

PUBLIC

THE PARLIAMENTARY STANDING COMMITTEE ON PUBLIC WORKS MET IN MEETING ROOM 6, HOTEL GRAND CHANCELLOR, LAUNCESTON, ON THURSDAY 12 MARCH 2026.

LAUNCESTON GENERAL HOSPITAL MENTAL HEALTH PRECINCT

The Committee met at 2.00 p.m.

CHAIR - Welcome, everyone. Before we commence the hearing, I will introduce the members of the Committee. To my right I have Mark Shelton; Tania Rattray; myself, Jen Butler; Helen Burnet. We have our secretaries, Scott Hennessy and Georgia Gray, and we also have Karen on Hansard today. We have Mr Harriss as an apology for today's committee. Secretary, would you please read out the message from Her Excellency the Governor-in-Council referring the project to the committee for inquiry.

SECRETARY -

Pursuant to section 16(2) of the *Public Works Committee Act 1914*, the Governor refers the undermentioned proposed public work to the Parliamentary Standing Committee on Public Works to consider and report thereon:

Launceston General Hospital Mental Health Precinct.

Pursuant to section 16(3) of the Act, the estimated cost of such work being completed is \$90 million.

CHAIR - The Committee is in receipt of one submission from the Department of Health. Could I ask a member to move that the submission be received, taken into evidence and published? Moved by Ms Rattray. Carried.

The witnesses appearing before the Committee today are representing the proponent, the Department of Health. Could I ask each of you to state your name, your position and organisation and then make the statutory declaration.

Mr JARROD BANNON, GROUP DIRECTOR, MENTAL HEALTH SERVICES NORTH/NORTH WEST, TASMANIAN HEALTH SERVICE; **Ms RACHAEL DOBSON**, SENIOR PROJECT MANAGER, INFRASTRUCTURE SERVICES; **Mr SIMON DUNNE**, DIRECTOR PROGRAMMING AND DELIVERY; **Ms CATHERINE SCHOFIELD**, EXECUTIVE DIRECTOR NURSING (DIRECTOR OF SERVICES), TASMANIAN HEALTH SERVICE; **Mr PETER McFARLANE**, PROJECT MANAGER, INFRASTRUCTURE SERVICES, DEPARTMENT OF HEALTH; and **Mr CAMERON BURBRIDGE**, ARCHITECT, LEAD DESIGN CONSULTANT, ARTAS, WERE CALLED, MADE THE STATUORY DECLARATION AND WERE EXAMINED.

CHAIR - Thank you for appearing before the Committee. The Committee is pleased to hear your evidence today. Before you begin giving your evidence, I would like to inform you of some important aspects of committee proceedings. A committee hearing is a proceeding in parliament. This means it receives the protection of parliamentary privilege. This is an important legal protection that allows individuals giving evidence to a parliamentary committee

PUBLIC

to speak with complete freedom without the fear of being sued or questioned in any court or place out of parliament. It applies to ensure that parliament receives the very best information when conducting its inquiries. It is important to be aware that this protection is not accorded to you if statements that may be defamatory are repeated or referred to by you outside the confines of the parliamentary proceedings. This is a public hearing. Members of the public and journalists may be present and this means your evidence may be reported. Do you understand?

WITNESSES - Yes.

CHAIR - Mr McFarlane, would you like to make an opening statement?

Mr McFARLANE - I will refer to Simon.

Mr DUNNE - Thank you, Chair and committee members, for the opportunity to present today on the Northern Mental Health Precinct. 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. Thank you.

CHAIR - Thank you. I'd like to start this meeting by stating on the public record our gratitude to Cate, Jarrod and Peter, for their tour that we received this morning of the Launceston unit. It was quite informative and just the dedication and hard work of the workers that we met within that facility, and the amazing work they do to try to keep people as safe as they can.

PUBLIC

What we plan to do today is progress through the report page by page. Of course, we may jump, which I'm prone to doing, from section to section. However, I will try to stay as disciplined as possible.

I'd like to start under the project overview. It talks about the Northern Mental Health Precinct and that 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 - It's my understanding - so 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 - Through you, Chair: 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.

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?

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 - Sure. 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 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.

Ms RATTRAY - Just a follow-on from what you've provided to the Committee. Thanks, Jarrod. 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.

PUBLIC

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.

Ms RATTRAY - You talked about additional staff, additional administration, all of those issues that are quite significant. That would be the same for the Launceston - or the northern facility - I shouldn't say just Launceston - northern facility.

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 Rattray around, do we have a wait list for beds and the response was, absolutely not. We

PUBLIC

are a demand and an acuity-driven service. If a consumer presents requiring care and support, we provide that.

Ms RATTRAY - But you do have a wait list for staff.

Mr BANNON - We do. The question was also proposed around staffing issues and would that be the same and also as it is at Spencer. I was pleased to be able to say, no, we do have a full establishment.

Ms RATTRAY - It's encouraging to hear that because it's quite a challenging role, I expect.

Ms BURNET - I just wonder if you could speak up a little bit.

Mr BANNON - Sure.

Ms BURNET - It gets lost across the room, for me anyway. You're saying that you've got a full complement of all staff presently?

Mr BANNON - Yes. Based on our current establishment, the positions that we have funded and available to us, we have very few vacancies.

Ms BURNET - My understanding was that there was a shortage for a couple of psychologists. Is that right?

Mr BANNON - No, we don't currently have a position dedicated to -

Ms BURNET - Oh, you don't have a position for psychologists in -

Mr BANNON - Our current psychologist support is provided from our existing community team as and when required. That would form one of the positions that we would be advocating for to have when this piece of infrastructure comes online.

Ms BURNET - It goes to the question of the need in northern Tasmania for acute mental health services. Can you describe what the current and projected needs are for acute services?

Ms SCHOFIELD - We will take that on notice and provide it to you.

Ms BURNET - Thank you. As you're planning a service - and we're looking at a service with 10 more beds, which is fabulous - it just gives us an idea of what the requirement might be.

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

PUBLIC

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.

CHAIR - Thank you. One last question, on page four, it says here the development application [DA] for the project was submitted to the City of Launceston Council on 14 November 2025. Can you give us an update on the progress of that DA?

Mr McFARLANE - Sure. We submitted it on 14 November, and we received about seven requests for information from the council. All those requests have been responded to and are currently under further assessment by the council.

CHAIR - Okay. Do you have an expected date of when those may be resolved?

Mr McFARLANE - We're hopeful that will be in the next week that we would expect to have them resolved or a notice to move forward for public advertising.

Ms RATTRAY - They have a 42-day timeframe to respond in - from the time that you provided your responses.

Mr McFARLANE - Correct.

CHAIR - For the record, the project budget is for \$90 million and it's fully funded by the Tasmanian State Government.

Mr McFARLANE - Correct.

CHAIR - Is there potential for any request to the Federal Government for any additional funding if this should go over budget?

Mr McFARLANE - Not that I'm aware of.

Ms RATTRAY - One last question, if I might, on the project overview. 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.

PUBLIC

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.

CHAIR - Any questions if we move on to page five?

I had a question around the groundworks which have been done to date. I understand the two lots comprising the site area are in the process of being consolidated into a single title.

Can you provide how much has been spent on the groundworks to date and whether that amount is part of the total cost of this project?

Mr McFARLANE - I will take that on notice to get back to the exact cost, but it is part of the project cost.

CHAIR - Excellent. Thank you.

Ms BURNET - Does that include the demolition of the existing house or property?

Mr McFARLANE - Correct.

Ms BURNET - Thank you.

CHAIR - Any other questions on page five?

Mr SHELTON - One. Looking at the impression or diagram there, we talked about the oak tree and the shutting off of Balfour Place. There appears to be some sort of access into that Balfour Place corner of the facility.

My memory of standing there talking about the oak tree is that the diagram here doesn't actually represent it. I would have thought that oak tree was closer to the corner and therefore in the road.

Mr McFARLANE - Well picked up, Mark. When this render was produced, the proposal was to have that oak tree removed and as we've gone through that iterative process and listening to the community consultation and our advice from the council is that drawing is slightly now out of date. The oak tree should be back in that position. It was missing off that particular render.

PUBLIC

Mr SHELTON - But then you still have access where you need it or you don't have access in that back corner?

Mr McFARLANE - No, it will be closed off in that place.

Mr SHELTON - It's Balfour Place but the diagram appears to me as if there's access to the building or the lowest -

Mr McFARLANE - Sorry, I misinterpreted. That access is still there. It goes underneath the building, so it goes up the rise. As you come underneath the undercroft of the building -

Mr SHELTON - It goes around the tree.

Mr McFARLANE - Yes, it goes around the tree.

Mr SHELTON - Okay.

Mr McFARLANE - My misinterpretation. Sorry.

Mr SHELTON - That's fair enough.

CHAIR - That's a good pick up.

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 out the front, side, whatever you'd like of the -

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?

PUBLIC

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. I never had the appropriate shoes.

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. Have you finished your questions?

Ms RATTRAY - Yes, I did. If you have some extra information, I think that will be handy for everyone.

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

PUBLIC

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.

Ms BURNET - Just getting back because I was mistaken thinking that Balfour Place came off Frankland Street. It clearly doesn't; it comes off Balfour Street. So 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.

Ms RATTRAY - Can I have some indication of the number of people who objected to losing the said tree from the Balfour Place community?

Mr McFARLANE - I will have to come back to you on that one.

Ms RATTRAY - Thank you. It was indicated this morning that it might have only been one. So, I'd like that confirmed, thanks.

PUBLIC

CHAIR - If we have any more questions on page five, before I turn to page six? I will ask about the link bridge. 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, as Jarrod sort of mentioned before, 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.

CHAIR - Just as a matter of curiosity, I know when they're constructing, say, tunnels that would run under, say, a river, that they're prefabricated and then laid. How would this be built?

Mr McFARLANE - We anticipate that it will be prefabricated offsite, and it will be brought in on a truck and then craned in. That will probably require a closure for Frankland Street, but that will be up to the contractor to determine the method of construction and how they're going to do it, and what sort of lifting plans and any closures that they might need.

CHAIR - I think there were some issues with the bridge when it was first put in at the Royal Hobart Hospital - I think it sat there for a while not being able to be used. Are there any learnings from what happened on that project? It was a long time ago - probably showing my age.

Mr McFARLANE - I'm not aware of that one.

Ms RATTRAY - They're all too young here.

Mr SHELTON - The only issue I know is that you've got to find it out of the Woolies car park. Signage is one of the major ones. Some of us, no doubt, can remember when there was the first link bridge between the old LGH and the new LGH, and that was transferred after its use down to 10 Murray.

Ms RATTRAY - 10 Murray Street in Hobart?

Mr SHELTON - Yes, and we use that link.

PUBLIC

Ms RATTRAY - Oh, is that how we used to get from the committee rooms to the Legislative Council?

Mr SHELTON - That's it. That was the old LGH link bridge.

CHAIR - There you go.

Ms RATTRAY - I'm a tad younger than I thought.

CHAIR - Mr Shelton, did you have question?

Mr SHELTON - Next page. We haven't moved on to the next page yet, Chair.

CHAIR - Does anybody have any more questions on page six?

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 ...

We do have parliamentary privilege here, so, 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.

Mr SHELTON - Very good choice of words.

Mr McFARLANE - Yes, and as we've gone through the - 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.

Mr SHELTON - Good.

Ms RATTRAY - The Committee's going to ask for an updated project cost page to be provided because your numbers don't add up. It looks like you're \$80,000 short, unless it's the arts scheme that looks like it missed out. I believe that we can't build anything or develop anything without having the arts scheme allocation in this state.

Mr McFARLANE - I will accept that error. I will provide an updated cost sheet.

Ms RATTRAY - That means that you're actually going to be a tad over-budget already. Thanks for the question, Mr Shelton.

PUBLIC

Mr SHELTON - I'm sure they will manage.

Ms RATTRAY - We need to take a nod to our secretariat support who got the calculator out while we were looking. The former Chair of this Committee, the former former, the Honourable Rob Valentine, he'd have picked that up last week.

CHAIR - And Mr Harriss.

Ms RATTRAY - Mr Harriss would have had it done this morning. There you go.

CHAIR - Just on that, you've got my calculations - I'm not known for being really great with figures, but I've got -

Ms RATTRAY - You've got a husband for that.

CHAIR - I do. 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, whether or not the cost claim was incorrect, around that area.

CHAIR - That seems -

Ms RATTRAY - Little bit high?

CHAIR - Yes. Well, we've had some a lot higher.

Ms RATTRAY - We've had 17.

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.

Ms RATTRAY - Onsite this morning, I asked the perennial question around TasNetworks. You showed me some very untidy looking poles that are going. There's going to be some underground works being undertaken. You've assured me and now you will assure the Committee that there's been consultation with TasNetworks. I'm going to ask you, have you got anything in writing from them in regard to the costs? Because I'm not sure where it fits in. Does it fit in the base project cost estimate?

Mr McFARLANE - It will be in a base cost project estimate.

Ms RATTRAY - It will be. Given that you don't have the cost and that figure looks quite firm. They run to their own beat, if you like.

Mr McFARLANE - They do. We've engaged strongly with TasNetworks. As we mentioned this morning, we've confirmed the connection report that's been provided to us. They've now started the project design process to do that undergrounding of assets. At, I believe it's 20 weeks, they will provide the offer for those costs there. Through the quantity surveyor

PUBLIC

and other relative projects they have a reasonable idea of those costs that TasNetworks will apply for similar works and be able to extrapolate it out which is what we've included in this cost plan.

Ms RATTRAY - Is there any component of those upgrades that are going to occur that TasNetworks would take some responsibility for if they absolutely had to, if there was a push?

Mr McFARLANE - I'm not aware at this point in time, but if we do become aware we will discuss that with TasNetworks at the time and seek their assistance.

Ms RATTRAY - Call Mr Shelton.

Mr McFARLANE - I will have him on speed dial.

CHAIR - Moving on to page eight.

Ms RATTRAY - Oh, before we go over to page eight, Chair, if I can - we've had a little bit of a touch on the art in public buildings. Is there some sort of thinking around that might be something quite functional? Perhaps something to do with the seating out in courtyards that Lauren kindly showed me this morning when we were out in the courtyard. Is there some sort of thought around that? I always like to think it's going to be a practical piece of art.

Mr McFARLANE - It's not something that we've really prosecuted at this point in time, but we will push that forward.

Ms RATTRAY - There were some nice seating arrangements in courtyards that could possibly be used for some of that. I recently went to a building and there was a lovely piece of art installation at the front of the building, but until it was nighttime and the lights came on, nobody had a real understanding of what it was. Something quite functional is useful and people will see that and think, well, that's great.

Mr McFARLANE - That is great advice. Thank you.

CHAIR - Okay, page eight. I'm just going to jump down to the health planning and clinical design principle. Can I ask for the record, for probably Ms Schofield to be able to provide information 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, if that makes sense?

Ms SCHOFIELD - I think so.

Ms RATTRAY - And Jarrod will help if you need any help.

Ms SCHOFIELD - Of course he will, because he's involved in the reality.

CHAIR - I think it's important for the public record to know how it complements.

Ms SCHOFIELD - Absolutely. 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

PUBLIC

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.

CHAIR - Thank you very much. I appreciate the answers.

Ms RATTRAY - Chair, 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 - Sure. 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.

PUBLIC

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.

Ms RATTRAY - Not my favourite thing.

Mr BURBRIDGE - 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.

Mr SHELTON - As far as security for staff goes, or protection of staff, if a staff member was behind a closed door with a customer/consumer and something went wrong, how is that communicated to other staff members?

Mr BANNON - Our current practice is that we have an Ekahau duress system, which we had the opportunity to show Ms Rattray this morning on our tour at Northside. For this precinct, we're proposing an all-in-one handheld device which will serve as a communication tool as well as a duress response. A staff member would activate that and that would alert both staff with a physical address on it, as well as at multiple points throughout the precinct there would be screens available. There are also a number of fixed duress buttons positioned throughout the facility that staff could also push if they were in close proximity, whichever would be the closest way for them to activate a response.

In addition to that, obviously, we've got a range of processes in terms of staff awareness, training in how to ensure that they and the consumer remain safe in those situations, that staff would have throughout their orientation and onboarding process to the precinct.

PUBLIC

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 homelike 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 RATTRAY - The bedroom could have, effectively, been a shared bedroom as well.

Mr BANNON - For that individual it was a single bedroom, but absolutely not uncommon.

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.

CHAIR - Could you also run us through the difference between the current site and the proposed site? We noted today on our tour that the helipad is pretty much on top of the high-dependency unit and very, very close to the low-dependency unit. Can you talk about how that would improve patient care to be farther away from that helipad?

Mr BURBRIDGE - Yes, you're right, the current -

Ms RATTRAY - We're not moving the helipad again, are we? Surely.

Mr BURBRIDGE - The helipad is pretty much right on top of Northside. It's on top of a multi-storey car park to the west of Northside. So, the current facility is moving up Frankland

PUBLIC

Street, farther east. I don't know the dimensions off the top of my head, but the flight path for the helipad is basically north-south. So, we are moving away from the flight path of the helipad as well.

CHAIR - Would I surmise, or assume, that there wouldn't be the same amount of reverberation or potential movement and sound?

Mr BURBRIDGE - Yes, the farther away, the less it gets. So, yes, we have been - the acoustic engineer has been looking at that. The acoustic engineer for this one has also been looking at minimising the noise from the building to the surrounding buildings, which is not as much of an issue in the north west because it's a vast distance to the nearest neighbours. So, that's the other aspect of making sure there's no noise escaping the building and impact on the hospital on the other side of the street and the neighbours elsewhere.

Ms RATTRAY - Yesterday we had quite a conversation about awnings and blinds, and I note that there doesn't appear to be any awnings on this building. Can you give me some indication - I guess they're triple glazed?

Mr BURBRIDGE - Yes, same principle as yesterday: all the consumer bedrooms are triple glazed with the integral blinds. One of the reasons there are no awnings on these windows is maintenance.

Ms RATTRAY - So what's the difference down the north west then?

Mr BURBRIDGE - Because you can access all the windows from the ground on the north west with a pole to clean. If we had awnings on these, you wouldn't be able to access them from the ground with a pole to clean them, and you would need to abseil over the top, which is a greater cost for maintenance going forward. We have been looking at that as well as how to maintain the building and make it as minimal maintenance as possible, because usually that's the first thing that doesn't happen.

Mr SHELTON - I presume it wouldn't be the ideal thing for some consumers/customers? Someone scaling the windows.

Mr BURBRIDGE - With no awnings so you can clean all these windows with a pole on the ground. You obviously have to tell the consumers it's happening, but it's a broom cleaning a window with a bit of water. It's not the person perhaps abseiling down looking in.

Ms RATTRAY - But yesterday, it was required because of the client's capacity to feel calm and not look at blinds but here it's the maintenance gets a precedent over an awning. I'm just trying to understand the rationale.

Mr BURBRIDGE - The other thing is there is less sun impact on the building as there is to the north west because there are other things around it.

Ms RATTRAY - Are you telling me it's sunnier on the north west?

Mr BURBRIDGE - We have the oak trees to the north which is going to stop some of the sun coming in, and we have buildings on the east and west sides as well which will stop some of the sun, so it's not as exposed at this location as it is in the north west.

PUBLIC

Ms RATTRAY - I have a feeling that whatever I challenge you around awnings and blinds, you have an answer, Cameron.

CHAIR - Shall we move on to page 14?

Ms RATTRAY - I do believe, when it comes to service engineering, that there is a generator going to be part of this proposal. It was clearly outlined yesterday in our information; they even took a photocopy, but it seems to have not so much information in today's paperwork around the service engineering because we had engineering systems yesterday that included electrical infrastructure, the external generator, and a UPS [uninterruptable power supply] backup for IT, and I expect that that's going to be just as important in this facility. Are they features of this as well?

Mr McFARLANE - Yes, they are.

Ms RATTRAY - Right. They just weren't outlined, that's all. No criticism, just a question.

CHAIR - If we can ask some questions about the geotechnical considerations: we understand from today's hearing that there will be significant groundwork done to flatten almost the current site to ground level. Could you talk us through the geotechnical considerations around that and whether or not there'd be any risk to any of the adjoining landowners?

Mr McFARLANE - There will be a significant amount of excavation from the front of the site. I don't have the exact quantity of material to be removed and there will be two retaining walls down either side, so the neighbouring properties, and that will account for any sort of landslip or subsidence and all those sorts of things that happen. The walls and all the retaining walls themselves are not on the boundary wall. They're internal, about a metre, two metres inside the boundary line, so there will be enough material between what we're doing, excavation for this particular site to support and batter back against the neighbouring properties as well.

CHAIR - There's no risk of flood? There's no history of that within that area or contamination within the grounds from previous usage?

Mr McFARLANE - Not that we're aware of.

CHAIR - Okay, but you have done all those investigations into the site?

Mr McFARLANE - Correct.

Ms RATTRAY - A bit higher than it is down at Invermay.

CHAIR - You never know what was there 100 years ago, do you? Any more questions on page 14? On page 15, 16, 17?

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 than the \$50,000, therefore, you need -

PUBLIC

Mr SHELTON - \$50 million.

Ms RATTRAY - \$50 million, that's right.

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 - Absolutely, I totally agree. It is correct. 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.

Ms RATTRAY - I believe there's nearly eight. I know someone who's nearly there.

Mr McFARLANE - Hopefully they do in time.

Ms RATTRAY - And they're local.

Mr McFARLANE - Great.

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, and I will give you the name of number eight after this?

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 RATTRAY - They probably saw the media release last week where the Minister had the shovel in the ground.

Mr McFARLANE - Sure.

Ms RATTRAY - A comment only.

CHAIR - It was a statement.

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

PUBLIC

Mr McFARLANE - Yes.

Ms BURNET - How do you work through that?

Mr McFARLANE - That's a great question.

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.

Ms BURNET - Thank you.

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.

Ms BURNET - It might be a nice problem to have but not such a good problem for other areas.

Mr DUNNE - That's right.

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.

CHAIR - We all know how quickly things change, do we not? With the crystal ball - there're a lot of different things going on in the world at the moment.

PUBLIC

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.

CHAIR - Should we move on to page 18? Ms Rattray?

Ms RATTRAY - I think we've already talked about the connectivity to the LGH. Construction, buildability, risk. We talked about some of the issues around landslip. There will obviously be some significant disturbance in the area. I'm already seeing less car spaces. Anyway, I will try not to visit in that time. I can't really see anything else there, Chair, that we haven't already touched on.

CHAIR - We've gone through most of that. We've gone through construction, traffic and parking. It's my understanding that that part of Frankland Street comes under the remit of the Launceston City Council. Is that correct?

Mr McFARLANE - It is.

CHAIR - Can you provide for the record what the Launceston City Council will be responsible for insofar as traffic control and accessibility on that particular street during that construction period?

Mr McFARLANE - I can't really talk to the closure. Rachael, you might be better off.

Ms DOBSON - We have received a DA approval for the Northern Heart Centre. The Launceston City Council, through that process, has approved the partial closure of Frankland Street, which is the interface between both of the proposed projects. Maintaining a pedestrian access through a gantry on the hospital side of the street - that's been a part of the approval process. The use of that space is primarily for the Northern Heart Centre, but it enables access through to the mental health proposed precinct for construction as well.

CHAIR - Is there opportunity for traffic to be diverted away from Frankland Street and still be able to access the LGH or are some of those car parking entrances on that street? Is that correct?

Ms DOBSON - We are committed to maintaining, obviously, accessibility for people who live in the area and need to access the next building and through to the LGH in that way. The traffic management plan for both projects will need to respond to how the traffic entering Frankland Street will also be able to turn and exit, which will be an important coordination of work on both projects.

CHAIR - Any questions on page 19?

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

PUBLIC

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.

CHAIR - Subsequent to Ms Burnet's questions, 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 -

PUBLIC

Ms RATTRAY - They're going to have fancy seating.

Mr BURBRIDGE - 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.

CHAIR - And can anybody answer if there's any idea what the current site may be used for?

Ms DOBSON - The Masterplan speaks to there being a new facility purpose built on the north side, or to replace the Northside building and attach them onto D block. I can't currently remember the number of beds, but I can get back to you on that one. It's multi-level and it's a part of the final stage of the Masterplan.

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.

Ms BURNET - From a clinical perspective that carryover may be useful?

Ms SCHOFIELD - Possible.

Ms BURNET - And possible.

Ms SCHOFIELD - Indeed. I mean, Jarrod's taken a note of that. We would look at that from a - often consumers advocate for - I think that has happened in the past - they've advocated for certain things that we then accommodate through mitigation.

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

PUBLIC

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.

Ms RATTRAY - Before we leave page 19, Chair, I'm just expecting that you're going to tell me that page 19, where it says environmentally sustainable design [ESD] principles is just a cut and paste from yesterday, because it's got awnings to external windows, which you've told me we're not having, and it says double glazing, which I believe is triple. I'm just interested - I don't need a new page, I can rule these ones out. Is that what's happened? It's just a cut and paste from yesterday?

Mr McFARLANE - That's my error to include the awnings.

Ms RATTRAY - You don't have to take all the responsibility. I think you've got a team.

Mr McFARLANE - As Cam said before, triple glazed on all the bedrooms.

Mr BURBRIDGE - Double glazing where consumers are either supervised or there are no consumers, and then triple glazing where there are consumers left by themselves.

Ms RATTRAY - So it's double and triple.

Mr BURBRIDGE - It's double and triple. Minimum is double.

Ms RATTRAY - But there are definitely no awnings, are there?

Ms BURNET - That doesn't explain the awnings.

Mr BANNON - Do we need to clarify that? Because figure 4 on my page does evidence that there are awnings.

Ms RATTRAY - Holy moly.

Mr BANNON - But I think the decision was around patient bedrooms, so you won't see awnings on that front facade where they're staff areas.

Ms RATTRAY - So there are awnings?

Mr BANNON - It appears on my graphics.

Mr McFARLANE - I will take it on notice and come back to you.

Ms BURNET - There were no solar panels for this?

Mr McFARLANE - No.

PUBLIC

Ms BURNET - But there were for yesterday?

Mr BURBRIDGE - The National Construction Code says that we need to have all the switchboards and everything designed for solar panels to be plugged in in the future. That's a minimum. If they do get put on -

Ms RATTRAY - But you said you couldn't facilitate them when I asked earlier. You said there are no solar panels because they couldn't be facilitated on this roof, the design; or did I hear that wrong?

Mr McFARLANE - That's correct, but the code says we need to make an allowance in the switchboards.

Ms RATTRAY - But if you can never put them on, why are you having an allowance?

Ms SCHOFIELD - To meet the codes.

Mr McFARLANE - To meet the code.

Ms RATTRAY - I think I said prior to this hearing: the world's gone mad. I absolutely believe it.

Ms SCHOFIELD - I think it's also important to futureproof as much as possible as well in this, because we have had experience where we've had builds and commissioned buildings, certainly from my experience, where had there been a bit more foresight about what might come on board in terms of new product which could perhaps be facilitated, that we could then take advantage, because we've already put in the infrastructure.

Ms RATTRAY - Different types of solar panels, Catherine?

Ms SCHOFIELD - Indeed.

Ms RATTRAY - I will leave that to the experts.

CHAIR - Any questions on page 20? I think we've been through a fair bit of this information. Page 21? Page 22? We've gone through most of that, the landscaping, this part. Page 23? Just one question, please.

Ms RATTRAY - Actually, there are two: 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. The smaller lounges -

Ms RATTRAY - There was no carpet that I saw anywhere today.

Mr BURBRIDGE - 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

PUBLIC

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.

Ms RATTRAY - My last question, Chair, if I might, is: will there be a name change for a new facility?

Ms SCHOFIELD - Undoubtedly.

Ms RATTRAY - Undoubtedly: okay. There will be a competition, I'm sure. And the prize is not going to be a free night, I can assure you.

CHAIR - It might get named after a politician, if we're not careful. We don't want that to happen.

Ms RATTRAY - The Jen Butler facility.

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*. If you can all answer yes or no to these questions: 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.

CHAIR - Before you leave the table, I'd like to reiterate the statement I made earlier about committee proceedings. As I advised you at the commencement of your evidence, what you have said to us here today is protected by parliamentary privilege. Once you leave the table you need to be aware that privilege does not attach to comments you may make to anyone, including the media, even if you are just repeating what you said to us. Do you understand that?

WITNESSES - Yes.

PUBLIC

CHAIR - Thank you very much for attending and giving evidence. We shall conclude the hearing for today.

The witnesses withdrew.

The Committee adjourned at 3.23 p.m.