

Northern Heart Centre

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I. Introduction

I.1. Project Name

Northern Heart Centre

I.2. Project Summary

The proposed Launceston General Hospital (LGH) Northern Heart Centre (the Project) is a significant initiative aimed at improving health outcomes for northern Tasmanians suffering from heart disease. Funded entirely by the Australian Government through a Federal Funding Agreement, the Australian Government has committed \$120 million towards the establishment of the Northern Heart Centre.

The Project is part of a broader effort to address the gaps in cardiac medical and surgical services as identified in the Long-Term Plan for Healthcare in Tasmania 2040 and is aligned with the recommendations from the Statewide Cardiac Cath Lab Capacity Planning Clinical Engagement Report 2023 (the Cardiac Report) and the Tasmanian Cardiac Strategy 2025.

Key components of the Project include:

- The creation of a new coronary care unit featuring 18 inpatient cardiac ward beds and six coronary care unit (CCU) beds (24 beds in total).
- The establishment of two cardiac catheterisation labs equipped with dedicated recovery and holding bays, allowing direct access for patients requiring procedures without needing to go through the emergency department.
- Provision of dedicated diagnostic testing facilities for echocardiography and outpatient services, which will include five echocardiography testing rooms, one exercise testing room, and six outpatient consultation rooms.
- Direct access to the ICU, emergency department, and medical imaging services.

I.3. Project Context and Background

North and North West Tasmania have the highest incidence of cardiovascular events in a non-Aboriginal population in Australia, as well as an ageing population with an increasing incidence of heart disease. In addition, chest pain is one of the most frequent presentations to the emergency departments of the LGH, North West Regional Hospital and Mersey Community Hospital.

In 2021, the LGH Masterplan was released followed by the implementation program in 2022. A major redevelopment in Stage 2 of the Masterplan delivers a new Acute Care Zone on Level 3 of the main campus. The LGH Masterplan Implementation Program recommended the Acute Care Zone include a new coronary care unit, an additional cardiac catheterisation (cath) lab and additional CT scanner, the expansion and redesign of the Medical Imaging Department, Emergency Department and an additional procedure room in the Day Procedure Unit.

The Masterplan provides a framework to address the projected demand for clinical services, and issues identified with current infrastructure. Its scope encompasses the main campus of the LGH together with adjacent sites administered by the Department of Health in the broader health precinct. The associated Launceston General Hospital Precinct Masterplan – Implementation Program was prepared to guide the delivery of various identified projects. It identified Stage 1 projects, funded prior to the preparation of the Masterplan, that had been completed. Implementation of the Masterplan is currently in Stage 2. The expansion and redesign of the Acute Care Zone on Level 3 of the main campus is a major redevelopment project identified for commencement in Stage 2 of the Masterplan. This includes a new coronary care unit (CCU) and an additional cardiac catheterisation (cath) lab with associated support and recovery spaces, together with an additional CT scanner, expansion and redesign of the Medical Imaging department and Emergency Department (ED) and an additional room in the Day Procedure Unit.

1.4. Cardiac Review 2023

In 2023, the Department of Health commissioned a review into cardiac catheterisation lab capacity across Tasmania by Associate Professor Andrew Maclsaac, the Director of Cardiology at St Vincent's Hospital in Melbourne. The review findings were documented in the Statewide Cardiac Cath Lab Capacity Planning Clinical Engagement Report 2023 (the Cardiac Report).

From this extensive background work, this cardiac report aimed to:

- Address the gap in cardiac medical and surgical services identified in the Long-Term Plan for Healthcare in Tasmania 2040, June 2023;
- implement the requirements of the LGH 2021 Masterplan, and further informed by the findings of the Cardiac Report.

Key recommendations:

- Cardiology Care at LGH should transition from General Medical Units to be managed by a specialist Cardiology Unit.
- Establish a second cath lab with dedicated holding bays and a cardiac day ward at the LGH.
- Establish a new dedicated Coronary Care Unit (CCU) and Cardiology ward with dedicated beds at the LGH.
- Review the current nursing model of care to complement the establishment of the cardiology inpatient ward, CCU and outpatient service delivery at the LGH.
- Establish a pharmacy storage room in the cardiac ward at the LGH that complies with national standards for temperature control and safe medication storage.
- Expand echocardiography services in new purpose-built facilities at the LGH.
- Develop expanded outpatient services including a heart failure and chest pain clinic at the LGH and investigate collaboration with private providers.
- Review Cardiology specialist staffing, rostering and governance at the LGH

As a key outcome to the 2023 Cardiac Review, the objective was to deliver a dedicated 'Heart Centre' that improved:

- patient safety & experience, service delivery capacity, quality of service and patient outcomes.
- strengthen the role of the LGH as a specialist cardiology service for the North and North West with recognised best-practice cardiac care, helping attract and retain specialist health professionals.
- free up bed capacity at the LGH, improving patient flow across the hospital by providing new cardiac beds.
- ensure cath lab access for patients within 24 hours of presentation which will reduce reliance on EDs in the North and the North West.

1.5. Cardiac Strategy 2025

The Tasmanian Cardiac Strategy provides a comprehensive plan to deliver cardiac services across Tasmania over the next ten years. This Strategy provides a foundation for service and infrastructure development, workforce planning, and reinforces our commitment to accessible, high-quality cardiac care in all healthcare settings.

Tasmania faces a significantly higher burden of heart disease than the national average, with 1,300 deaths annually and over 30,000 people living with its effects. The Tasmanian Cardiac Strategy identifies critical gaps in access, infrastructure, and workforce, particularly in North and North West regions where patients often experience delays or require interstate transfers for complex procedures. The Northern Heart Centre is the cornerstone response to these findings. Delivering Level 5 cardiac services, this Centre will reduce inequities in access, meet projected demand for cardiac procedures (up 37% by 2033), and support statewide models of care that integrate virtual health and outreach clinics. By addressing the Strategy's priorities, timely treatment, workforce expansion, and improved patient outcomes, the Northern Heart Centre represents a transformative step toward a sustainable cardiac care system.

Key Actions from the Strategy:

- **Prevention & Early Detection:** Strengthen community programs, promote Heart Foundation risk guidelines, expand virtual care and outreach.
- **Diagnosis & Treatment:** Implement no-refusal policy for time-critical referrals, expand Electrophysiology and congenital heart disease services, increase cath lab capacity.
- **Supportive Care:** Improve cardiac rehabilitation and secondary prevention, integrate palliative care for end-stage heart failure.
- **Research & Data:** Collaborate with Menzies Institute, participate in national registries, streamline statewide data capture and reporting.
- **Enablers:** Infrastructure upgrades (Northern Heart Centre, additional cath labs), workforce expansion (specialists, nurse practitioners), and digital health transformation (telehealth, AI diagnostics).

1.6. Progress to Date

- Successful application for funding from the Australian Government \$120m
- Appointment of a Project Manager to lead the project
- Award of a Contracts for lead design consultants (Architect) and a Quantity Surveyor
- Approval of the Project Scoping Report
- Approval of a Concept design, Schematic design, and Detailed Design
- Commencement of the Contract Documentation for Tender issue
- Approval of a development application from Launceston City Council
- Delivery of stakeholder and consumer engagement activities
- Preparation of a Procurement Strategy for the lead contractor to undertake the works

1.7. Project Location

The site is located within the main campus of the LGH located at 280 Charles Street (PID 3224093). It includes the Northern Integrated Care Service at 41 Frankland Street (PID 3200710), (treated as a separate property). The site is a single lot comprised in CT 164790/1 that is owned by The Crown and administered by Department of Health. It has an area of 4.025ha. As identified in Figure 1, the site is located to the south of Frankland Street, between Charles Street and Cleveland Street.

The primary frontage orientation is north / north west. All other elevations are constrained by existing buildings except for a small portion of the southern elevation with views towards the on-campus café.

The proposed Northern Heart Centre will be elevated with the first floor at the same level as level 3 of the LGH. Level 2 will remain largely clear to retain access to existing hospital services. The building envelope is approx. 980 m2 with an approx. total floor area circa 3,750 m2.

The Frankland Street (north) frontage is approx. 50m long and slopes from east to west. The site is accessed via an existing vehicle crossover and driveway that is shared with pedestrians accessing hospital services including NICS, Pathology, Orthopaedics. The crossover and driveway also provide access to the LGH loading dock, morgue, and services infrastructure including town water and a fire booster cabinet.

The development of the proposed Northern Heart Centre will involve land within the road reservation of Frankland Street. This is for the purpose of associated works, including modifications to on-street parking to create a drop off zone, provision of an accessible parking space, pedestrian crossing and footpath plantings. Additionally, there will be temporary works and associated traffic management during the construction phase. Frankland Street is a public road administered by Council in accordance with the Local Government (Highways) Act 1982. Its associated road reservation is vested in Council and administered through maintenance, control and care as a local highway.

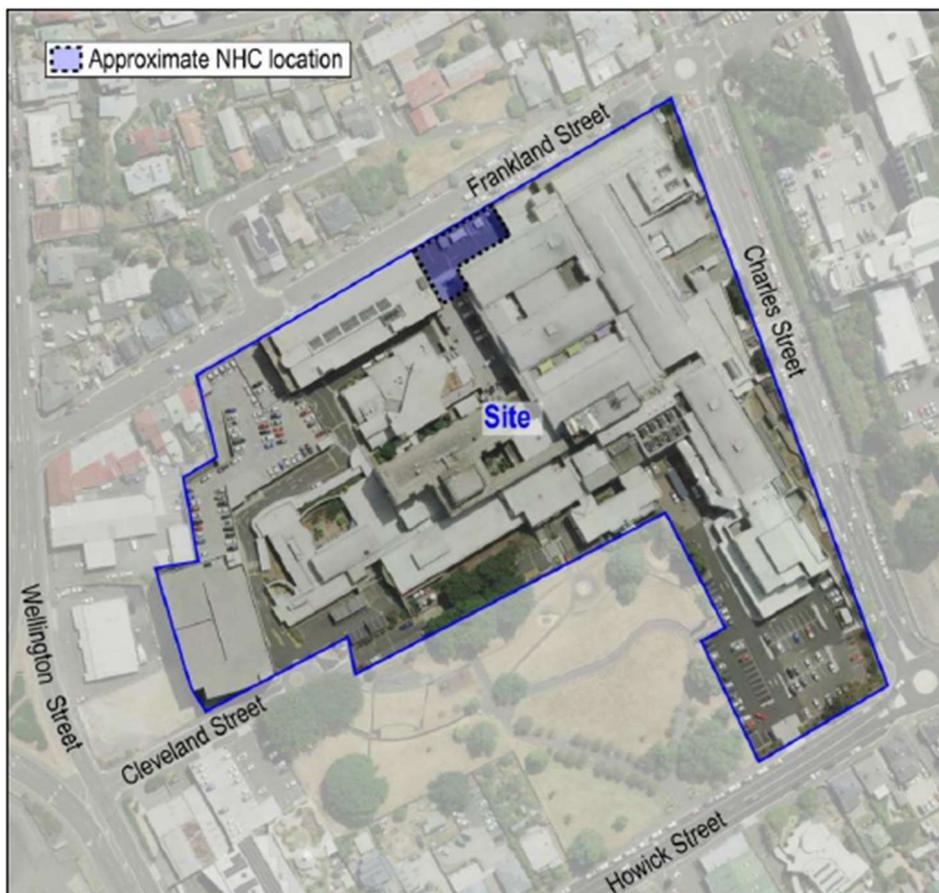


Figure 1: Northern Heart Centre, Frankland St, Launceston

1.8. Related Projects and Strategic Context

The Northern Heart Centre project is patient centred, collaborative, integrated, equitable, and evidence-based, reflecting the principles of the Long-Term Plan for Healthcare in Tasmania 2040. It responds directly to the Tasmanian Cardiac Strategy's findings of inequitable access, rising demand, and gaps in infrastructure and workforce across North and North West Tasmania. By delivering Level 5 cardiac services, the Centre will significantly reduce reliance on interstate transfers and improve timely treatment for time-critical cardiac events. Further, it meets the strategic ambitions of the 2040 Plan by:

- Providing better accessible community care through outreach clinics and virtual health integration.

- Delivering future-ready health infrastructure to meet projected growth in cardiac procedures (+37% by 2033).
- Supporting workforce expansion and innovation, including nurse-led models and advanced specialist roles.
- Embedding research and data-driven improvements to enhance clinical outcomes and system sustainability.

2. Project Scope

2.1. Problem/ Opportunity Statement

The drivers for the Northern Heart Centre project are twofold. First, there is a critical need to meet the increasing demand for cardiac services in Northern Tasmania. This demand is driven by an ageing population with complex, long-term comorbidities and the state's higher-than-average prevalence of cardiovascular disease. Chest pain remains one of the most frequent presentations to emergency departments across the North and North West, and current infrastructure cannot meet the projected growth in cardiac procedures, which is expected to rise by 37% over the next decade. More integrated and ambulatory cardiac care services are essential to reduce reliance on emergency departments and acute inpatient beds, improve patient flow, and deliver timely interventions such as cardiac catheterisation within nationally recommended timeframes.

Second, the project addresses the limitations of existing facilities. Current cardiac services at Launceston General Hospital operate within constrained spaces that lack adequate capacity, storage, and clinical functionality, limiting the ability to expand services such as coronary care, electrophysiology, and outpatient diagnostics. These constraints compromise patient experience, staff workflow, and the ability to deliver contemporary models of care.

The Northern Heart Centre will resolve these issues by providing a purpose-built, state-of-the-art cardiac facility that is consumer-centred, collaborative, integrated, equitable, and evidence-based.

2.2. Options Evaluation

The planning process explored several options to address the identified gaps in cardiac care:

- Mode of Delivery
 - Capital-intensive option: Construction of a purpose-built Northern Heart Centre at Launceston General Hospital to consolidate cardiac services, provide Level 5 care, and meet future demand.
 - Non-capital-intensive options: Incremental upgrades to existing facilities, outsourcing complex procedures to interstate providers, and expanding virtual care models.
- Alignment
 - Aligning with the Long-Term Plan for Healthcare in Tasmania 2040, the Tasmanian Cardiac Strategy, and the LGH Masterplan.
 - Ensuring connectivity to ICU, ED, and Medical Imaging for time-critical interventions.
- Capital vs Non-Capital
 - Capital-intensive: \$120M investment in new infrastructure, including two cath labs, coronary care unit, and diagnostic suites.
 - Non-capital: Increased use of telehealth, outreach clinics, and partnerships with private providers for overflow capacity.
- Evaluation Process
 - Clinical Service Planning: Informed by the LGH Masterplan, the Statewide Cardiac Cath Lab Capacity Planning Report (2023), and Tasmanian Cardiac Strategy priorities.
 - Design Development Workshops: Co-design with clinicians, consumers, and stakeholders through Project Working Groups.
 - Cost-Benefit Analysis: Considered lifecycle costs, operational efficiency, and ability to meet projected demand (+37% in cath lab procedures by 2033).
 - Risk Assessment: Evaluated site constraints, integration with existing hospital services, and compliance with Australasian Health Facility Guidelines.

Clinical Participation

- Extensive consultation with:

- Tasmanian Cardiac Network
- THS Health Planning Unit
- Clinical representation on Project Working Group.
- Feedback shaped priorities such as equitable access, virtual care integration, and culturally safe design.

Assumptions in Comparing Options

- Demand projections based on population ageing and cardiovascular disease prevalence.
- Clinical benchmarks requiring cath lab access within 24 hours for acute cases.
- Workforce availability and training capacity to support expanded services.
- Technology adoption (telehealth, AI diagnostics) as complementary, not substitute for physical infrastructure.

Net Present Value Consideration

- The capital-intensive option (Northern Heart Centre) was selected despite higher upfront cost because:
 - Non-capital options could not meet clinical safety standards or projected demand.
 - Incremental upgrades lacked scalability and would perpetuate inefficiencies.
 - Outsourcing interstate increased patient risk and inequity.
- The chosen option delivers long-term sustainability, improved patient outcomes, and strategic alignment, outweighing short-term cost savings.

2.3. The Project

The Northern Heart Centre redevelopment is fully funded through the Australian Government's \$120 million allocation and is designed to meet the strategic ambitions of the Long-Term Plan for Healthcare in Tasmania 2040 and the Tasmanian Cardiac Strategy. This investment enables detailed clinical planning to future-proof cardiac services, supports a manageable decanting methodology during construction, and maintains continuity across critical hospital operations.

The project will deliver a purpose-built cardiac facility at Launceston General Hospital, consolidating services that are currently fragmented and operating in spaces that are no longer fit-for-purpose. Existing facilities lack adequate capacity, storage, and clinical functionality, limiting the ability to expand services such as coronary care, electrophysiology, and outpatient diagnostics. These constraints compromise patient experience, staff workflow, and the ability to deliver contemporary models of care.

The new Northern Heart Centre will include:

- Two cardiac catheterisation laboratories with dedicated recovery and holding bays for direct access to procedures.
- A 24-bed cardiac inpatient unit, including six coronary care beds.
- Expanded diagnostic and outpatient services, including five echocardiography rooms, one stress testing room, and six specialist consulting rooms.
- Seamless connectivity to ICU, ED, and Medical Imaging for time-critical interventions.

The facility has been designed to future-proof cardiac care, with structural provisions and spatial planning that allow for future expansion as demand grows. This approach ensures the Centre can adapt to changing health needs while maintaining a safe, supportive, and welcoming environment for patients and staff.

2.4. Proposed Use

The core components of the proposed Northern Heart Centre are below.

- **Cardiac Catheterisation Labs NHC / LGH Level 3**
 - Level 3 of the NHC will contain two cath labs, where common heart treatments will be performed or a surgical pathway determined, with dedicated holding bays for direct access for

patients requiring procedures (bypassing the Emergency Department) and 5 day recovery bed bays. It will have a direct connection with the ED and Medical Imaging at LGH Level 3.

- **New Cardiac Inpatient Unit NHC / LGH Level 4**
 - Level 4 of the NHC will contain a new cardiac inpatient unit, with direct access to the intensive care unit (ICU) at LGH level 4, including 18 inpatient cardiac ward beds and 6 coronary care unit beds.
- **New Cardiology Diagnostic Unit NHC / LGH Level 5**
 - Level 6 of the NHC will provide dedicated diagnostic testing for echocardiography and outpatient services. It will contain 5 echocardiography testing rooms, 1 exercise/stress testing room and 6 outpatient consultation rooms.
- **Mechanical Plant and Equipment NHC / LGH Level 6**
 - The relevant building services requirements will be partly accommodated within existing plant space at LGH Level 6. However, some of these requirements will also need to be accommodated within a new plant room at the roof level of the proposed building.

Comparative Service Capacity – Current vs Future

Service Component	Current LGH Capacity	Capacity After NHC Opens	Future Expansion Potential
Cardiac Inpatient Beds	~14 beds (shared across general medical units)	24 beds (6 Coronary Care Unit + 18 Cardiac Inpatient Unit)	+6 beds (subject to future funding and demand)
Coronary Care Unit (CCU)	Limited – no dedicated CCU	Dedicated CCU with 6 single-bed rooms	Expandable within design footprint
Cardiac Catheterisation Labs	1 lab (general angiography only)	2 labs (1 general angiography + 1 electrophysiology)	Space for additional lab if required
Recovery/Day Stay Bays	Limited capacity, shared spaces	10 dedicated recovery bays (including 1 enclosed bay)	Expandable within procedural zone
Diagnostic Testing Rooms	Limited, shared with other services	5 echocardiography rooms + 1 stress testing room	Additional rooms possible through internal reconfiguration
Outpatient Consulting Rooms	Limited capacity, shared spaces	6 dedicated consulting rooms (including pacemaker & device clinics)	Expandable within design
Electrophysiology Service	Minimal – patients often referred interstate	Dedicated EP lab integrated into cath suite	Future expansion possible
Cardiac Rehabilitation	Offsite or limited in shared spaces	Integrated referral pathways; virtual care options	Potential for dedicated rehab space in future

2.5. Scope of Project

- New construction of a purpose-built cardiac facility (approx. 4,130 m² GFA, three clinical levels plus plant).
- Integration with existing hospital infrastructure, including direct links to ICU, ED, and Medical Imaging.
- Specialist clinical fit-out for inpatient, procedural, and outpatient cardiac services.
- Urban interface upgrades along Frankland Street, including:
 - Weather-protected public entry and pick-up/drop-off zone.
 - Raised pedestrian crossing for improved safety.
- Enabling works:
 - Selective façade modifications and fire-risk cladding replacement.
 - Structural reinforcement of suspended slab.
 - Relocation of underground fibre-optic cabling and secondary water connection.
- Building services upgrades:
 - New HVAC plant.
 - Essential and UPS power systems.

- Fire engineering solution).
- Interior design:
 - Biophilic principles, patient-centred spaces, and wayfinding aligned with health design standards.

Clinical Service Components

- Coronary Care Unit (CCU): 6 single-bed rooms.
- Cardiac Inpatient Unit (IPU): 18 beds (9 double rooms).
- Cardiac Catheterisation Suite:
 - 2 cath labs (general angiography).
 - 10 recovery/day-stay bays (including 1 enclosed bay).
- Diagnostics & Outpatients:
 - 5 echocardiography rooms.
 - 1 stress testing room.
 - 6 consulting rooms (including device clinics).
- Additional spaces: TOE procedure room, pharmacy storage, staff hubs, family lounge.

Project Objectives

- Improve patient safety, experience, and outcomes.
- Increase service delivery capacity and throughput.
- Ensure cath lab access within 24 hours for acute cases.
- Strengthen LGH's role as a specialist cardiology hub for Northern Tasmania.
- Attract and retain specialist workforce.

Future-Proofing

- Structural provisions for additional inpatient beds (+6).
- Space planning for third cath lab if required.
- Expandable diagnostic and outpatient zones.
- Integration of virtual care and telehealth models.

Reports Produced

- Concept Design Report (Phase A) – Completed Feb 2025.
- Schematic Design Report (Phase B) – Completed May 2025.
- Design Development Report (Phase C) – Completed Aug 2025.
- Construction Documentation & Tender (Phase D) – Target Feb/March 2026.
- Supporting technical reports: Structural, Civil, Facade, Hydraulic, Seismic (IL4), Fire Engineering PBDB, Acoustic, Building Services, ESD, DDA Compliance, BCA Assessment.

Safe System Principles

- Safety in Design: Curved corners, observation glazing, enclosed equipment bays.
- Seismic IL4 compliance: Post-disaster operational capability.
- Fire safety performance solutions: Detection, suppression, compartmentation.
- Accessibility: DDA compliance for ramps, lifts, circulation spaces.
- Clinical safety: Infection control, AusHFG-compliant flows for admission, procedure, recovery, discharge.
- Operational safety during construction: Controlled crange, vibration management, protected pedestrian routes.

3. Project Cost

3.1. Project Cost Estimate

Slattery were engaged as Quantity Surveyors for the project. Slattery has significant experience and expertise in providing cost estimates for healthcare facilities. This cost estimate is based on the 80% Contract Documentation (Dec 2025).

ELEMENT	ALLOWANCE (EX GST)
Authority & headworks charges	\$ 1,080,000
Authority Charges (Contingency)	\$ 50,000
CoL - Frankland St Closure Fee's	\$ 912,000
Underground Asset Contingency	\$ 1,000,000
THS Staff Costs	\$ 2,020,000
Project Manager	\$ 1,237,115
Lead Design Consultant	\$ 6,720,806
Lead Design Consultant (PTS)	\$ 150,000
Stakeholder and Community consultation	\$ 429,640
Quantity Surveyor	\$ 290,000
Superintendent	\$ 600,000
Consultant Fee Contingency (program prolongation)	\$ 1,000,000
Project specific trade works - Heart Centre	\$ 50,536,000
Project specific trade works - Level 1/2	\$ 1,956,000
Level 2 Allied Health Carpark	\$ 606,000
Franklin St (external services)	\$ 24,000
External Services	\$ 794,000
Sequencing / Staging Allowance	\$ 1,617,000
Design contingency	\$ 1,943,000
Cost escalation contingency (to start)	\$ 3,161,000

ELEMENT	ALLOWANCE (EX GST)
Cost escalation contingency (to finish)	\$ 6,367,000
Asbestos Contingency	\$ 500,000
DoH Contingency	\$ 2,400,000
CCTV Storage Allowance	\$ 500,000
Contract Contingency	\$ 5,026,000
Medical equipment Group 1 items	\$ 4,000,000
Medical equipment Group 2 and 3 items (HC)	\$ 7,837,000
Medical equipment Group 2 and 3 items (LI/2)	\$ 314,000
CT Disruption Allowance	\$ 4,032,000
PTS Replacement Allowance	\$ 500,000
NHC / NMHP Link Bridge Allowance	\$ 3,750,000
Enabling / Disruption Works (contingency)	\$ 1,000,000
Audio Visual / ICT (Heart Centre)	\$ 5,553,000
Audio Visual / ICT (LI/2)	\$ 209,000
Public Artwork	\$ 80,000
Legal	\$ 100,000
TOTAL	\$ 118,294,561 (Ex GST)

3.2. Budget profile for the Project

Financial Year Forecast Milestone Requirement *

P50 Outturn (or Actual as appropriate)		2024 /25	2025 /26	2026 /27	2027 /28	2028 /29	2029 /30	Balance of Commitment
		(\$m)						
	Australian Government contribution	\$22	\$48	\$20	\$20	0	\$10	0
	State Government contribution	0	0	0	0		0	0
	Other contribution (provide detail)	0	0	0	0		0	0
Total	\$22	\$48	\$20	\$20	0	\$10	\$120	

4. Project Benefits

4.1. Expected positive outcomes and benefits to be delivered by the Project

The expected outcome of the project is a purpose-built, state-of-the-art cardiac facility that consolidates and expands cardiac services for Northern Tasmania, improving patient care, increasing capacity, and enhancing efficiency within the healthcare system. Specifically, the project will deliver:

Clinical and Capacity Benefits

- Expanded inpatient capacity with 24 dedicated cardiac beds (6 Coronary Care Unit beds and 18 Cardiac Inpatient Unit beds).
- Two cardiac catheterisation laboratories (general angiography and electrophysiology) to meet growing demand and ensure timely intervention for acute cardiac events.
- Dedicated diagnostic and outpatient facilities, including five echocardiography rooms, one stress testing room, and six consulting rooms.
- Provision for future expansion, with structural allowances for an additional six inpatient beds and space planning for a third cath lab.
- Shorter waiting times for procedures and diagnostics, improving patient experience and health outcomes.
- Consistent access to cardiac care within proximity of patients, reducing reliance on interstate transfers and alleviating pressure on emergency departments.

Patient and Community Benefits

- Improved physical and mental well-being for patients and staff through a modern, biophilic design that promotes healing and comfort.
- A specialised cardiac facility that enhances the quality and efficiency of treatment and supports integrated care pathways.
- Equitable access to essential cardiac services, addressing health disparities for rural and disadvantaged communities.
- A welcoming and supportive environment for patients, families, and carers, fostering confidence and continuity of care.
- Contribution to community health and resilience, supporting people with complex comorbidities and reducing the burden on acute services.

System and Workforce Benefits

- Integration of cardiac services into a single, purpose-built centre, improving coordination and operational efficiency.
- Strengthened role of LGH as a specialist cardiology hub, attracting and retaining highly skilled clinicians and supporting advanced nursing roles.
- Improved staff workflow and safety, with AusHFG compliant layouts and ergonomic design.
- Agility to meet projected demand from an ageing population and rising cardiovascular disease prevalence.

Strategic and Economic Benefits

- Aligns with the Long-Term Plan for Healthcare in Tasmania 2040, LGH Masterplan, and Tasmanian Cardiac Strategy.
- Optimises resource utilisation, reducing duplication and inefficiencies in current service delivery.
- Supports research and data-driven improvements through integration with national registries and clinical trials.
- Stimulates local economy through construction activity and increased visitation to Launceston for specialist care.
- Demonstrates government commitment to healthcare infrastructure investment, reinforcing trust and confidence in public health services.

Extensive consultation has been undertaken with key stakeholders throughout the design development process to ensure the Northern Heart Centre (NHC) meets the requirements of cardiac services as well as emergency management, infection control, ICT integration, and compliance with building and regulatory codes.

ARTAS + Billard Leece Partnership (BLP) have developed the design and specifications in partnership with specialised sub-consultants for structural, mechanical, electrical, hydraulic, fire engineering, and sustainability systems. The design aligns with the 2025 Cardiac Strategy and has been endorsed by the Department of Health and clinical leadership, including cardiology specialists and nursing management.

Design Principles

The Northern Heart Centre design is guided by the following principles:

1. Enable the person by creating a supportive environment that promotes health, dignity, and wellbeing.
2. Cultivate a calming environment to alleviate stress associated with cardiac treatment and recovery.
3. Provide visual and physical connection to nature, incorporating biophilic design elements and natural light to enhance patient comfort.
4. Optimise clinical workflow by ensuring efficient spatial planning for procedural areas, inpatient units, diagnostics, waiting zones, and staff workspaces.
5. Integrate safety and resilience through compliance with AusHFG, IL4 seismic standards, and fire engineering performance solutions.
6. Future-proof the facility with structural provisions for additional beds and space planning for expanded services as demand grows.

4.2. Strategic Planning

The Northern Heart Centre (NHC) will play a critical role in delivering specialist cardiac care for North and North West Tasmania. It will provide comprehensive, coordinated services across the continuum of care, acute, elective, and outpatient, while supporting prevention, early intervention, and rehabilitation.

The NHC is designed to operate within a person-centred model of care, ensuring seamless integration with emergency, intensive care, and diagnostic services. This approach strengthens the health system's ability to respond to time-critical cardiac events and improves long-term outcomes for patients living with complex cardiovascular conditions.

The new facility will emphasise a welcoming, accessible, and patient-focused environment, supporting an ageing population and addressing the region's high prevalence of cardiovascular disease. It will also enhance operational safety and efficiency through AusHFG-compliant layouts, streamlined workflows, and future-proofed infrastructure to meet projected demand growth.

4.3. Demographic Data

The Tasmanian Government projects only modest overall population growth in Northern Tasmania over the next 20 years; however, there will be significant demographic change, with a much higher proportion of residents aged 65 years and over. This ageing population will have the greatest impact on future health service demand, particularly for complex, long-term conditions such as cardiovascular disease.

Key demographic insights:

- Tasmania has the oldest population profile in Australia, and Northern Tasmania reflects this trend.
- At the 2016 Census, the median age was:
 - Launceston and Northeast: 43 years
 - South: 44 years
 - Northwest: 40 years
- While overall population growth in LGH's primary and secondary catchments is low, these cohorts will transition into older age brackets within two decades, driving increased demand for cardiac services, including acute interventions, chronic disease management, and rehabilitation.

The Northern Heart Centre is strategically designed to respond to this demographic trend by:

- Expanding capacity for inpatient and procedural cardiac care to meet projected growth (+37% bed days and +29% cath lab activity by 2033).
- Future-proofing infrastructure with structural provisions for additional beds and space planning for a third cath lab.
- Supporting integrated models of care that reduce reliance on emergency departments and improve health outcomes for an ageing population.

- Embedding virtual care and outreach services to improve access for rural and remote communities.

This demographic shift underscores the importance of investing in a fit-for-purpose cardiac facility that can adapt to changing health needs and deliver sustainable, high-quality care for Northern Tasmania.

4.4. Cardiac Service Need

There is a projected increase in demand for cardiac services in Northern Tasmania, driven by an ageing population and a high prevalence of cardiovascular disease. Tasmania has the highest rates of obesity in Australia (34%), and Northern Tasmania experiences higher rates of heart disease than the national average, with 13% greater prevalence and 1,300 deaths annually from cardiovascular disease.

Chest pain is one of the most frequent presentations to emergency departments across Launceston General Hospital (LGH), North West Regional Hospital, and Mersey Community Hospital. In 2023 alone, 8,850 people were hospitalised for heart-related reasons, and 18,500 emergency department presentations were cardiac-related. Ambulance Tasmania responds to 15,800 call-outs annually for chest pain or cardiac arrest, representing 20% of all call-outs.

Currently, LGH operates with limited cardiac infrastructure, including only one cardiac catheterisation lab and shared inpatient beds within general medical units. This configuration cannot meet the growing demand for:

- Time-critical interventions such as STEMI management, where national benchmarks require cath lab access within 24 hours.
- Electrophysiology procedures, which often require interstate referral.
- Comprehensive outpatient diagnostics and follow-up care for patients living with chronic cardiac conditions.

The Northern Heart Centre will address these gaps by:

- Providing two cardiac catheterisation labs (general angiography and electrophysiology).
- Establishing a dedicated coronary care unit and cardiac inpatient ward with 24 beds.
- Expanding diagnostic and outpatient capacity, including echocardiography, stress testing, and specialist clinics.
- Integrating with ICU, ED, and Medical Imaging for seamless emergency response.

4.5. Patient Flow Optimisation

The Northern Heart Centre has been designed to streamline patient flow and optimise clinical efficiency while maintaining a safe, welcoming environment for patients and staff. The layout supports efficient admission-to-discharge pathways, reduces bottlenecks, and ensures that emergency and elective cardiac care can be delivered promptly and safely.

Key design features include:

- Centralised nurse station located at the heart of the procedural and inpatient zones, ensuring clear sightlines and rapid response capability.
- Cardiac catheterisation labs and recovery bays positioned adjacent to admissions and discharge areas to minimise transfer time and improve throughput.
- Diagnostic and outpatient consulting rooms grouped together for efficient scheduling and easy navigation for patients.
- Clear zoning between clinical spaces and staff amenities, with staff rooms located away from treatment areas to provide privacy and reduce noise.
- Consolidated storage and services positioned strategically to support clinical workflows and reduce unnecessary movement.
- Wayfinding and accessibility enhanced through logical floor plate division, intuitive circulation paths, and visual cues aligned with biophilic design principles.
- Low-partition recovery bays to maintain visual access for monitoring while ensuring patient comfort and safety.

Seamless connectivity to critical hospital departments:

- Direct physical linkages to the Emergency Department (ED) for rapid transfer of patients presenting with acute cardiac symptoms.
- Integrated pathways to the Intensive Care Unit (ICU) for immediate escalation of care post-procedure.
- Proximity to Medical Imaging for fast access to diagnostic services such as CT and echocardiography.
- Dedicated emergency-sized lift (2,500 kg capacity) to facilitate safe and efficient patient movement between departments.
- Optimised internal circulation routes designed in compliance with AusHFG standards to minimise transfer times and improve patient safety.

These design elements ensure that the Northern Heart Centre can deliver time-critical interventions, such as STEMI management, within nationally recommended timeframes while supporting elective procedures and ongoing cardiac care.

4.6. Regulatory Compliance and AusHFG

The design incorporates all abilities access, in accordance with Australian Standard AS1428.1- Design for Access and Mobility. The design will adhere to fire safety, ventilation, and infection control regulations to ensure safe and efficient operations and the fundamental principles outlined in the Australasian Health Facility Guidelines.

4.7. Architectural Statement

Design Vision and Response to Brief

The Northern Heart Centre (NHC) is conceived as a purpose-built, integrated cardiac facility that consolidates inpatient, procedural and outpatient services into a single, contemporary environment, optimising clinical workflows, elevating patient experience, and future-proofing cardiac care for Northern and North West Tasmania.

Its planning and scope directly respond to service needs identified by the Tasmanian Cardiac Strategy and the LGH Masterplan, expanding diagnostic and interventional capacity, ensuring time-critical access, and strengthening statewide cardiology capability.

Site, Urban Interface and Massing

Located on Frankland Street at LGH, the NHC occupies a constrained brownfield site bounded by existing hospital buildings, necessitating precise integration and staged construction.

Massing is organised as three clinical levels above an open ground level (plus plant), with level alignments coordinated to LGH levels to secure direct links to ICU, ED and Medical Imaging.

The north / north west primary elevation adopts a layered façade: a perforated “second skin” that provides self-shading, privacy, and screens external services, referencing the pericardium as a protective membrane, while a coloured primary envelope behind evokes an abstract heart motif.

Street-level improvements include a weather-protected entry canopy, formalised pick-up/drop-off, and a raised pedestrian (‘wombat’) crossing that stitches the public realm to the healthcare precinct and improves pedestrian safety

Program and Functional Organisation

The NHC brings together the following clinical components in an AusHFG-aligned arrangement:

- Inpatient care: 24 beds total, 6 CCU singles and 18 IPU beds (9 doubles), with family lounge and staff bases.

- Cardiac Catheterisation Suite: 2 cath labs (general angiography + electrophysiology), 10 recovery/day-stay bays (incl. 1 enclosed), admissions/discharge, and a TOE procedure room.
- Diagnostics & Outpatients: 5 echocardiography rooms, 1 stress-testing room, and 6 consulting rooms (including device clinics).
- Flow is zoned as admission, procedure, recovery, discharge, with short transfer paths and unobstructed sightlines from centralised nurse stations to high-acuity areas, minimising bottlenecks and improving throughput.
- Spatial calibration follows a Schedule of Accommodation derived from service planning outputs and AusHFG Health Planning Units, with minor area departures earmarked for resolution during contract documentation.

Clinical Connectivity and Internal Circulation

The plan secures direct, grade-related and vertical connections to ED (for rapid STEMI pathway activation), ICU (post-procedure escalation), and Medical Imaging (CT proximity), supported by a 2,500 kg emergency-sized lift for efficient patient transfer.

Circulation geometry and departmental adjacencies are tuned to AusHFG standards, enabling time-critical cardiac interventions within nationally recommended timeframes while supporting elective workloads and outpatient follow-up.

Interior Architecture and Wayfinding

The interior strategy is anchored in biophilic design and the Fagus (*Nothofagus gunnii*) metaphor, evoking resilience and renewal through natural palettes, timber-look finishes, layered textures, and curated Tasmanian-inspired graphics.

Wayfinding adopts a clear hierarchy of destinations, consistent typographies and sign families (informed by the RHH signage model) to reduce anxiety and support intuitive navigation from public entry to clinical destinations.

Key lobbies and corridors are composed with low-glare linear lighting, controlled ambient levels, and restorative visual moments, balancing clinical performance with cognitive comfort.

Facade, Envelope and Environmental Performance

The perforated screen provides self-shading to the north / north west elevation, reducing cooling loads, filtering views, and mitigating glare, while the primary envelope meets Section-J requirements for weather-tightness, thermal and air infiltration under a performance-based façade brief.

Envelope detailing prioritises maintainability and access to integrated services, with façade engineering addressing fire performance, acoustic attenuation, moisture control and durability in a high-use hospital environment.

Constructability

Given the constraints of the LGH site, construction relies on a statically ballasted luffing tower crane from a dedicated Frankland Street loading zone, with protected pedestrian routes and smaller, frequent deliveries; a part street closure is anticipated and has received in-principal support from Council during Development Application consultations.

Civil works are limited and coordinated with services relocations (notably underground fibre-optic) and redundancy via a secondary town-water connection established in conjunction with the future multi-storey carpark.

Building Services, Resilience and Safety

Mechanical systems deploy new 4-pipe heat-pump chiller plant (stand-alone, with chilled-water backup connection to LGH), 100% outdoor air with heat recovery, and infection-control compliant ventilation. Electrical distribution integrates essential and UPS supplies, dedicated boards (incl. medical imaging), and generator interface, prioritising continuity in critical care areas.

ICT provisions include dual fibre-linked comms rooms, RTLS-ready infrastructure, and a renewal pathway for the pneumatic tube system to restore reliable sample logistics to Pathology.

Fire engineering adopts a Performance-Based Design Brief with multiple solutions spanning detection (incl. VESDA), suppression (Stat-X in comms), compartmentation and egress; seismic design classifies the facility as Importance Level 4, targeting post-disaster operational capability and controlled differential movement at interfaces with existing structures.

Acoustics and Lighting

Acoustic design addresses background noise, isolation and reverberation across clinical spaces, mitigating traffic, plant and occasional helicopter noise through prescribed constructions, glazing and ceiling treatments.

Lighting integrates natural daylight with task and ambient systems; feature concepts (e.g., soft “dappled light” cues in foyers and glare-controlled corridor linear lighting) enhance orientation and calm without compromising clinical needs.

Materials, Infection Control and Durability

Materials are selected for cleanability, low porosity, and antimicrobial performance, with seamless floor finishes and robust wall protections in high-traffic clinical zones.

The palette balances warmth and neutrality, supporting patient comfort while meeting maintenance and lifecycle imperatives in a busy tertiary environment.

Accessibility (DDA) and Inclusive Design

Accessibility consultants have reviewed the scheme against NCC, Premises Standards 2010 and AusHFG; minor non-compliances (e.g., shower provision at certain levels, ramp handrail/TGSI details) are programmed for resolution in the final stages of contract / tender documentation without impact on the overall design intent.

The emergency-sized lift, generous circulation, and inclusive counter and seating heights ensure dignified access for diverse users.

Sustainability (ESD)

The design targets energy and water efficiency, healthy indoor environmental quality, waste management improvements, and sustainable transport access; Section-J compliance and opportunities for NABERS Energy and Green Star-aligned strategies are documented in the ESD report.

The façade’s self-shading behaviour, natural light utilisation, low-VOC finishes and efficient HVAC contribute to reduced operational loads and enhanced occupant wellbeing.

Construction Staging and Hospital Operations

To minimise disruption, procurement is recommended as a single construction contract with separable early works packages to modify critical interfaces (e.g., CT roof deck, ICU, Donate Life, Mortuary, kitchen/Level-02 works), main build, then façade screen installation and Frankland Street reinstatement including the raised crossing.

A tailored decanting methodology maintains operations across ED, ICU, Pathology and Imaging; risk controls address vibration (bored piles), crane safety, and protection of the CT/SAFE building during link construction.

Compliance and Approvals

The Design Development package demonstrates compliance across major NCC parts (with fire performance handled via PBDB), AusHFG clinical planning alignment, and DDA audit actions queued for contract / tender documentation preparation.

Development Application engagement with Launceston City Council has addressed further-information requests (e.g., piling vibration, tree species, contaminated spoil management), with documentation prepared for advertisement and public response.

Future-Proofing and Strategic Alignment

Provision is made for +6 inpatient beds and potential expansion of interventional capacity (space planning to accommodate a future third cath lab).

The NHC advances priorities in prevention, early detection, timely treatment and supportive care outlined by the Tasmanian Cardiac Strategy, ensuring equitable access and contemporary models of care across the region.

Frankland St – Partial Road Closure

The Northern Heart Centre construction requires a temporary transformation of Frankland Street into a controlled construction precinct. This is driven by the site's spatial constraints and the need to maintain hospital operations while accommodating heavy cranes, material laydown, and contractor facilities. The closure strategy has been developed in consultation with the project Traffic Engineer and is supported by detailed traffic impact modelling.

Traffic Engineering Assessment

The Traffic Engineer's Construction Impact Traffic Assessment demonstrates that partial closure of Frankland Street is the safest and most efficient solution. The modelling considers:

- Vehicle flow and emergency access continuity for hospital services.
- Pedestrian movement patterns and the need for overhead protection and mechanical hoarding.
- Impact on surrounding streets and mitigation through detour routes and signage.
- Worst-case scenario analysis for simultaneous construction of the Northern Heart Centre and Northern Mental Health Precinct.

The assessment confirms that with appropriate traffic management measures, including staged closures, clear wayfinding, and temporary pedestrian corridors, essential hospital access can be maintained without compromising safety or operational efficiency.

Architectural Integration and Urban Design Outcomes

While temporary, the closure will be managed to minimize disruption and maintain the character of Frankland Street. Upon completion, reinstatement works will include:

- **Upgraded paving and landscaping** to restore amenity.
- **A raised pedestrian crossing (“Wombat crossing”)** to enhance connectivity between the Northern Heart Centre and the Northern Mental Health Precinct.
- **Improved streetscape activation**, aligning with the architectural vision for a cohesive healthcare precinct.

Council Engagement

Launceston City Council has expressed support for the closure, subject to compliance with traffic modelling recommendations and remediation of any infrastructure impacts at project completion. Development Approval reflects partial closure.

5. Finance and Procurement

5.1. Preferred procurement method for the Project

An Open Tender will be advertised to secure the services of a lead contractor to undertake the construction of The Northern Heart Centre.

An Open Tender will result in a more competitive price, and diverse proposals and drive innovation and standards, mitigating the risk of monopolies and supply chain bottlenecks. Only Tenderers who are prequalified will be eligible to Tender, prequalification includes:

- Prequalification with Treasury and Finance in the 'Building Contractor – Institutional' Category to a value greater than \$50,000,000.
- Accreditation under the Australian Government Building and Construction Work Health and Safety (WHS) Accreditation Scheme.

To ensure transparency and probity the procurement will adhere to the Department of Treasury and Finance's Treasurers Instructions and be guided by Health's Contract Service Team and the Procurement Review Committee. In addition, Crown Law will advise contract negotiations once a preferred tenderer is selected by the Tender Evaluation Panel.

5.2. Project Timeline

The project is not dependent on other projects however there are some dependencies, namely, enabling works to maintain continuity of LGH operational and clinical environments.

Permits and approvals to date are limited to:

- A Development application, approved by Launceston Council on 28/08/2025

KEY MILESTONES/ DELIVERABLES	TARGET DATE	ACHIEVEMENT DATE
Project Brief		25/09/2024
Release RFQ/RFT For Consultant Appointment		18/10/2024
Consultant Appointment		20/11/2024
Release RFQ/RFT For SCEP Consultant		29/11/2024
SCEP Consultant Appointment		05/02/2025
Project Scoping Report Approval		23/06/2025
Briefing And Schematic Design Completion		06/06/2025
PSCPW on Capital Works Meeting Date	04/02/2026	

KEY MILESTONES/ DELIVERABLES	TARGET DATE	ACHIEVEMENT DATE
Construction /RFT Advertised	07/03/2026	
Contractor Appointment	20/07/2026	
Construction Commencement	20/08/2026	
Contractual Practical Completion	07/09/2028	
Operational Readiness	09/10/2028	

6. Risk and Sustainability

6.1. Major risks, and proposed mitigation strategies

The Northern Heart Centre project involves constructing a multi-storey facility within a live hospital environment, adjacent to critical clinical services such as ICU, ED, and Medical Imaging. Risks have been identified through the Design Development phase and documented using the Department's Risk Register template. The register is reviewed and updated regularly by the Project Working Group and Project Manager to ensure proactive management.

1 7.2 The Key Project Risks Are:

ID	Risk Category (Project Phase)	Risk / Opportunity Description	Risk Level Prior to Mitigation	Mitigation Strategy	Residual Risk
1	Planning & Scoping	Limited site access and inability to maintain operational continuity for adjacent services	High (D/4)	Develop detailed decanting and access plans; maintain emergency access; DEM CT Services, Mortuary, Kitchen Services, emergency access to NICS, coordinate with LGH operations; provide temporary signage and wayfinding	Medium (C/2)
2	Planning & Scoping	Inability to decant Radiology and Med Imaging Staff Area(s) during construction.	Medium (C/3)	Revised structural demolition planning (existing LGH Façade).	Low (C/1)
3	Planning & Design	Relocation / Integration / maintaining services with existing hospital infrastructure (ED, CT Scanner, SAFE Room)	High (D/3)	Conduct multiple PWG / Stakeholder workshops; finalise design with input from clinical teams and sub-consultants; validate linkages before documentation	Medium (C/2)

4	Tender	Budget pressure / Sub-trade failure due to market volatility	Medium (C/3)	Multiple cost plan reviews at each design phase; final QS before Tender; current market volatility	Almost Certain (E/1)
5	Scope	Scope creep and competing stakeholder priorities	High (C/4)	Maintain integrity of approved Functional Brief; manage changes via formal Change Requests; implement Stakeholder Engagement Plan; provide regular reporting to Sponsor	Low (B/1)
6	Stakeholders	Changing needs and competing priorities	High (D/4)	Develop and implement Stakeholder Communication and Engagement Plan; maintain transparency through workshops and reporting; document decisions	Low (C/2)
7	External Impact	Disruption to Frankland Street (traffic, noise, access)	High (D/3)	Implement Traffic Management Plan informed by Traffic Engineer modelling; staged closures; clear signage; maintain emergency access; letter drops to affected residents and businesses (Section 12.3)	Medium (D/2)
8	Frankland St / Frankland Rise Residents Frankland St commercial operators	Issues during construction (disruption, traffic volumes, noise)	High (D/3)	Stakeholder Communication and Engagement Plan (SCEP) Letter drops to impacted neighbours (mainly Frankland Rise residents) before construction commences to alert them and provide a conduit for communications. The Department's consultant RPS will monitor all communications with the public and provide timely responses via phone, mail and email as required (note a letter, flyer and poster have been developed and will be sent out and posted on the site on the date of the Tender advertisement)	Medium (D/2)
9	Clinical Risk	Vibration impacts on ex. Offline CT Scanner and sensitive equipment	High (D/3)	Adopt bored piling methodology; monitor vibration levels; consider temporary relocation options for CT Scanner; implement Construction Vibration Assessment recommendations (Appendix U)	Medium (C/2)

10	Construction	Latent conditions and structural complexity	High (D/3)	Complete investigations; finalise structural design; incorporate findings into documentation; maintain contingency allowances	Medium (D/I)
11	Construction	Delay damages	Medium (C/3)	Timely provision of site, construction issue documentation, timely response to RFI's, timely assessment of payment claims, timely assessment of Extension of Time Claims Ongoing communications in line with the Stakeholder Communication and Stakeholder Plan	Low (C/I)

Medium	High	High	Very High	Very High	5 - Catastrophic
Medium	Medium	High	High	Very High	4 - Major
Low	Medium	Medium	High	High	3 - Moderate
Low	Low	Medium	Medium	High	2 - Minor
Low	Low	Low	Medium	Medium	1 - Notable
A - Rare	B - Unlikely	C - Possible	D - Likely	E - Almost Certain	

6.2. Major dis-benefits including likely impacts to the community and environment

Traffic Disruption and Access Constraints

- Partial closure of Frankland Street will significantly impact vehicle and pedestrian movement in the precinct for an extended period.
- Increased congestion on surrounding streets due to detours and construction traffic.
- Reduced on-site parking availability, with a net loss of 11 spaces until the new multi-storey car park is operational.

Noise and Vibration Impacts

- Construction activities, including piling and craneage, will generate noise and vibration that may affect hospital operations, staff concentration, and patient wellbeing.
- Sensitive equipment such as the CT Scanner may be impacted by vibration, requiring monitoring and potential temporary relocation.

Visual and Streetscape Disruption

- Temporary hoardings, cranes, and site sheds will alter the visual amenity of Frankland Street during construction.
- Loss of mature trees during site preparation will reduce canopy cover and habitat until landscaping is reinstated.

Community and Business Impacts

- Nearby residents and businesses may experience inconvenience from noise, dust, and restricted access.
- Increased heavy vehicle movements may pose safety risks for pedestrians and cyclists.

Environmental Risks

- Potential disturbance of in-ground services and soil contamination during excavation.
- Increased waste generation during demolition and construction phases.

6.3. Detail any sustainability strategies that will be adopted

The Northern Heart Centre (NHC) integrates Environmentally Sustainable Design (ESD) strategies that align with NCC Section J, Tasmanian Government objectives, and Green Star Buildings guidance. Key measures span building envelope, services, operations, transport, and landscape to reduce energy and water use, improve indoor environmental quality (IEQ), and support resilience and long-term performance.

Energy & Carbon

High-performance, self-shading façade: A layered façade with a perforated secondary screen reduces solar heat gain, assists thermal comfort, and lowers HVAC loads, while maintaining patient privacy and daylight access.

Dedicated, efficient HVAC plant: New 4-pipe heat-pump chiller systems provide robust, independent heating and cooling with 100% outdoor air ventilation and heat recovery, meeting health guidelines while improving energy efficiency and resilience to campus outages.

Section J compliance & performance targeting: Envelope, glazing and services are designed to meet NCC 2022 Section J requirements, with the project team identifying NABERS Energy opportunities for ongoing performance benchmarking.

Smart controls & metering: Integration with BMS, essential/UPS power segregation, and VESDA in critical spaces supports efficient operation, fault detection and continuous optimisation.

Indoor Environmental Quality (IEQ)

Daylight, views & biophilic design: Planning, colours, materials and graphics promote wellbeing, reduce stress, and aid recovery; patient areas are designed for natural light and outlook where feasible.

Acoustic comfort: Envelope, wall/ceiling constructions and glazing respond to AS2107/AAAC guidelines to manage background noise, sound isolation and reverberation in clinical spaces.

Thermal comfort & air quality: 100% outdoor air, heat recovery and appropriate filtration deliver healthy indoor environments in line with health facility guidelines.

Water Efficiency & Hydraulic Design

Efficient fixtures & distribution: Hydraulic systems utilise existing site connections with efficient fixtures and prudent pipe routing to reduce consumption and risk.

Leak risk mitigation: Enhanced detailing and inspection regimes around wet areas above cath labs reduce leak risks and lifecycle impacts.

Materials, Waste & Construction Sustainability

Material selection & fire safety: Replacement of legacy aluminium composite panels (ACP) in adjacent buildings improves safety, durability and whole-of-life performance.

Prefabrication & efficient crange: Early crange planning and potential prefabrication of structural elements minimise site time, waste and local disruption/

Construction waste management: ESD strategy includes waste management practices and recycling during construction and operation to reduce landfill.

Sustainable Transport & Urban Realm

Mode shift facilities: Provision of bicycle parking and enhanced pedestrian connectivity encourages low-carbon travel.

Streetscape improvements: Post-construction reinstatement includes upgraded paving, a raised pedestrian crossing (Wombat crossing) and coordinated awnings to improve walkability and safety across the precinct.

Landscape, Biodiversity & Visual Amenity

Tree management & new planting: Mature trees are managed under dead, diseased or dangerous methodology; additional tree planting and soft landscaping will restore canopy cover, habitat and visual amenity for staff and patients.

Biophilic outdoor spaces: Terraced seating and landscaped areas provide restorative settings that support mental and physical wellbeing.

Resilience & Safety

Seismic resilience (IL4): As an importance level 4 facility, the NHC is designed to remain operational post-event, with bracing and interfaces engineered for differential movement, supporting disaster response capability.

Independent critical services: Dedicated HVAC, essential power segregation and dual fibre-linked comms rooms enhance operational continuity and resilience.

7. Stakeholder Engagement

7.1. Public and Stakeholder participation and consultation

Stakeholder Engagement is managed by an active Stakeholder and Community Engagement Plan (SCEP). RPS have been appointed as the dedicated SCEP consultant for the duration of the Project.

Public and Stakeholder participation and consultation was developed as part of the Stakeholder and Community Engagement Plan using the Public Participation Spectrum developed by The International Association for Public Participation (IAP2).

The IAP2 Spectrum demonstrates the possible types of engagement with stakeholders and communities and shows the increasing level of public impact as engagement progresses from 'inform' through to 'empower'.

With a commitment to effective community engagement as part of Department of Health’s core business through project planning, development, design, construction and completion, the engagement strategies and support.

IAP2 Spectrum of Public Participation



IAP2’s Spectrum of Public Participation was designed to assist with the selection of the level of participation that defines the public’s role in any public participation process. The Spectrum is used internationally, and it is found in public participation plans around the world.

INCREASING IMPACT ON THE DECISION 					
	INFORM	CONSULT	INVOLVE	COLLABORATE	EMPOWER
PUBLIC PARTICIPATION GOAL	To provide the public with balanced and objective information to assist them in understanding the problem, alternatives, opportunities and/or solutions.	To obtain public feedback on analysis, alternatives and/or decisions.	To work directly with the public throughout the process to ensure that public concerns and aspirations are consistently understood and considered.	To partner with the public in each aspect of the decision including the development of alternatives and the identification of the preferred solution.	To place final decision making in the hands of the public.
PROMISE TO THE PUBLIC	We will keep you informed.	We will keep you informed, listen to and acknowledge concerns and aspirations, and provide feedback on how public input influenced the decision.	We will work with you to ensure that your concerns and aspirations are directly reflected in the alternatives developed and provide feedback on how public input influenced the decision.	We will look to you for advice and innovation in formulating solutions and incorporate your advice and recommendations into the decisions to the maximum extent possible.	We will implement what you decide.

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The Stakeholder and Community Engagement Plan is presented in Attachment 1.

7.2. Record of Stakeholder Consultation

Refer. Appendix B

7.3. Consumer Engagement

The Northern Heart Centre project is committed to embedding meaningful consumer engagement throughout its planning and delivery. Recognising the importance of consumer perspectives in shaping health infrastructure, the project has established genuine opportunities for input from representative groups and individuals.

Engagement to Date

- In October and November 2025, the Project Manager met with key consumer representative bodies, including the Consumer and Community Engagement Council (CCEC) and in January 2026, will meet with rana rrala payngana rrala. These sessions were designed to collaborate, share project updates, and seek input into the design development phase.
- Feedback gathered has informed considerations around accessibility, inclusivity, and alignment with community expectations.

Future Engagement Activities

- Prior to construction, further consumer engagement will be undertaken with a focus on practical aspects that directly affect patient and family experience. This will include:
 - **Wayfinding and signage** – ensuring clarity and ease of navigation for patients, families, and visitors.
 - **Traffic and access** – addressing parking, drop-off zones, and safe pedestrian movement.
 - **Health consumer experience** – incorporating perspectives on comfort, cultural safety, and service delivery.
- These areas have been identified as critical touchpoints where consumer input can add tangible value to the project outcome.

Lessons Learned from RHH Cardiac Redevelopment

- The Royal Hobart Hospital cardiac redevelopment highlighted that, due to the highly specialised nature of cardiac services, direct patient or family input into clinical design was not considered effective. Instead, engagement was most successful when focused on broader consumer experience elements such as access, wayfinding, and service environment.
- The Northern Heart Centre project is applying these lessons by directing consumer engagement toward areas where lived experience can meaningfully shape outcomes.

Commitment to Best Practice

- By combining specialist clinical input with consumer perspectives on usability and accessibility, the Northern Heart Centre aims to deliver a facility that is both technically robust and responsive to the needs of the community. This balanced approach ensures that governance, project management, procurement, design, cost, and service delivery are informed not only by technical expertise but also by the voices of those who will use and navigate the facility.

7.4. Directly affected land owners and property acquisition

The Department of Health will temporarily close a portion of Frankland Street, between Charles and Wellington Streets, for approximately 2.5 years to facilitate the construction of the Northern Heart Centre. This closure is required to enable the safe construction, contractor placement and positioning of required craneage. Two traffic detour scenarios were assessed to support construction zone requirements:

- Full closure of Frankland Street at the crane location.
- Closure of the westbound lane at the crane location.

Following consideration, the full closure of Frankland Street has been identified as the preferred option. This approach ensures public, patient, and staff safety throughout construction. Closing this section of Frankland Street to through traffic will reduce the risk of accidents, injuries, and disruptions associated with construction activities.

The full closure will require eastbound and westbound traffic to detour. The following assumptions apply:

- Eastbound Frankland Street movements will detour south via Howick Street.
- Westbound Frankland Street movements will detour north via Balfour Street.

- Vehicles accessing the hospital from the east side of the closure will detour via Balfour Street.
- Vehicles exiting the hospital to the east will detour south via Howick Street.
- Vehicles accessing 52 Frankland Street from the west side of the closure will detour south via Howick Street.

Initial discussions have been held with the City of Launceston, LGH stakeholders, and emergency services. No objections have been raised to the proposed closure; however, LGH has requested that the service entrance along Frankland Street be maintained.

The proposed closure was advertised as part of the Development Application (DA) lodgement for the LGH Northern Heart Centre in May 2025, and subsequently for the Northern Mental Health Precinct later in 2025. The advertisement within the LGH Northern Heart Centre Development Application was the first formal communication of the closure to broader stakeholders, including the public.

Dedicated Engagement with Directly Affected Residents and Businesses

- Prior to broader community engagement, the Department of Health will undertake targeted consultation with residents and commercial operators directly impacted by the proposed closure of Frankland Street.
- This dedicated activity will ensure those most affected are informed early, have the opportunity to provide feedback, and can raise specific concerns regarding access, deliveries, parking, and day-to-day operations.
- Engagement methods will include:
 - Direct correspondence (letters/emails) outlining the proposed closure and detour arrangements.
 - One-on-one meetings or small group sessions with affected property owners and businesses.
 - Collaboration with service providers to confirm continuity of waste collection, utilities, and deliveries.

Broader Community and Stakeholder Engagement (Pre-Construction)

- Following targeted engagement, wider communication will be undertaken to inform the broader community and stakeholders of the planned closure. This will include:
 - Public notices and advertisements as part of the Development Application (DA) process.
 - Updates via social media channels and the Department of Health website.
 - Information sessions and briefings for hospital staff, patients, and community members.
 - Ongoing updates through stakeholder newsletters and local media.

Purpose and Outcomes

- The staged approach ensures that directly affected stakeholders are consulted first, allowing their input to shape traffic management plans and mitigation measures.
- Broader engagement will then provide clear, consistent messaging to the wider community, reinforcing safety as the primary driver and outlining detour arrangements, pedestrian access, and hospital service continuity.
- This process balances transparency, inclusivity, and practicality, ensuring both localised and community-wide concerns are addressed before construction begins.

8. Compliance

8.1. List Commonwealth or State legislation triggered by the Project

The legislation triggered by the Project is limited to the Building Code of Australia.

8.2. Noise

Construction activities for the Northern Heart Centre will occur within a highly sensitive hospital environment and adjacent to operational clinical areas. Noise generated by demolition, piling, cramage, and general building works has the potential to impact ongoing services within Launceston General Hospital, including critical care areas, pathology, and the CT Scanner suite, as well as nearby public spaces on Frankland Street.

To manage these impacts:

- **Tender Requirements:** The Tender documentation will specify noise mitigation obligations. The Lead Contractor will be required to submit a detailed construction methodology outlining how noise will be controlled during all phases of work, including piling, structural modifications, and façade installation. This methodology must be approved by the Department prior to commencement.
- **Mitigation Measures:** Strategies may include:
 - Use of bored (rather than driven) piling to reduce vibration and noise.
 - Acoustic screening and temporary barriers around high-noise activities.
 - Scheduling of the most disruptive works outside peak operational hours where feasible.
 - Continuous monitoring of noise levels to ensure compliance with agreed thresholds.
 - Coordination with hospital operations to provide advance notice of noisy works and allow for contingency planning in sensitive areas.
- **Stakeholder Communication:** Clear communication protocols will be established with hospital departments and external stakeholders to manage expectations and minimize disruption.

8.3. Environment (Flora, Fauna, Landscaping and visual amenity)

The site contains several mature trees that contribute to the existing streetscape, provide habitat for fauna, and enhance the canopy cover of the precinct. These trees have been assessed by a qualified arborist and will be managed under the “dead, diseased or dangerous” methodology to ensure safety and compliance.

To maintain and improve visual and physical amenity, the project will incorporate additional tree planting and soft landscaping around the new building. These measures will soften the building’s presence on Frankland Street, provide shade and greenery, and create a restorative environment for patients, staff, and visitors. Landscaping will align with biophilic design principles to support wellbeing and complement the architectural intent.

8.4. Heritage (Aboriginal and Historic)

The Northern Heart Centre site is located within the existing Launceston General Hospital campus, which has been subject to previous development and disturbance over several decades. No Aboriginal heritage sites or historic structures of significance have been identified within the project footprint during earlier planning and design phases.

Should any unexpected heritage items or artefacts be discovered during construction, works will cease immediately in the affected area, and the Department will engage a qualified heritage consultant to assess and manage the find in accordance with the Aboriginal Heritage Act 1975 (Tas) and relevant historic heritage legislation.

The project will also ensure that any landscaping and streetscape improvements respect the cultural context of the site and contribute positively to the visual character of the precinct.

8.5. Planning Approvals

The planning approvals process for the Project include:

- A development application was submitted to the Launceston Council on 28/5/2025 on behalf of the Department by the Architect, ARTAS, with the following details:
- Applicant: Alisdair McPhee – ARTAS Architects
- Proposed Development: Hospital Services - Construction of alterations and additions to a hospital (Northern Heart Centre)
- Redevelopment Address: 280 Charles Street, Launceston and 41 Frankland Street, Launceston
- PID 3224093 / PID 3200710
- The proposal: The construction of new building and associated development works, involving modification to the access way and parking area at LGH L2, other modifications within Frankland St, provision of signage and service infrastructure.
- The development application was approved on 28th August 2025: Permit Number DA0231/2025.

Appendix A: Public Display Plans

LGHNHC-AR001-0001 – Site Plan

LGHNHC-AR002-0001 – Site Plan

LGHNHC-AR100-0101 – Level 1 Floor Plan

LGHNHC-AR100-0201 – Level 2 Floor Plan

LGHNHC-AR100-0301 – Level 3 Floor Plan

LGHNHC-AR100-0401 – Level 4 Floor Plan

LGHNHC-AR100-0501 – Level 5 Floor Plan

LGHNHC-AR100-0601 – Level 6 Floor Plan

LGHNHC-AR100-0701 – Level 7 Floor Plan

Perspective View – Northern Heart Centre (Frankland St)

Internal Render – Northern Heart Centre (Staff Areas)

Internal Render – Northern Heart Centre (Staff Areas)

Internal Render – Northern Heart Centre (Staff Areas)

Internal Render – Northern Heart Centre (Patient Waiting)

Internal Render – Northern Heart Centre (Bedrooms)

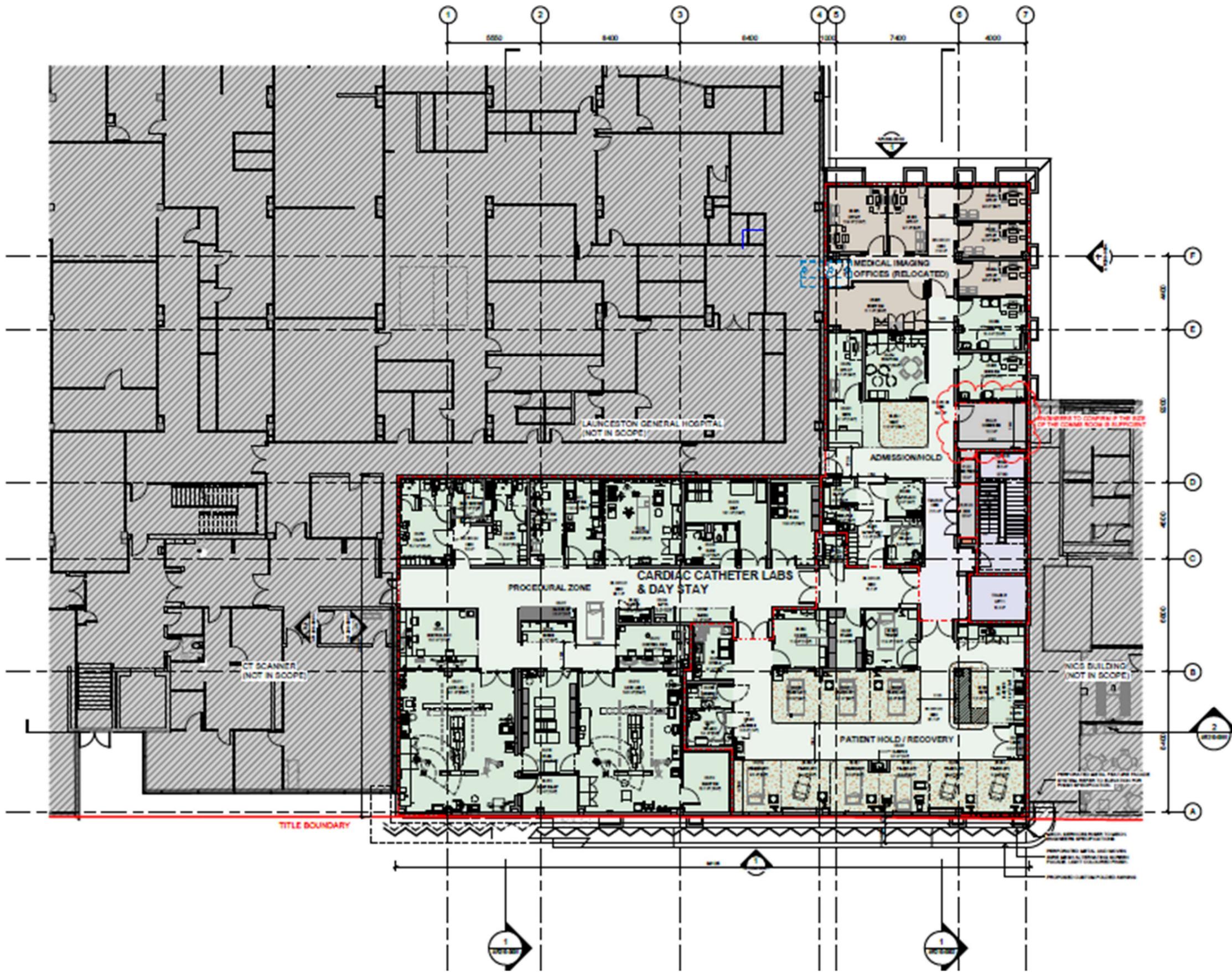


Figure 4: Northern Heart Centre Proposed Floor Plan – Level 3

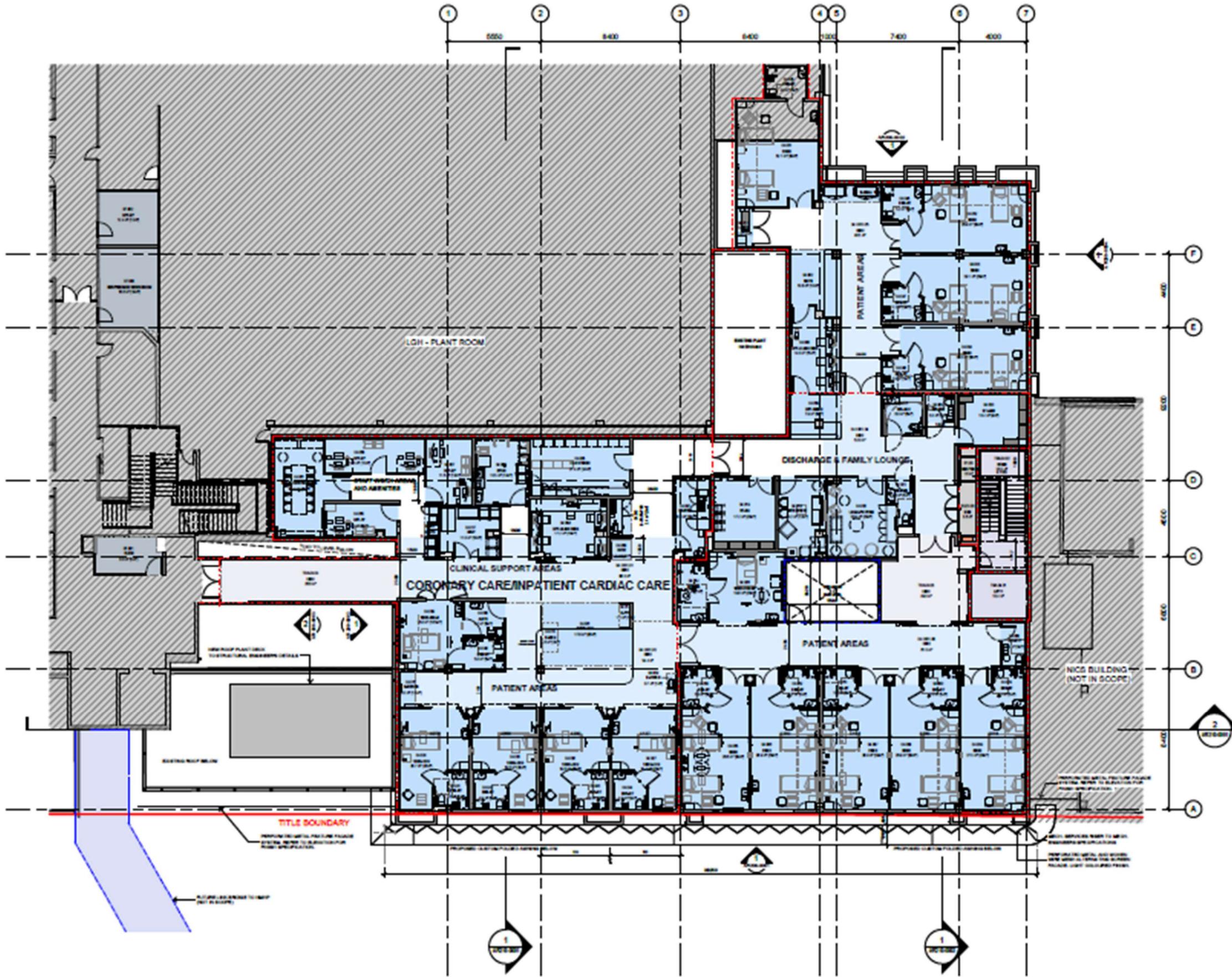


Figure 5: Northern Heart Centre Proposed Floor Plan – Level 4

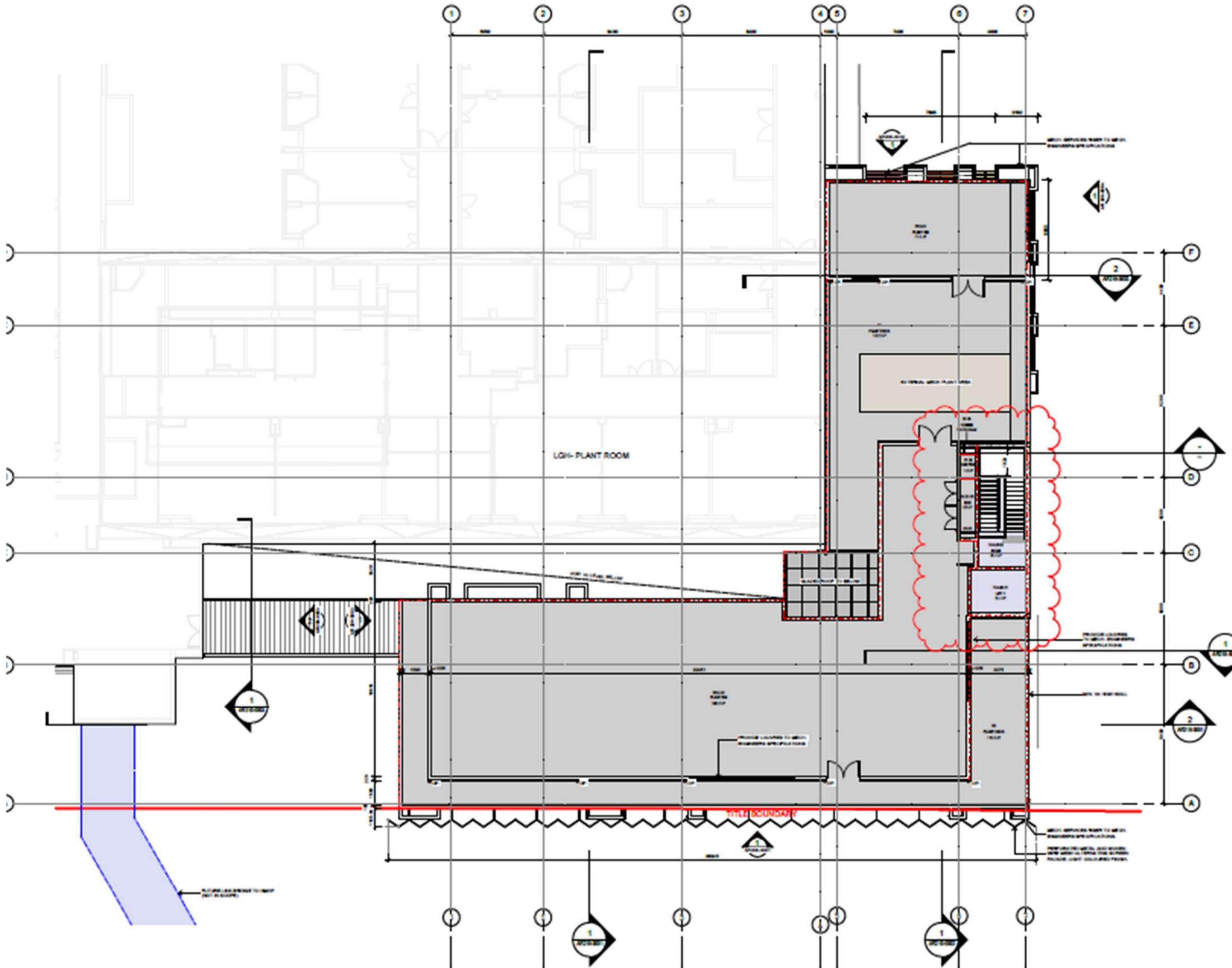


Figure 7: Northern Heart Centre Proposed Floor Plan – Level 6

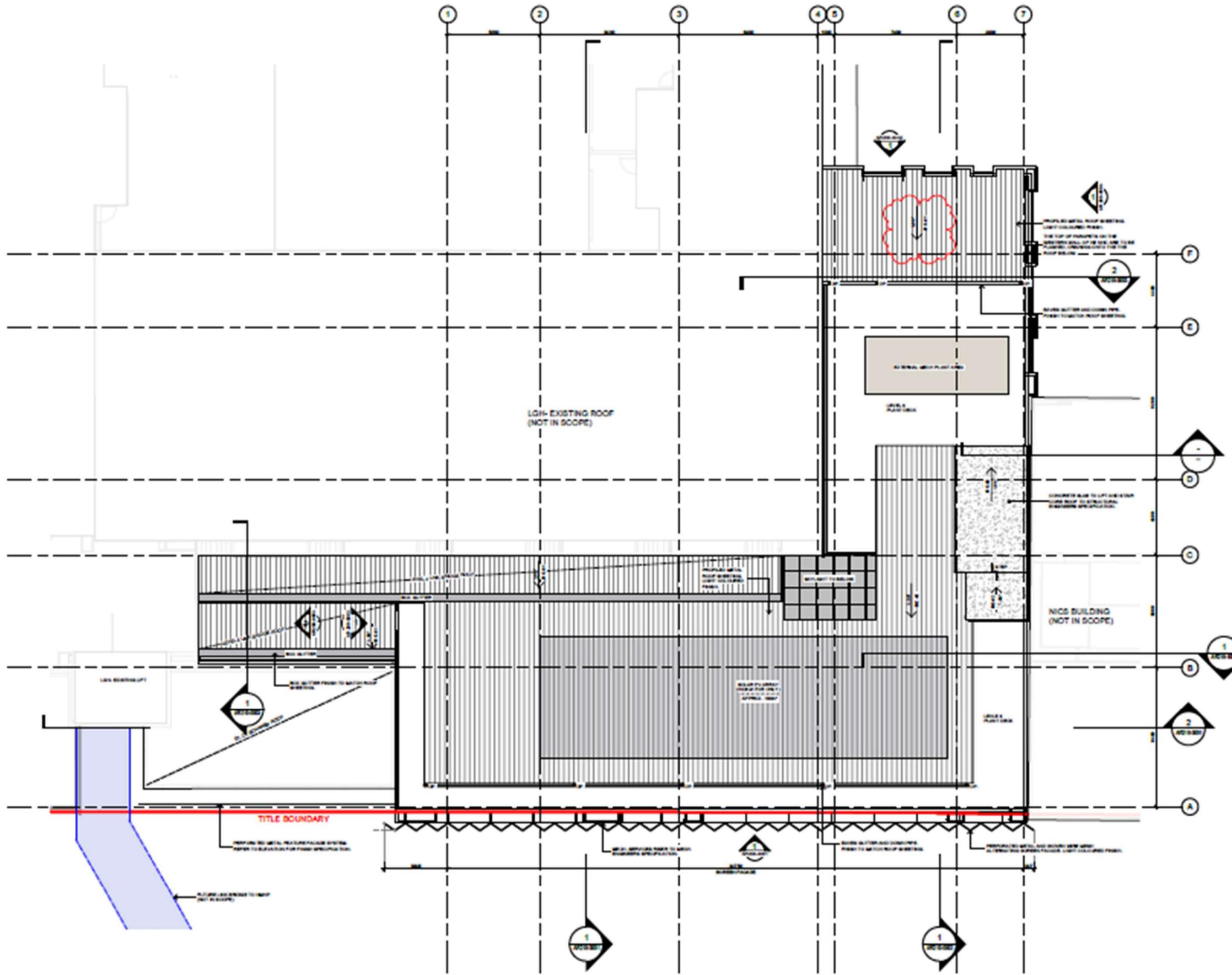


Figure 8: Northern Heart Centre Proposed Floor Plan – Roof (7)



Perspective View – Northern Heart Centre (Frankland St)



Frankland St View – Northern Heart Centre



Frankland St – Northern Heart Centre



Frankland St – Northern Heart Centre

Design Intent and Concept Overview

Render - Staff Station



Internal Render - Northern Heart Centre (Staff Station)

Design Intent and Concept Overview

Render - Staff Station



Design Intent and Concept Overview

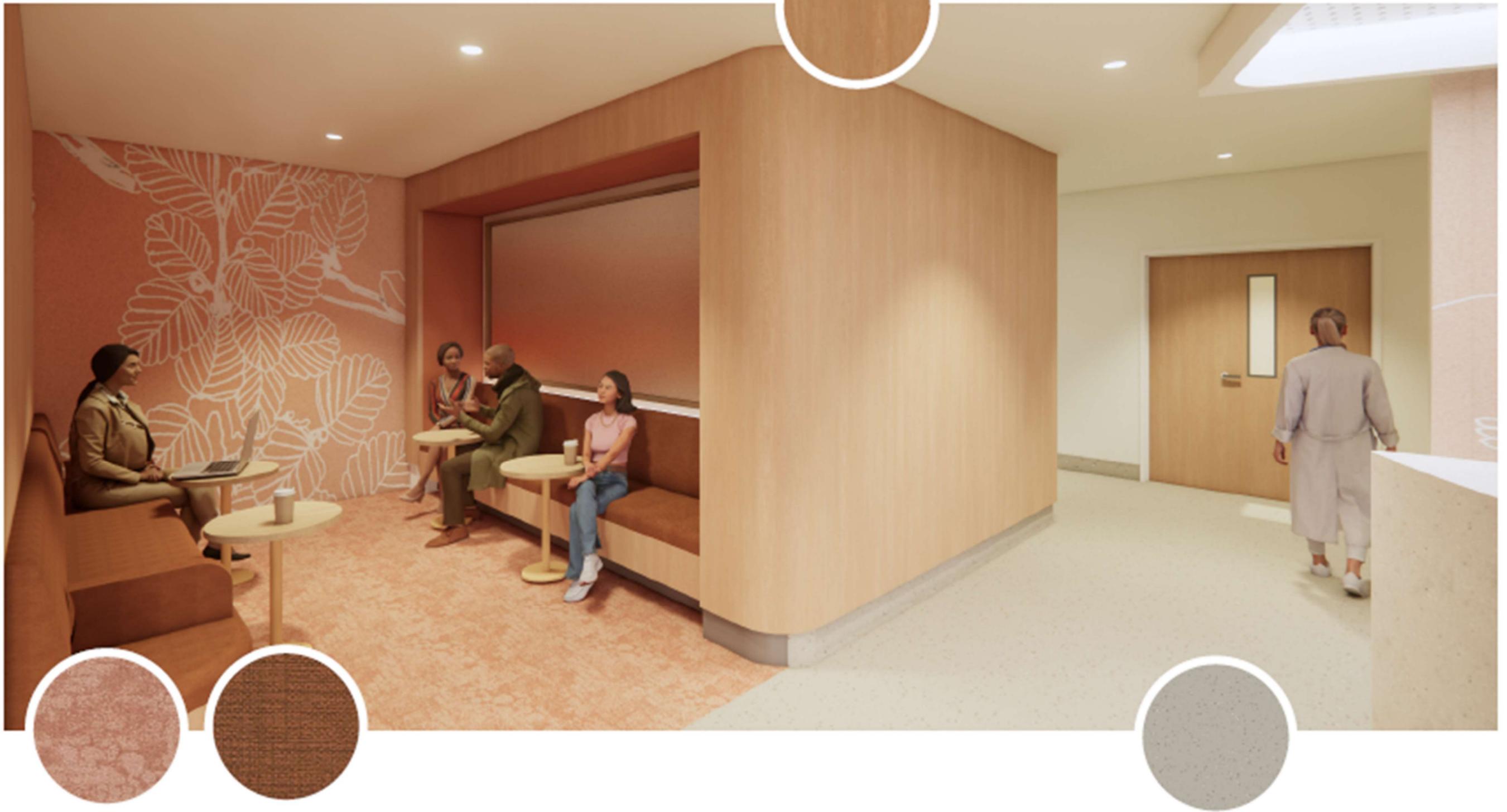
Render - Staff Station and Patient Bays



Internal Render - Northern Heart Centre (Staff Station)

Design Intent and Concept Overview

Render - Patient Waiting



Internal Render - Northern Heart Centre (Patient Waiting)



2 Bed Room



1 Bed Room



Family Lounge



Consult Room

Appendix B: Stakeholder Consultation and Engagement Plan AND Community Consultation & Feedback Report

Critical Engagement Meetings

Completed engagement meetings on the Northern Heart Centre project are as follows:

DATE	TYPE OF CONSULTATION
26 th , Nov 2024	Co-Design / Project Working Group Workshop
4 th Dec 2024	ICT Meeting (PM, LDC)
12 th Dec 2024	CT Service Disruption Meeting (PM, LDC, HPU)
16 th Dec 2024	Co-Design / Project Working Group Workshop
22 nd Jan 2025	Co-Design / Project Working Group Workshop
31 st Jan 2025	Test Fit Review (Cath Labs)
03 rd Feb 2025	Co-Design / Project Working Group Workshop
06 th Feb 2025	Early Engagement City of Launceston
06 th Feb 2025	Co-Design Workshop / Project Working Group
10 th Feb 2025	SCEP consultant engagement / project briefing Meeting
17 th Feb 2025	Project Working Group (PWG), Project initiation meeting, virtual
17 th Feb 2025	Project Working Group (PWG) / Stakeholder Group Identification
03 rd March 2025	Project Working Group (PWG), Project initiation meeting, virtual
06 th March 2025	LGH Nurse Unit Managers Stakeholder / NHC Project Briefing
30 th March 2025	Cardiac Network Meeting (Presentation of Schematic Design Report).
8 th April 2025	ICU / CCU Stakeholder Briefing
30 th April 2025	Project Working Group (PWG), virtual meeting
26 th May 2025	Project Working Group (PWG), virtual meeting, Design Development Commencement
2 nd June 2025	Project Working Group (PWG), virtual meeting, Design Development
18 th June 2025	Project Working Group (PWG), virtual meeting, Design Development Workshop x 4 Meetings
03 rd July 2025	Project Working Group (PWG), virtual meeting, Design Development Workshop x 4 Meetings

DATE	TYPE OF CONSULTATION
24 th July 2025	Stakeholder Engagement Meeting (LGH Pharmacy)
24 th July 2025	Stakeholder Engagement Meeting (LGH Security Review)
24 th July 2025	LGH Nurse Unit Managers Stakeholder / NHC Project Briefing
29 th July 2025	Project Working Group (PWG), virtual meeting, Design Development Workshop x 4 Meetings
31 st July 2025	Northern Cardiac Outpatient Services Workshop
12 th August 2025	Project Working Group (PWG), virtual meeting, Design Development Workshop (Presentation)
21 st October 2025	Project Working Group (PWG), virtual meeting, Contract Documentation Workshop
22 nd October 2025	Stakeholder / Project Sponsor Meeting (CT Disruption)
28 th October 2025	CCEC Information Session
28 th October 2025	Project Working Group (PWG), virtual meeting, Contract Documentation Workshop x 2 Meetings
30 th October 2025	Stakeholder Workshops x 4 (Radiology, Orthopaedics, Pathology and Northern Integrated Care)
5 th November 2025	Project Working Group (PWG), virtual meeting, Contract Documentation Workshop
6 th November 2025	Project Working Group (PWG), virtual meeting, Contract Documentation Workshop
19 th November 2025	Stakeholder Meeting (Disruption Planning)

Engagement Action Plan (with methods and tools)

Completed engagement activities on the Northern Heart Centre project are as follows:

PLANNED TIMING / FREQUENCY	METHOD/ TOOL	DESCRIPTION	RESPONSIBILITY / APPROVAL	STAKEHOLDER(S) / GROUPS
Mar - Apr 2025	Stakeholder meetings	Initial meetings with directly affected stakeholders, online and in person, to share project information, concept design. Concept Design Stakeholder Meeting held 5 March 2025	DoH	Directly affected services
Apr 2025	Project email address and 1800 number	Establish project email and use DoH 1800 number	RPS	Internal activity
Apr 2025	Issues and risk register	Develop issues and risk register for the Project.	RPS	Internal activity
Apr 2025		Develop LGH pre-DA / Release of design communications including: <ul style="list-style-type: none"> • DoH Priority projects Website content • Stakeholder email/s • Social media post • Media release • Internal news article • DL Flyer. <p>Note: Promote Online Survey within start of works communications</p>	RPS	Internal activity
May 2025	Project FAQs	Based on approved key messages, draft project FAQs to address stakeholder and community interest, issues and concerns	RPS / DoH	Internal activity

PLANNED TIMING / FREQUENCY	METHOD/ TOOL	DESCRIPTION	RESPONSIBILITY / APPROVAL	STAKEHOLDER(S) / GROUPS
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Schematic design release / Development Application submitted / advertised (TBC 5 May 2025)

Following DA submission (May 2025)	Media release (schematic design and DA submission)	Project introduction including visuals, DA submission, timelines, community benefits and impacts as known, where to find out more information and project contact details	RPS / DoH	All
	Website	Draft and publish content for DoH Priority Projects website with project information, schematic design render images and contact details	RPS / DoH	All
	Internal news article	Communicate project introduction, DA submission, schematic design, timelines, benefits, Online staff briefing invitation	RPS / DoH	Internal stakeholders
	DL Flyer	Communicate project introduction including DA submission, visuals, timelines, benefits and impacts as known, where to find out more and project contact details	RPS / DoH	Near neighbours / businesses
Jul 2025	Direct communications (email) / Stakeholder meeting	As required, distribute stakeholder emails or hold 1:1 or online meetings with to share project information, understand impacts, operational requirements and seek feedback	RPS / DoH	Secondary and Tertiary internal stakeholders, Advocacy and Special interest groups, Other Government, LGH Suppliers

Planning permit received (August 2025)

PLANNED TIMING / FREQUENCY	METHOD/ TOOL	DESCRIPTION	RESPONSIBILITY / APPROVAL	STAKEHOLDER(S) / GROUPS
28 October 2025	Stakeholder meeting (Consumer engagement)	Schedule and deliver online meeting to introduce project to CECC, provide an overview of opportunities to provide feedback and introduce the elements of the design / project consumer input is being sought	RPS / DoH	Primary internal – LGH Consumer and Community Engagement Council (CECC)
30 October 2025	I:I Stakeholder meetings (Early works)	<p>I:I in-person meetings with services impacted by early works to share project status, initial plans / known disruptions (including demolition), understand service delivery impacts, operational requirements and seek feedback. Record feedback and present to Project Team for consideration.</p> <ul style="list-style-type: none"> • Orthopaedics: Thursday 30 October • Medical Imaging / Radiography: Thursday 30 October • Pathology & Mortuary: Thursday 30 October • NICS: Thursday 30 October 	RPS / DoH	Directly affected services
Aug - Dec 2025 (as required)	Direct communications (email)	Distribute project update email to interested stakeholders to share project information,	RPS / DoH	Stakeholders signed up for email updates via online survey / registered interest in the Project

PLANNED TIMING / FREQUENCY	METHOD/ TOOL	DESCRIPTION	RESPONSIBILITY / APPROVAL	STAKEHOLDER(S) / GROUPS
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timeframes, where to find out more

Direct communications (email)

Stakeholder emails to provide project updates and information, tailored to address any specific issues / concerns / previous requests for information

RPS / DoH

Secondary and Tertiary internal stakeholders, Advocacy and Special interest groups, Other Government, LGH Suppliers