a start - and that includes the underneath of the building?

**Mr McFARLANE** - It does include the underneath, yes.

**Ms RATTRAY** - I am absolutely aware that there's going to be a new multi-storey car park ...

**Ms BURNET** - Howick Road?

**Ms RATTRAY** - Nearby, but it's in the transition time. Can you give me some indication of where those people are going to be able to access a car space because not everyone can access public transport or perhaps be in a position to Uber or get dropped off at work if they can't find a car space. Just some understanding of what you have in mind for the age-old issue of car parking.

**Ms DOBSON** - In January, we opened a temporary car park off Howick Street, providing 174 spaces that are online currently. The closure of the site for this project -

**Ms RATTRAY** - September?

**Ms DOBSON** - The closure will actually be triggered by the commencement of the Northern Heart Centre, which is across the road, which is September/October. That's when the access to that site will be closed off.

I do want to note that any time we do redevelopment, we need to develop or reinstate the car parking in accordance with the current legislation to DDA [Disability Discrimination Act] compliance. If you were to do just the car park now, the 90 would become 80 because of the configuration and the legislation around that.

**Ms RATTRAY** - It still leaves us a few short.

**Ms DOBSON** - We are anticipating the multi-storey car park will be delivered in two stages; the first stage, the middle of next year, so July next year. We will see 124 parking spaces come online, which include 10 DDA compliance spaces and some EV hookups and then by the end of next year it will be 350 additional spaces, so in total 474 as part of the multi-storey by the end of next year. We have 174 that have come online in January this year.

**Ms RATTRAY** - Which is up in the old Anne O'Byrne facility.

**Ms DOBSON** - Correct, and then these 90 coming offline, around October and then another 124 coming back online as of middle of next year.

**Ms RATTRAY** - But of the 174 that are currently available, are they fully subscribed? I didn't walk up there...

**Ms BURNET** - I did as it's a free shuttle bus.

**Ms RATTRAY** - Was there space, honourable member?

**Ms BURNET** - No, there were people queuing. It was completely used, so it was probably 172 out of the 174 spaces being used currently at lunchtime...

...

**Ms BURNET** - From Ms Rattray's questioning at the site visit, the overall strategy for car parking in this space, it's obviously an issue that's been ongoing and the Howick Street car park will consolidate some of those things, which was something that we were talking about yesterday over at the North West Regional Hospital, but what is the overall sweet spot number of car parks onsite or virtually onsite that you're looking at?

**Ms DOBSON** - For the Northern Mental Health Precinct?

**Ms BURNET** - No, for the LGH.

**Ms DOBSON** - The traffic assessment that was done alongside the development of the Masterplan helped us establish the need for the new multi-storey and the 474 spaces that are coming online with that. I would say as a resident of Launceston that there's never enough car parks, so I couldn't speak to the perfect number, but I know it's the commitment of the department to accommodate as much as possible.

**Ms BURNET** - Presumably working with the Launceston City Council and looking at active transport, all of that sort of stuff as well.

**Ms DOBSON** - For staff accommodation as well, so bike parking for staff as well as for consumers are also included in the multi-storey.

4.14 The Committee also sought to understand why vehicle access would only be provided off Frankland Street, with current site access from Balfour Place to be closed:

**Ms BURNET** - ...I'm interested in if you could explain why the decision was made to take traffic movements off Balfour Place into the back of the facility.

**Mr McFARLANE** - That basically resulted from a combination of the community consultation feedback and the RFIs [requests for information] from the council and then advice from the arborist around the tree. Then in line with the traffic impact assessment that we could have all entry and exit via the front exit onto Frankland Street within acceptable limits. We're able to sort of accommodate local residents' concerns, council's concerns and those concerns and retain the tree onsite without removing it, which we knew was an issue for some people.

**Ms BURNET** - It's a double driveway in from Frankland Street?

**Mr McFARLANE** - Yes, that's right.

**Ms BURNET** - It's going underneath the building and then out the back if required?

**Mr McFARLANE** - Yes. It will be separated by a traffic island and have a gate service there as well. The wayfinding for the drive to get up and back will be clearly indicated.

**Ms BURNET** - And as far as pedestrians on Frankland Street goes, what accommodation has there been in regard to that at street level?

**Mr McFARLANE** - At street level there will be, sort of adjacent to the link bridge, there will be a large wombat crossing, which is an elevated level crossing. I'm not too sure the dimensions of it.

**Mr BURBRIDGE** - Yes, that's part of the Northern Heart Centre project, to get the wombat crossing across the road.

## **Cost Estimate**

4.15 The Committee questioned the witnesses on the likelihood of the project being completed within its budget and the adequacy of contingencies:

**Mr SHELTON** - We've already mentioned the \$90 million cost estimate, but it does say in the last paragraph:

*Further cost savings are being addressed throughout design development and tender costs and are expected to be below the \$90 million ...*

*... I haven't come across a building project of late that's actually come in under estimate. So, we still believe that we can come in under \$90 million?*

**Mr McFARLANE** - That's definitely the intention, absolutely.

*... design is a very iterative process, as you know. As we do things - we select materials, we select building processes or layouts - we're very much mindful of any change, cost impacts or changes. They're very well-regulated amongst the project reference group as we're going through those processes. We have the third party quantity surveyors to keep us in line as well. If we do find that a particular material's been selected or a method has been selected or proposed, that we're fully aware of what that impact could be on the project. But the full intention is less than the \$90 million mark.*

...

**CHAIR** - ...The design and construction contingency. I've got that coming in at about 14 per cent of the contingency cost. Is that correct?

**Mr McFARLANE** - At this point, yes. For schematic design, ... around that area.

...

**CHAIR** - Do you think that will be pretty accurate as we go?

**Mr McFARLANE** - I think so. It's a very complex building. I think that that allocation is reasonably fair at the schematic stage.

## **Tender process and engagement with potential contractor**

4.16 The Committee heard evidence of the Department's early engagement with potential contractors, and the challenges presented by the crossover of delivery timeframes for multiple, concurrent LGH projects.

**Ms RATTRAY** - We heard yesterday that because of the cost of the North West Mental Health Precinct project there were quite a few available contractors, whereas this one is greater value...

*... You need more pre-qualifications to be able to tender.*

*Is that something that you want to work through with the Committee, around what work has been done because it's ideal to have more than one tender?*

**Mr McFARLANE** - ... There's a \$50 million threshold where you could be pre-qualified to be able to bid in tender on works above \$50 million. That's limited. I believe it's about seven contractors.

...

*They're the only ones who can be tendered to be the head contractor, but it doesn't preclude other people from being suppliers or subcontractors to them to win that work. They're contained within the Treasury instructions, and as part of our infrastructure contracts groups, we use that as a method of engaging with those particular contractors.*

**Ms RATTRAY** - That work has already commenced and engaging with those seven thus far...?

**Mr McFARLANE** - Yes, that's correct. We did a market-sounding activity towards the end of last year as well, which talked about not only this project, but also the other projects within the LGH Masterplan, and to give those contractors an idea of what's coming and what sort of resources that they may need to gear up and, and the likelihood of the timelines, and then equally, as we've been getting closer to releasing the information package to them, also advising that it was coming and subsequent online briefings and those sorts of things for the contractors.

...

**Ms BURNET** - It raises a question, though, about those prioritisations and the competition even within your own site.

... How do you work through that?

**Mr McFARLANE** - ... The way that we've structured it and the way that we're rolling out with tender releases and the tender timelines, we expect that they will be complementary and the larger tender is obviously pre-qualified over 50. We will see that as an additional opportunity to be able to contribute to the bidding on multiple projects and be able to contribute a much bigger workforce in that particular area.

**Ms BURNET** - Should the heart centre go ahead, that kind of thing?

**Mr McFARLANE** - Absolutely. It's a key issue, the heart centre being directly across the road. There's a direct interface between northern mental health and also the heart centre on the other side of the road, so that is a key consideration, yes.

...

**Mr DUNNE** - There have been ongoing conversations with contractors who have a national presence who are keen to, as Peter was saying before, have a local presence as well. Obviously, the benefit of that is that the locals then get a chance to have that experience with health delivery and then again moving forward. Definitely we're trying to encourage and have as many conversations and be as transparent as we can with the information we have so that we can get a really good tender for both this one and the Northern Heart Centre on the other side of the road.

### **Achievability of Project Timeline**

4.17 The Committee sought the witnesses views on the likelihood of construction being completed and the Precinct operational within the planned timeframe:

**CHAIR** - Do you believe that the key milestones and the deliverables on page 17 are accurate? You have a construction finish at the end of October 2028, construction practical completion a month later, and then an operational readiness four months later, so 28 February 2029.

Do you believe that that is attainable? We've just seen the stadium being pushed out by another two years within a few days. In light of having had a lot of projects that have gone overtime what gives you confidence that this is correct?

**Mr McFARLANE** - We're pretty confident given our experience in the marketplace that those dates are achievable, but I would qualify that by saying it would be subject to the preferred contractor's construction schedule as well to fully guide what those final dates would actually be. They're definitely the dates that we are targeting to bring the facility online.

...

**Mr DUNNE** - Just to add to that, I guess we've had Infrastructure Tasmania as part of the process. At this sort of scale and complexity of a project, having an external peer review assessment that we've gone through as well, and therefore having experienced peer reviewers providing evidence similar to what we're doing today. Obviously getting some really good

*feedback from that process has been really beneficial. We've been able to re-visit a lot of that programming work so that, I guess, there's just another layer of confidence that we're getting from outside of the department as well.*

### **Does the Project Meet the Requirements of the Public Works Committee Act?**

4.18 In assessing any proposed public work, the Committee seeks an assurance that each project meets the criteria detailed in Clause 15(2) of the Public Works Committee Act 1914. Broadly, and in simple terms, these relate to the purpose of the works, the need for and advisability of undertaking the works, and whether the works are a good use of public funds and provide value for money to the community. The Committee questioned the witnesses who provided the following confirmation:

**CHAIR** - *We have a range of questions, which are standard Public Works Committee questions, and they're based on the provisions of the Public Works Committee Act 1914. ...does the proposed works meet an identified need or needs, or solve a recognised problem?*

**WITNESSES** - *Yes.*

**CHAIR** - *Are the proposed works the best solution to meet identified needs or solve or recognise a problem within the allocated budget?*

**WITNESSES** - *Yes.*

**CHAIR** - *Are the proposed works fit for purpose?*

**WITNESSES** - *Yes.*

**CHAIR** - *Do the proposed works provide value for money?*

**WITNESSES** - *Yes.*

**CHAIR** - *Are the proposed works a good use of public funds?*

**WITNESSES** - *Yes.*

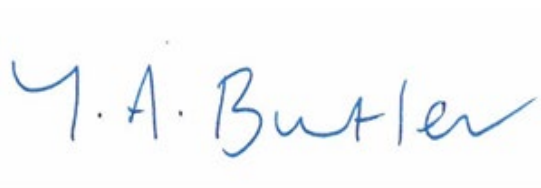
## 5 DOCUMENTS TAKEN INTO EVIDENCE

5.1 The following documents were taken into evidence and considered by the Committee:

- *Launceston General Hospital Mental Health Precinct*, Submission to the Parliamentary Standing Committee on Public Works, Infrastructure Services, Department of Health, 18 February 2026.
- DoH Response to Questions on Notice-LGH Mental Health Precinct Hearing 12 March 26

## 6 CONCLUSION AND RECOMMENDATION

- 6.1 The Committee is satisfied that the need for the proposed works has been established. Once completed, the proposed works will deliver a fit-for-purpose facility to provide a safe, supportive environment for people experiencing mental ill-health.
- 6.2 The proposed works will provide a home-like therapeutic environment, designed to support contemporary models of care and best-practice mental health outcomes. The Precinct will integrate both acute and community-based mental health services, and provide increased capacity, with an increase in the number of beds from 20 to 30.
- 6.4 The Precinct will enable the provision of safe and therapeutic, recovery-oriented care. Privacy and dignity for patients will be enhanced, with a range of spaces for patient, family, carer and staff use.
- 6.3 Accordingly, the Committee recommends the Launceston General Hospital Mental Health Precinct, at an estimated cost of \$89.729 million, in accordance with the documentation submitted.



**Parliament House**  
**Hobart**  
**18 June 2026**

**Jen Butler MP**  
**Chair**