2025 (No. 43)

PARLIAMENT OF TASMANIA

PARLIAMENTARY STANDING COMMITTEE ON PUBLIC WORKS

Launceston Hospice

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

MEMBERS OF THE COMMITTEE

Legislative Council	House of Assembly
Ms *Rattray (Chair)*	Ms *Butler (Chair)*
Mr *Harriss (Deputy Chair)*	Ms *Burnet*
	Mr *Wood*

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1 INTRODUCTION

To Her Excellency the Honourable Barbara Baker AC, Governor in and over the State of Tasmania and its Dependencies in the Commonwealth of Australia.

MAY IT PLEASE YOUR EXCELLENCY

The Committee has investigated the following proposal:-

Launceston Hospice

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

2 BACKGROUND

2.1 This reference recommended the Committee approve refurbishment of the Allambi Building in Howick Street, Launceston, so it can be repurposed as a dedicated, modern public palliative care hospice facility, with a contemporary design offering a home-like environment for patients, their families and carers.

2.2 Launceston has not had a dedicated public palliative care hospice facility since 2007, when Philip Oakden House closed. Currently, the only dedicated public palliative care beds in Launceston are the four beds provided through a contractual agreement between the Tasmanian Health Service (THS) and Calvary Health Care at the Melwood Unit, in St Luke's Hospital.

2.3 Since the closure of Phillip Oakden House, there is growing community concern about the limited access to public palliative and end-of-life care in Launceston. To address this shortage, the Australian Government committed $20 million in the 2022-23 Federal budget for the construction of a dedicated hospice and hospice respite care facility, with capacity for at least 10 beds, within the Launceston General Hospital (LGH) precinct.

2.4 Following this funding commitment, the Department of Health's Health Planning Unit engaged with KP Health to develop a comprehensive service plan and care model for the Launceston Hospice. Completed in 2023, this report also specifies the essential site and infrastructure requirements for the Launceston Hospice.

2.5 Based on these specifications and the service and care model, the Department of Health (DoH) initiated a site evaluation process, with seven sites assessed. After this process, the Allambi Building was selected as the preferred site as it best met the key assessment criteria and exhibited the following characteristics:

- the building is located within the LGH precinct;
- the environment is considered suitable for a palliative care setting;
- the building complies with the requirement of the funding agreement with the Australian Government to provide capacity for a minimum of 10 beds;

- it allows the hospice to leverage off existing LGH services and provides easy community access via public transport and nearby parking;
- the existing courtyards promote access to gardens and can be incorporated into the design; and
- the Allambi building is already owned by the DoH, allowing a greater portion of the funds to be allocated to the refurbishment rather than the purchase of a site.

2.6 The Department of Health has designed the Launceston Hospice in line with the service plan and care model and will have the following facilities:

- 12 inpatient rooms, with nine general inpatient rooms, one isolation room and two bariatric rooms, each with access to a private verandah area;
- shared guest facilities for families and visitors, including three day rooms, calm spaces, and a shared lounge room with kitchenette;
- garden access through the landscaped community hospice garden and landscaped internal courtyards; and
- a central nurse's station;
- staff facilities, including a staff room;
- treatment room and medical offices;
- social worker and bereavement counselling office spaces;
- allied health office space;
- medical and food storage areas;
- training/meeting rooms;
- a new compliant accessible entry;
- a discrete new service entry; and
- staff and visitor car parking.

2.7 The Launceston Hospice's design is aimed at prioritising the experience and wellbeing of patients, while ensuring it is fit for its intended purpose. The design aims to encourage social interactions and create a home-like environment for inpatients, as well as an inviting and friendly environment for families, carers, and visitors. These design features include:

- A home-like environment: A design that evokes feelings of home, comfort and normality. With quality finishes and furnishing, thoughtful use of colour and decorative features, warmth and pleasant smells.
- Promotes dignity: With single rooms and ensuites for privacy, a design that supports independence and logical wayfinding to assist with a sense of belonging.
- Includes the natural environment: Views of nature, naturally lit and ventilated rooms, access to nature and gardens supporting interaction with animals. The Allambi Building provides the new hospice with a unique opportunity to utilise

the existing established garden settings and courtyards, promoting strong connectivity to greenspaces.

- Welcomes family and loved ones: Providing physical space and amenities to support family and friends spend quality time together.
- Flexibility of use: Spaces that facilitate individual and shared use, such as spaces for quiet reflection or spiritual practice, as well as areas and social interaction.
- Quality care: Supports the safe provision of high-quality palliative care by staff and volunteers.
- Artwork Integration: Integration of thoughtfully curated artwork throughout the hospice creating a sense of place, beauty, and reflection. Artwork will serve as wayfinding cues, promoting emotional healing through visual engagement.
- Universal Design for Accessibility: Incorporating universal design principles ensuring the hospice is accessible so people of all abilities can navigate comfortably and independently

3 PROJECT COSTS

3.1 Pursuant to the Message from Her Excellency the Governor-in-Council, the estimated cost of the work is $20 million.

The following table details the current cost estimates for the project, provided by the Quantity Surveyor at the pre-tender stage:

	Cost Estimate ($)
Base Project Cost Estimate (Construction plus Consultants and Design costs)	14 647 824
Design and Construction Contingency	2 197 174
Design and Construction Sub-Total	**16 844 998**
Professional and Authority Fees (inc. project management, contract management etc.)	1 267 110
ICT Infrastructure and Equipment	345 751
ICT Contingency	51 863
Furniture, Fittings and Equipment (FFE)	685 946
FFE Contingency	102 892
Art in Public Buildings	80 000
Post Occupancy Cost Allowance	137 189
Client Cost and Fees Sub Total	**2 670 751**
General Project Contingency	484 251
Total Project Cost Estimate	**20 000 000**

4 EVIDENCE

4.1 The Committee commenced its inquiry on Wednesday, 29 October 2025 with an inspection of the site of the proposed works. The Committee then returned to St. Catherine's Hall, Norwood, Launceston, whereupon the following witnesses appeared, made the Statutory Declaration and were examined by the Committee in public:-

Proponent

- Fiona Lieutier, Chief Executive Hospitals North, Department of Health;
- Jon Hughson, Director, Programming and Delivery, Infrastructure Services, Department of Health;
- Rachael Dobson, Senior Project Manager, Programming and Delivery, Infrastructure Services, Department of Health;
- Annette Barrett, Assistant Director of Nursing, Primary Health North, Department of Health;
- Daniel Mace Senior Project Manager, Programming and Delivery, Infrastructure Services, Department of Health; and
- Hanz Lee, Project Lead Designer Representative, Director, JAWS Architects.

Public

- Peter Miller.

The following Committee Members were present:

- Ms Jen Butler MP (Chair);
- Hon Dean Harriss MLC (Deputy Chair);
- Ms Helen Burnet MP; and
- Hon Tania Rattray MLC.

Overview

4.2 Mr Mace provided a brief overview of the proposed works:

> ***Mr MACE*** *- Since the closure of Philip Oakden House in 2007, Launceston has been without a dedicated, public palliative care hospice facility, leading to community concerns about limited access to contemporary palliative care and end-of-life care. In 2022, the Australian Government committed $20 million towards opening a new hospice facility in Launceston. The Launceston Hospice will be a purpose-built facility, providing 12 beds, that will cater for community members with life-limiting conditions, and their families and carers.*
>
> *The Launceston Hospice is to be located at 33 to 39 Howick Street within the existing Allambi Building, enabling the operation of the facility to leverage off existing clinical, hospitality and maintenance services of the Launceston General Hospital. The project aims to provide increased capacity to help meet future demand for palliative and hospice care as the Tasmanian population ages and more people develop chronic multiple comorbidities.*

Site Selection

4.3 The Committee sought to understand the site selection process and the attributes of the Allambi Building that made it the most suitable site for the Launceston Hospice:

> ***Ms RATTRAY*** *- … It says you did talk about two sites potentially, and the Allambi building was the one that was chosen. The old nurses' home in Franklin Street being deemed unsuitable for repurposing. But what about the five other sites. I mean, was that because they were effectively greenfield sites?*
>
> *…Can I have an understanding of where you landed outside of the last two you were down to?*
>
> ***Ms BARRETT*** *- … from a clinical perspective, our Medical Director and the medical staff were very strongly advocating for a building within the LGH Precinct.*
>
> *… And our advice from managers of other hospices in other areas was that that was a key aspect, the need to be near the LGH, not just to leverage off their existing services, but also for access to diagnostic and potentially other support services. So my understanding is there were very few alternative sites that were within the LGH Precinct and from a clinical perspective that was one of their highest priorities.*
>
> ***Ms RATTRAY*** *- What about the old nurses' home? What was the issue with that? Because then it wouldn't have unplaced the people working currently at the Allambi.*
>
> ***Mr MACE*** *- …Site selection was sort of a two-stage process. The first two sites that were assessed were the old nurses' home and the other, Allambi. We had Xsquared engaged to provide recommendation and advice whether the two sites were suitable. The old Nurses' Home is indeed empty, but the advice we received from Xsquared Architects was that it was not suitable as a hospice without significant alterations to the site which were deemed beyond what the project could deliver for the budget.*
>
> *Outside of those two sites, we expanded the search to include greenfield sites. The five listed there, were five identified through an analysis of the market and potential Crown Land or land owned by the City of Launceston… they were assessed against the criteria … locality, size and accessibility. Again, as Annette mentioned, the location being within the LGH Precinct was seen as a significant benefit.*
>
> ***Ms RATTRAY*** *- What about the Howick Street property that is going to be used as a temporary car park? When was that considered or was it ever considered?*
>
> ***Ms LIEUTIER -*** *So, that site is obviously the temporary car park whilst the multi storey car park is being built. Then, in the LGH Masterplan, it is going to be a subacute tower. Originally it was going to be the co-located public/private hospital with Calvary. So, when we were doing the site selections the plan was the private hospital. That's now off the board, but, the next plan is, in the Masterplan, for that to be subacute space for the Launceston General Hospital. If you've been through that hospital recently, it is in very, very strong need of extra space and subacute is one of those areas that is in significant need.*

Hospice Design

4.4 The Department of Health submission outlined the principles guiding the design of the Launceston Hospice:

> *The hospice aims to provide compassionate, patient-centred care for community members with life-limiting conditions, ensuring their comfort and dignity while also supporting their families and carers. This project is deeply rooted in honouring the heritage of the historic*

Allambi building, which first opened its doors in 1921 as an Infectious Diseases Hospital. The building stands as a testament to the evolution of healthcare in Tasmania throughout the twentieth century, and the proposed hospice seeks to build upon and continue this legacy.

The hospice thoughtfully integrates the rich historical significance of the existing Allambi building with the modern needs of a hospice. Preserving the existing heritage features of the building and its landscape, whilst enhancing the functionality to meet contemporary care requirements, has been a key item throughout the design process. Respecting, acknowledging, and retaining the existing external heritage fabric, has been a key focus of the design, resulting in minor additions which lightly touch, and are informed by the existing Allambi building.

The design of the hospice is aimed at replicating a home-like environment, and will promote dignity, access and connectivity to the existing established garden and courtyards that are unique to the Allambi building. Reinstating historical areas of landscape is aimed at encouraging patients, staff, family, carers, and the local community to utilise and engage with the existing historic landscape and new landscape of the site.

Patient rooms will have natural light, soothing warm colours, space for family members to stay overnight, and access to private verandahs with views out to the natural landscape.

Family areas will have comfortable furniture, views to the landscape, and kitchen and dining facilities where families can prepare meals and relax.

Zoning the hospice into public, private (inpatient bedrooms), and staff areas assists in the functional flow during the day and night.

The hospice will be a sanctuary for patients, their families, and carers, by providing a supportive, compassionate environment where end-of-life care is delivered with the utmost respect and dignity - all within an existing, historical setting.

...

The design and delivery of the hospice has been guided by the core principles of the model of care, ensuring person-centred, high-quality care, supporting carers and families, integrating care seamlessly, and delivering care by a skilled and competent workforce. The design prioritises a holistic and flexible approach, ensuring dignity, comfort, and emotional wellbeing for patients while fostering an environment that supports carers and families. [1]

4.5 At the hearing, Mr Lee reiterated the principles guiding the design of the hospice:

***Mr LEE** - ... The design team acknowledged the importance or uniqueness of this project, and we have approached it with care, sensitivity, and a deep sense of responsibility. Every effort has been made, to the best of our professional knowledge, to achieve the best possible outcome within the project's spatial, the heritage building envelope, accessibility and budget constraints.*

Our aim is to deliver a fit-for-purpose hospice facility that provides dignity, comfort and support for patients, family and staff within a family home-like environment. Throughout the process, we have worked closely with the project stakeholders to explore and refine solutions that balance functionality, accessibility, quality and value.

As I touched on earlier in the hearing, to strengthen our understanding and inform the design approach, our team undertook a study tour of three hospice facilities in Victoria, gaining

[1] *Launceston Hospice*, Submission to the Parliamentary Standing Committee on Public Works, Department of Health, pages 17-18

valuable insight into spatial planning, finishes, material selections, and also furniture, fitting and equipment selection. The lesson learned from this visit has been helpful in shaping a design that reflects both functional excellence and a compassionate, family-oriented environment that supports the emotional, physical and practical needs of its users. Throughout this collaborative approach, our team remains committed in delivering a facility that embodies care, inclusivity and respect.

4.6 The DOH submission highlighted there is no specific design guideline in the Australasian Health Facility Guidelines for a hospice facility. There is a potential risk the hospice design may not meet contemporary best practice standards. The submission highlighted the measures undertaken to address this potential risk:

> *Compliance with the Australasian Health Facility Guidelines (AusHFG) is mandatory for all projects delivered by the Department of Health. However, a 'Health Planning Unit' AusHFG is not available for palliative care or hospice services. This presents a risk that the design of the hospice will not represent contemporary best practice.*
>
> *To control this, the project team is developing the functional design brief with input from clinical experts and professional health planners to ensure the hospice is fit-for-purpose.*
>
> *Furthermore, a member of the project team was actively involved in a review of the existing Rehabilitation Health Planning Unit (which is proposed to include palliative and hospice services) with the Australasian Health Infrastructure Alliance and has provided regular updates to the project team during this process. This will ensure alignment with the AusHFG is achieved wherever possible.*[2]

4.7 At the hearing, the Committee asked the Department's witnesses to provide an assurance that this risk was being appropriately managed:

> ***CHAIR** - ... We will move on to the Australasian Health Facility Guidelines compliance, which is on page 21 of 31. There was a line within the first paragraph and that was: the Health Planning Unit, the AUSHFG, is not available for palliative care or hospice services, and that presents a risk that the design of the hospice will not represent contemporary best practice. Can you talk us through that risk to the project and how other institutions or other care facilities, such as the ones that Hanz spoke about visiting in Victoria, how they have got around this issue?*
>
> *... it does look like it's a calculated risk, obviously, but if you can talk us through that for the rest, because it is a $20 million investment.*
>
> ***Mr MACE -** Absolutely. The Department of Health standard practice is relying on strict adherence to the Australasian Health Facility Guidelines. Wherever possible, it is always accepted and, I suppose, adopted in each project. There is no Health Planning Unit in AUSHFG for a hospice facility. There are components that we can rely on, in terms of details such as a medication room or a -*
>
> ***Mr LEE** - A utility - I think the support facility can rely on a nonspecific health planning unit. We believe they are transferable in terms of their functionality. In consultation with other team members, we found it is sufficient to support the functionality of the hospice. One of the key aspects missing from the guideline is to inform the size of the room and the ones we design. That's part of the reason why our team took the study tour of three different hospice facilities to gain references. It's sort of a mixed model that we observe and some rooms are oversized and feedback when they were too big, some of them are too small. I guess we then took that information in consultation with the group, struck a balance and fit within the existing*

[2] Ibid, page 21

building. I think collectively you will find that what's designed on paper will be sufficient and will support the functionality of the hospice facility.

***CHAIR** - Okay. So, there's not a risk that this beautiful building is fitted out, we open up the new hospice and we find that it's not compliant and there has to be more work done on it later on down the track? That's not a risk?*

***Mr LEE -** In terms of compliance, the design itself will meet the National Construction Code and other relevant statutory requirements…. The Health Facility Guideline served as a guideline, and it allowed for project specific alterations to it, and of course, through consultation with the clinicians. At this stage, I'm confident to say that we have received support from the clinician group.*

4.8 The Committee sought further detail on the bedroom design and the benefits for patients and their families:

***CHAIR** - Whilst we're talking about the design, could you run through the capacity within the separate bedrooms for patients to have family members stay there comfortably, especially overnight, and what that would look like? Also, the verandah access and privacy on those verandahs as well?*

***Mr LEE** - Sure. The bedroom design has been carefully planned through consultation with the stakeholders. We landed on a design that has the ability to the provide a fold-out bed if needed, should the family members choose to stay overnight.*

As the design renders provide a part of the report, they approach it not just during the day, seeing, as we all can appreciate, people who receive palliative care or end-of-life care, the opportunity to visit the outdoor environment could be limited, so even during the night setting that the touch of a night sky design is to provide, again, an option for the patients should they wish to access it.

All the patient bedrooms have a private balcony, have a view or close proximity to the gardens, and each balcony will be separated with a fixed screen to provide the privacy quality that is needed.

Importance of Incorporating Green Spaces into the Design

4.9 The Department of Health's evidence highlighted the setting of the Allambi Building had created a unique opportunity to utilise the existing established garden setting and courtyards, promoting strong connectivity to greenspaces:

… the hospice will foster a strong connection to the garden, landscape, and outdoor spaces.[3]

The design of the hospice is aimed at replicating a home-like environment, and will promote dignity, access and connectivity to the existing established garden and courtyards that are unique to the Allambi building.

…

Early in the project, the importance of a strong connection to the landscape was identified as a key element of the hospice's environment. [4]

[3] Ibid, page 10
[4] Ibid, page 18

4.10 The Committee questioned the Department's witness on how the principle of promoting connection to greenspace had informed the design and the benefits to patients and their families:

> ***Ms BURNET*** *- … the garden setting and that community basis, can you explore that a little more, about how important bringing that external space in has been, as this site has been chosen?*
>
> ***Ms BARRETT*** *- I think certainly we had some consultations with managers of other hospice facilities - so, Cabrini, Eastern Health, the Whittle Ward, and HammondCare - and we asked them about the main feedback from their patients. You know, complaints, what the most valued aspects of hospice and the environment were, and they unanimously commented on the importance of the external environment and having that integration between the two. So, it was a really strong factor in the design, and communicating to the architects that it was really important. I think that's one of the great aspects of the design, that every room has immediate external access.*
>
> *Again, we want to try to promote - I mean, the philosophy of palliative care is you want to be able to encourage children, families, pets, those sorts of features, into the care and support of palliative patients, so you need to have appropriate space to do that. And so, obviously, again, the external environment plays a very important role in that - family functions, barbecues, get-togethers, those sorts of events. It's really important. That's what we were thinking. We also know that there are a number of community members who we believe have already expressed interest in supporting the facility. Again, involvement in the garden and the external environment is one option to ensure that. So, that was the thought behind that, but, it's been very early stages around exactly what that would look like and how that would occur.*
>
> ***Mr LEE*** *- Just to expand on that one: in addition to the community garden, the existing courtyard within the Allambi building will be maintained, and accessible not only to the patient residents but also open to the family visitors. We see that is an integral part of the hospice design and goes hand in hand with the model of care. We have professional landscape architects in our team that leverage the existing heritage trees, the value of it, and expand, and how that will integrate into the design.*
>
> ***Ms BURNET*** *- It's been informed by other other hospices, from your perspective?*
>
> ***Mr LEE*** *- Yes, as part of this project we, our team, went to do a study tour in Victoria of three hospice facilities. The lesson learned from both sides was what to do and also what not to do. One hospice facility attached to the hospital was mostly internalised; they had no access to a garden, and I think that sort of further reinforced the needs of access to outdoor space that's important to the people receiving hospice care. The other two facilities had beautiful, albeit small and in a different setting, one in a suburban - nothing as beautiful as the heritage setting of Allambi. This gives us the opportunity to use that to anchor the design.*

Parking

4.11 The Committee recognises the importance of adequate, accessible parking, especially for family and visitors at (what may be) a stressful or emotional time. The Committee explored the issue of parking with the Department's witnesses. The witnesses highlighted the constrained nature of the site, the desire to prioritise patient amenity by retaining and enhancing the significant garden area and the access to current and planned parking infrastructure nearby and on site:

> ***Ms RATTRAY*** *- … Obviously, hospice care is really important for families to be able to access and, I expect, friends. It says on the top of page six that 'the following criteria and requirements for the site were established', and it clearly indicates in 'Accessibility' that the site shall accommodate car parking for visitors, volunteers and staff. Currently there are*

26 spaces …and there will only be 14 spaces for vehicles. … How does that meet the requirements when there's going to be a significant reduction in car parking availability on site? It doesn't even cater for the staff numbers.

***Mr HUGHSON** - There is, obviously, as you've noted, Tania, quite limited car parking on site. The LGH in early 2026 will commence the construction of the multi-storey car park, which will be across the road.*

… down the road from the hospice. I think that has approximately 470 car parking spaces. In the interim, while that's being built, we're about to deliver a temporary car park that will be across the road from the proposed hospice, and that delivers 174 car parking spaces. I'm looking at the Senior Project Manager at the other end of the table. So, I suppose in very close proximity, there will be quite a plethora of car parking.

***Ms RATTRAY** - So that's the rationale behind why you can't actually meet the requirements to have accessible car parking, is to be able to use the new LGH car parking in the future?*

***Mr HUGHSON** - Yes.*

***Ms RATTRAY** - Do you think that's adequate and not too far away for people to be able to leave their car parked, perhaps, for a week?*

***Mr HUGHSON** - Well, I guess it is literally just down the road, and we have put as many car parks on the facilities as we can whilst still allowing the flexibility for those garden spaces and everything.*

***Ms RATTRAY** - I completely understand, but I also acknowledge that these are stressful times for families, and trying to find a park for your vehicle and stay with your loved one is also going to be a challenge.*

***Mr HUGHSON** - We'll be working with council, I believe, to look at some more on-street car parking as well.*

…

***Mr LEE** - The design incorporates a dedicated drop-off zone, so if you work with the service, they may be able to have short-term parking within the zone, offloading and then come back. It is a pretty constrained site. It's always about striking a balance between what's important to the project, I think throughout consultation with the stakeholders, unanimously everyone's agreed that the garden and outdoor space is paramount. It is an asset, it has a therapeutic function to it, so I think the car park drops down the list. We will have to just seek solutions outside the site and be creative about it.*

***Ms RATTRAY** - This morning Daniel informed us that there may be an opportunity to have a pass that accesses the LGH car park, because people might need to leave their cars for a length of time.*

***Ms LIEUTIER -** That's something that's reasonably easy to to do, and we do do it from time to time at the LGH, so that wouldn't be an issue. I think all of us here are are acutely aware of the car parking issues around the LGH, and there is no ideal solution to them, but we absolutely exhausted trying to find alternate sites that would meet every criteria and we just couldn't find one.*

***Ms BARRETT** - We did even at one stage have a discussion and the architects did have a design for putting in additional car parks to see what that would look like, but it really did detract from the external environment. Patients were then looking over a car park, and it really*

impacted quite significantly on the accessible external space. That was another contributing factor.

***Ms RATTRAY** - It's the compromise.*

***Ms BARRETT** - Absolutely.*

***Mr LEE** - For the record, a full traffic study was prepared and helped to inform the final design decision as well.*

...

***CHAIR** - A subsequent question to Ms Rattray's line of questioning, is there an opportunity within the new LGH car park to have even just four or five dedicated car spots that are allocated for the hospice people? Is there an opportunity, with us recommending that, potentially, as part of our report, and that way if you do have families that are needing to park there, and they're going round and round trying to find a car spot at a time of considerable pressure for them - or even potentially as a spillover for staff - that they are allocated as safe car spots? Would that be a sensible idea?*

***Ms LIEUTIER -** Absolutely. We do it for the Holman Clinic for our cancer patients at the moment, we do it with our disability car spaces, and we do have dedicated disability car space parking. It would definitely be within the realms of possibility, and quite sensible to do so.*

Consultation

4.12 The Department's submission highlighted the role of stakeholder input into the design of the Launceston Hospice noting the Project Reference Group as the primary interface for these key stakeholders. The submission noted:

> *Critical stakeholders (such as Friends of Northern Hospice, Palliative Care Tasmania, and the Northern Consumer and Community Engagement Council) have been directly engaged in the development of the design of the hospice through participation in the PRG. Stakeholders identified who are outside of the PRG have been, and will continue to be, engaged in accordance with the SCEP as the project progresses.*[5]
>
> *...*
>
> *The PRG plays a critical role in discussing the project design requirements with key stakeholders and collaborating with the project manager to resolve any design-related issues. Their involvement ensures that the project remains on track and that all relevant aspects are addressed throughout its lifecycle.*
>
> *The primary responsibility of the PRG is to provide expert advice on matters related to the planning and delivery of the project, to ensure that the project's objectives are successfully met.*
>
> *The PRG:*
>
> - *ensures that the project scope aligns with the approved budget*
> - *manages changes to the project scope to ensure that it remains under control*
> - *ensures resources are appropriately allocated to meet project goals*
> - *provides guidance to individuals directly involved in the project*
> - *actively addresses any issues that arise, especially those that may have significant implications for the project's progress and success, and*

[5] Ibid, page 25

- *reconciles differing opinions and approaches, resolving disputes to maintain project momentum and alignment.*[6]

4.13 The Committee asked the Department's witnesses to elaborate on stakeholder consultation and their input into the design:

> ***Ms RATTRAY*** *- … I'm just interested in what consultation did KP Health undertake with the project reference group people, and in particular, the Friends of the Northern Hospice group, because obviously, there's that opportunity to have input at the front end and potentially not at the back end like today. Can I have some indication of what that looked like?*
>
> ***Mr MACE*** *- Absolutely. KP Health facilitated a workshop with the project reference group. The Friends of the Northern Hospice group had two representatives on the reference group that attended that workshop. At that point, KP Health presented the literature review and data collection analysis that fed into its report, and then sought feedback from those representatives before delivering its report. Further to that, KP Health presented a draft report for feedback and review by reference group members, before delivering its final report.*
>
> ***Ms RATTRAY*** *- At any stage of that consultation was there a large group that met with KP Health, or was it purely just representatives? I think you mentioned two from the Friends of the Northern Hospice group. Did they have a large gathering where they might have, you know, thrown around ideas and suggestions?*
>
> ***Mr MACE -*** *The reference group was probably the largest sole gathering. All other engagements were more targeted towards particular audiences.*
>
> ***Ms RATTRAY*** *-So, not really a large open forum where people could have direct input to share their views of community health?*
>
> ***Mr MACE -*** *Yes.*

Potential to Provide an Assisted Bath/Spa Facility

4.14 The Committee received a submission from Mrs Lyn Lichon advocating for the inclusion of an assisted bath/spa facility, citing the therapeutic benefits observed in hospice patients:

> *I would like to draw the committee's attention to something I find quite disturbing. That is, what appears to be, the removal of the communal bathroom containing a spa bath from the hospice plans. This spa bath was one of the key requests the Friends of Northern Hospice submitted in the early stages but has since been removed from the plans.*
>
> *…*
>
> *I worked in Philip Oakden Hospice for some years as a registered nurse, and I can absolutely attest to the benefits of having such a therapy aid. Many a time my colleagues and I would wheel our patient to the bathroom, use the hoist to lower them in, choose their bubble fragrance and set off the spa. The immense joy that such a relatively simple act brought is almost indescribable.*
>
> *…*
>
> *The time spent in the warm, bubbly water was certainly not just a means by which to become clean, it helped relieve pain and anxiety, gave an opportunity for deeper reflection and discussion or verbalise fears. Such a therapy often leads to a lesser requirement for sedatives*

[6] Ibid, pages 25-26

and analgesics. This is very much in keeping with the hospice philosophy of having the patient front and centre in our decision-making.

...

I have been led to believe that the bathroom is making way for offices for dietician, OT and physio..

...

In closing, I would urge the committee to value the NEEDS of those people at the end of life above administrative processes of ancillary staff.[7]

4.15 The Committee was aware an assisted bath was considered during design planning but ultimately excluded from the proposed works. The Department's witnesses advised that a fixed bath could not be easily accommodated without reducing the number of beds or compromising care under the established service plan and care model. The witnesses also noted the project reference group discussed this matter but ultimately agreed that providing the agreed level of patient care and maximising bed numbers should be prioritised. However, the Department confirmed that a mobile bath option remains under review, with feasibility assessments ongoing:

***Ms RATTRAY** - The Committee has received a submission in regard to the lack of a spa or large bathtub for clients to be able to to use. Can you provide the explanation to the Committee on why that has been decided to be left off and why you've chosen to have the design that was put before the meeting? It's a very compelling submission that has been provided that's just been handed out by our Secretary and this is from someone who's worked in this space. The questions were asked this morning, and the response has been received, and I'd like it on the public record. Thank you.*

***Mr MACE** - Yes, the topic of an assisted bath or spa has been discussed at the project reference group meetings that we hold every second month. The issue at hand is a space constraint that we're dealing with.*

***Ms RATTRAY** - Was it in the original plan?*

***Mr MACE** - It was discussed at the concept design stage.*

***Ms RATTRAY** - So it was never in any original plan?*

***Mr MACE** - Not beyond our original concept plan taken past our gate one, which is essentially our scoping report. Essentially, it's a priority - what gets priority and what needs to be included in the hospice to make it operate. We are not dismissing a bathing function. We are continuing to explore options of a mobile bath system and we're workshopping that with our project reference group together with the clinicians and the design team. The option for the inclusion of a bath was discussed with the number of beds. As we've mentioned, our federal funding agreement requires a minimum of 10. We did look at the option of decreasing our bed numbers down to 11 with the inclusion of an assisted bath, but the project reference group agreed unanimously that that was not a favoured outcome. We want to guarantee that capacity of 12 beds is being provided.*

[7] Submission from Mrs Lyn Lichon, page 1.

We've also looked at other areas of the facility that we could include the bathroom, but in terms of priority we are at a bare minimum with the space allocated to staff and we do want to have those quiet break-out areas that support the use by families for quiet conversations that need that space away from the patient themselves.

***Ms RATTRAY** - So effectively the reference group and those people who have been part of putting this together decided that a priority of a break-out room and other uses like the allied health area for hot desking, I think was the word that was used, had a priority over a bath facility. Is that effectively what what took place?*

***Mr MACE -** In terms of the staffing area, we've looked at the staff model and the service model required to support operations in the hospice. That set up our minimum floor area, and now the inpatient zone, beyond that staff area, is the area we've got to play with in terms of incorporating the patient rooms and facilities that support the guests.*

***Ms RATTRAY** … I've had a look around and even a mobile bath, I'm not sure where you would put it when it was not being used. Is it effectively not an option? Because I just don't know where you fit it. There's an equipment room, but it doesn't look very wide to facilitate putting a mobile bath unit in there. You said you're exploring it, but where would you even put one if you had one available …?*

***Mr MACE -** The storage of the mobile equipment would need to be considered further, absolutely.*

***Ms LIEUTIER -** The bath is something we genuinely grappled with, and the reference group also took it quite seriously. We've got to look after the staff as well because we need the staff to be able to look after the patients appropriately, all the hospice residents. The only option we were left with was reducing the number of rooms and that really was less palatable to everybody, including the Friends of the Northern Hospice.*

…

***Ms RATTRAY** - So on one end you've got a chill-out room and at the other end you've got a day room. … is there any chance that you could reorganise one of those two rooms to facilitate a bathing area? … a chill-out and a day room, I expect that they are something fairly similar, and they're at either end of the back of the building.*

***Mr LEE** - I think there's a potential to refine those spaces should they need to become one, but I think at this stage the agreement is moving forward without a dedicated bathroom. However, I think as you pointed out, the chill-out room, with true consultation and workshopping, could be repurposed as a storage room for a bath. There is definitely potential there.*

***Ms BARRETT** … in relation to allied health staff - allied health staff are really important in palliative care. We wouldn't be expecting the LGH allied health staff just to drop over. You need specifically trained palliative care allied health staff, and that's the advantage of this hospice - it's purpose-built specialist palliative care in a contemporary facility. We're not just talking about occupational therapy; physiotherapy; we've got diversional therapy, potentially massage therapy as well. We've got a whole range of components which are really important. If someone wants to have a last trip to the beach, or go home and visit their family one more time, or be at home one more time, the involvement of OT and those sorts of processes is really important. You know, we have a lot of patients with respiratory distress. Again, the involvement in physiotherapy is really important in those aspects. The model of care and the staffing FTE at this stage include those staff on site every day, not for full days but for some hours every day. We also haven't incorporated any space for students, really, or staff on placement being upskilled in palliative care. So, I think the loss of the allied health space would, you know, compromise other aspects of the service that we need to be mindful of.*

...

Ms LIEUTIER - *I think it's really - with all due respect - it's easy to look at a plan and we can all say, 'oh, it would be really good to put a bath here,' but we've had extensive consultation on the plan. The reference group has been through a number of workshops on the plan and this was the priority that everybody came up with. There's been no force saying we have to have a day room or a calm room or a chill-out zone. This is the priority that the reference group, which had our specialists and our community members and the Friends of the Northern Hospice, has prioritised everything on here over the bath.*

Ms RATTRAY *- I completely understand that. But, it's also the Committee's role to take on board submissions and suggestions that come from our community, because at the end of the day, we all would benefit from something like this. I'm really grateful to have people who have invested their time to make contact, and just give us an understanding of what they see as an important aspect as well. Thank you. I do appreciate where you come from.*

Ms LIEUTIER - *Absolutely. I think one of the discussions we had is our preference would be to have a bath. We'd all love a bath there. It's just been very difficult to accommodate it without losing space that's actually very important.*

Relocation of Existing Services from the Allambi Building

4.16 In response to questioning by the Committee, Mr Hughson and Ms Lieutier provided further detail on the relocation of the staff and services currently operating from the Allambi Building:

Mr HUGHSON *- The services have been relocated to Cimitiere House. ... we've engaged a change management consultant to work with the impacted staff that will be relocating to Cimitiere House, and we're working with the landlord to do a fit-out to suit the services rather than what's happened in the past where the services have just tried to fit within the existing Allambi building.*

Ms LIEUTIER *- Cimitiere House is the space that we've been able to allocate for staff. There will be less costs ongoing, which we're working through in terms of the operational costing of running the hospice and relocating staff. It's going to be a dedicated fit-out. There's been formal consultation for three months, and certainly ever since minister Barnett made the announcement that Allambi was the preferred site, there has been ongoing communications and information-sharing with staff on potential sites where they may be located to, with Cimitiere House being the final selection.*

Ms RATTRAY *- Would there be any issue with that transition?*

Ms LIEUTIER *- I think there were 600 pieces of feedback in relation to the transition from staff, which extended the consultation period. We engaged with unions and staff. We have had confirmation from our clinical staff that they're now satisfied with the space that's been allocated to them and the fit-out. There's also going to be space allocated in the Launceston General Hospital for those staff who need to come up and have clinical responsibilities within the hospital. Alongside that, there is clinical space within Cimitiere House that's being designed and built.*

Ms RATTRAY *- You see no issues with the transition from one lot of people being accommodated in this current building to the next one while there's building?*

Ms LIEUTIER *- To be fair, the staff in Allambi have had the luxury of very, very good accommodation for a very long period of time, so there are challenges in terms of change management with transitioning staff who have had such beautiful surroundings into a city administration complex. So yes, there are challenges. We will work through them. The priority*

is to support our staff through that, but also to ensure that we're providing the best service for the community which the hospice provides.

...

***Ms RATTRAY** - ... So, to move the people that are working there out of that building and then effectively gut the building, was that taken into consideration through the site selection process ...?*

***Mr HUGHSON** - ... yes, factoring in the cost of essentially almost gutting the facility and rebuilding within, was one of the key points. Looking at a lot of other sites and having to actually acquire a building, or indeed build a building, was not really feasible within the funding that was allocated from the Australian Government.*

4.17 In his evidence to the Committee, Mr Peter Miller, a member of the local community, raised concerns about relocating services from the Allambi Building to the Cimitiere Street location. Mr Miller questioned both the cost-effectiveness of the relocation and the suitability of the Cimitiere Street building, citing the potential adverse impacts on staff and clients of those services. Mr Miller argued that an alternative location for the Launceston Hospice should be considered:

***Mr MILLER** - ... I'm not opposed to a hospice in Launceston, but what I'm strongly opposed to is the planned relocation of the 12 health services out of the Allambi Building down to Cimitiere Street, which is a commercial area, not a health precinct, with hordes of compromises, which I can go into it.*

...

... Just a little bit background, I've been fighting this since June. The Health Department - despite my phone calls to them and my letter to them - haven't got back to me. I did write to the Premier, and he passed it on to the Health Minister, who did send me a lot of information last Sunday, which I appreciated. That's basically the first correspondence I've had on this subject.

***CHAIR** - Can I ask you to explain, in particular, what your main concern is with the site?*

***Mr MILLER** - Yes, certainly. Basically, I think it's a waste of funds. The Allambi was refurbished three or four years ago, for its purpose now, with the current people who are in it. The cost of establishing them down there in Cimitiere Street is not going to be a cheap thing. The modifications and the fit out on the fourth floor, the cost of rent in the area, the cost of rent for car parking -*

...

... I believe the building is not suited for purpose. There's access limitations. There's two lifts in there. One will take an ambulance gurney. I've been to the ambulance service and they've been down there and checked, but it is a tight fit. Hospital beds will not wheel into that lift, they're too wide, the entranceway is too narrow. So, it's very much a compromised building in that aspect, for its purpose.

There's no provision for staff parking. The Minister for Health suggested that they park down at Seaport, or the new one that's been built at the Gasworks. She did state there will be two or three sites there for clients, visitors, and one disabled site. All those sites that are there out of the end of the building, they're all rented out, and it's when they become available. So, that to me, is a compromise too far.

The cars that they need for their home visits cannot park on site. There is a negotiation going on with the Launceston City Council to park them down at the CH Smith Building. That's pretty well occupied at the moment, with council staff parked there. The clients will basically have to rely on - most of the time - getting street parking, paying for it out there. It's limited parking. Parking is almost near impossible to get there. It's on a very, very busy street: Cimitiere Street is a major through road for heavy transport. Most of the clientele are in the 70 to 90 age group. They can't walk blocks and a lot of them are on wheelie frames. So, to me it's another limitation.

...

***...** The points that I will refer to is taken from the Masterplan, that the Health Department have put out. On page three, that -*

> *All developments achieve maximum public value in terms of economic, social and environmental outcomes.*

Well, having it as a hospice, I think you're going to be very limited. Obviously, it's compromised, and what I was picking up in the conversation today is there's no room for expansion, there's no room internally or externally to expand.

The refurbishment cost - and I say refurbishment, because I don't see that as a construction job, you may argue that - but the $20 million that was allocated from the Federal Government was for construction. I can't see how refurbishing is going to use $20 million anyhow, but I could be wrong.

...

This [master] *plan aims to optimise existing land and buildings to deliver safe and high-quality healthcare now and into the future. I wonder in the future, whether the hospice is good for 10 years, 20 years, it's soon going to outgrow its life on that site. So, it's a shame to upset everyone and move everyone down to Cimitiere Street on that basis. I look upon Cimitiere Street as not lasting - that's a band-aid placement, as far as I'm concerned. I think it's going to be eventually a waste of money, waste of time - and rent won't be cheap down there. That's a commercial building. Pitt&Sherry is still in place up there on the fourth floor. I went up there yesterday for a look, to check the lifts out and everything.*

The move down there doesn't fit in with the Masterplan of the Health Department. It does not match up on some of the points they put in there on safe environment, better staff and patient amenities, improved way in findings, greater connection to green space, and integrated parking. There is no integrated parking down there at Cimitiere Street.

I just wonder whether the impact of that move down to there has been assessed at all.

...To me, the solution - and I've been looking at it long and hard, and looking at Health Department sites and availability around the place - is that cleared site on 36 to 40 Howick Street that they're going to use as a temporary car park.

Now, we haven't had a hospice since 2007 in this town. What's another 12 months until they build a three storey - or whatever it is - car park and that site becomes available and can build a purpose built, beautiful building that's going to serve its purpose, and something that everyone would be proud of? I just look upon it as a total lost opportunity.

***CHAIR** - That's for a whole new building to be built on that Howick land, is that what you think would be -*

Mr MILLER - *Yes, that's what I think. Because Allambi is an old building, it's over 100 years old. A lot of cracks in it, okay, that could be fixed, but to me, it's not the solution, at all.*

Surely, this move of 12 community services to downtown Cimitiere Street is not a considered move, not applied common sense. Everyone I've spoken to has agreed with me and told me it's a crazy move. The staff at the workface at Allambi, like the nurses - they're the only people that I've spoken to - and one nurse casually said to me one day, 'How are you going to get on when we've moved down to Cimitiere Street?' I said 'What? Where on Cimitiere Street?' Then, every other nurse I spoke to after that - I've seen probably about 15 of them during my wife's journey up there - are all adamant that they don't want to go there. I know of three who said they were going to resign before they go.

4.18 The Committee asked the Department's witnesses to respond to the evidence given by Mr Miller. They conceded the Cimitiere street location was not ideal, however, there would be some definite advantages over the current provision of these services from Allambi Building:

CHAIR - *We've just heard from Mr Miller in relation to the moving of the services provided currently in the Allambi site to Cimitiere Street.*

…What I would like to ask is, what is that funding looking like to be able to redo Cimitiere Street to be able to accommodate the current staff and the areas which are being serviced at that current site? Could you give me a broad overview of that, for our own information?

Mr HUGHSON - *I'd probably have to take it as a question on notice, because it's the Infrastructure Services accommodation team that's been dealing with the fitout costs and the lease of that new facility. But, we can certainly provide that.*

CHAIR *- Another question Mr Miller asked was, has the impact of Cimitiere Street been assessed by the Department? Would you be able to talk us through that?*

Ms LIEUTIER - *Cimitiere Street is not the ideal location, but what we have done is a thorough assessment, the project team and Infrastructure Services have been working over a long period of time. The Cimitiere House is already leased by the Department of Health. We already have services in there, including clinical space on the ground floor. So, it is not a new facility in terms of introducing a clinical area to a greenfield-type site.*

Mr Miller is correct, the lifts have been examined by Ambulance Tasmania. We would never be taking hospital beds into a facility such as that and we wouldn't have a need to. But, Ambulance Tasmania are very comfortable that the lifts are of a sufficient size to accommodate any patients who they may need to bring through that facility. We've had mobility scooters trialled within the lift area, and it has met all accessibility requirements.

In terms of the administrative - there's two floors that are being considered - all administrative spaces over both floors will comply with the Treasurer's guidelines on accommodation within government buildings, including the desk space. And, there are clinical spaces being designed and dedicated for those clinical areas and services that need to be undertaken. So yes, there has been fairly thorough assessments of the plans.

There is additional parking within the building for staff. There are plans for night shift, staff will utilise the car parking under the building and car parking at CH Smith. The Department of Health and a number of other government agencies already lease significant car parking space down at CH Smith. Some of the car parking space is currently utilised by the Department of Health. My understanding is that it will be repurposed for the services out of Cimitiere House.

...

***CHAIR** - Will Cimitiere Street be fit for purpose? Has that been one of the main reasons why staff are saying that they're resigning? Is it compatible, will it be able to service the functions that they've been able to provide in the Allambi Building?*

***Ms BARRETT -** The main feedback that I'm hearing, the two critical aspects are around staff safety and security. The proximity to a number of hotels and the fact that some staff there work seven days a week, you know, until 10.00 p.m./10.30 in the evening, so, feeling unsafe. They're not all nine to five services; that's a key factor. The car parking and the need to have to pay for car parking, when they've never had to do that before, that's a financial impost for a lot of staff which they believe would be prohibitive for them.*

***...**There'll certainly be some advantages. We'll have completely new clinic spaces. So where we've got four clinic room spaces at the moment, we will have capacity for, I think it's at least five, if not six, so we'll be able to see more patients.*

That will be an advantage, for example, our Hospital@home service, which has very limited access to clinical space at the moment. So they'll have increased access to that. Five current community nursing clients did visit the Cimitiere House site and provide advice and feedback and some potential suggestions around optimising its suitability; so things like self-opening doors, having more seating so that there are opportunities to rest on the way to get to the clinical areas, looking at where intercom and signage is located, those sorts of things. That was very useful information.

There will be some advantages to having all our services co-located in one area, so our clinical services, Hospital in the Home, our Rapid Response Service, Community Nursing Clinics, that they will be able to integrate and support each other probably a little bit more than they do now. We will be splitting some, like our Community Nursing Service and our Palliative Care Service. That's not necessarily ideal. So some pros and some cons.

4.19 The DoH subsequently provided additional evidence to the Committee on the cost of relocating services from the Allambi Building to the Cimitiere Steet location:

Cost associated with the relocation of services from the Allambi Building to Cimitiere House will not be funded from the Launceston Hospice project. With the assistance of the Department of Treasury and Finance and the Office of the Crown Solicitor, the Department has negotiated a new lease at Cimitiere House with a commencing rent of $371 520+GST per annum ($320 per m2). The new fit out, estimated at approximately $1.5 million, will be funded by the Department. An initial 20 car parking bays at Cimitiere House have been secured at $180+GST per uncovered bay and $220+GST per covered parking bay per month. Staff relocation costs are currently estimated at $20 000.[8]

4.20 The Committee also asked the Department's witnesses to address Mr Miller's evidence that some staff from the Allambi Building would resign rather than relocate:

***CHAIR** - Mr Miller referred to a number of staff who are currently at the Allambi Building being very unhappy about the move and potentially resigning. Is that pretty realistic about the current state of affairs? Just noting that we have heard that there has been a really big delay in moving the staff from the Allambi Building to Cimitiere. Do you think there will be some resignations?*

[8] DoH response to Matters taken on Notice-Public Works Committee-Launceston Hospice Hearing, page 2.

Ms LIEUTIER - *I'd probably ask Annette, but my understanding is there are a couple of staff who are very unhappy about the move, who live very close by, within walking distance of Allambi. Indications have been that they may choose to resign. All staff at Allambi, if they don't want to work at Cimitiere House, we could probably find them employment within the LGH. So, it wouldn't be necessary for them to resign if they choose not to move.*

…

Ms RATTRAY *- What if they all want to resign? Where do you house them all?*

Ms LIEUTIER - *Well, there's actually quite a proportion of staff who are very happy to move to a new facility. So, I don't think that's a risk.*

Ms BARRETT - *We have had three staff who have resigned already, who cite the relocation as contributing to that decision. The majority of those staff were at, or nearing, retirement age, and there are a number of other staff who said they will not move.*

Meeting Future Demand

4.21 The Committee asked if the planned 12-beds for the Launceston Hospice would be sufficient to meet future demand:

CHAIR *- … There's a minimum of 10 beds, this particular project is proposing 12 beds. Will that meet the current demand, and what is the projected demand at the moment for end-of-life care?*

Ms BARRETT - *KP Health research indicated that by 2027 we'd need 12.4 palliative beds, ideally.*

CHAIR *- When this is finished being built, will it be at that demand?*

Ms BARRETT - *That was across the north, too. We do have palliative-specific suites available at all of our district hospitals, so they provide additional palliative beds. By 2032, the prediction was 13.7 palliative beds.*

4.22 Noting that demand in the north of Tasmania was expected to exceed the 12 beds at the Launceston Hospice by nearly two beds by 2032, the Committee asked of potential future expansion of the number of beds on site:

CHAIR *- … Is there space there for future expansion and do you think that this will need to be expanded into the future?*

Ms BARRETT - *There is a small amount of space at the rear of the landing.*

…

I think ideally, talking to some of the other hospice operators, having about 16 beds creates some efficiencies of scale and is an ideal number. I think from the projections, we know our rates of dementia, incidence of neurodegenerative diseases and cancers are increasing. So, there is an increasing demand for palliative care. I think 12 beds are the minimum, but that allowed us to have rooms that were an optimal size and provide a lot of the other features that we felt were really important.

4.23 The Committee was of the view that underutilised capacity at district hospitals could be developed to meet the expected future increase in demand for hospice services. The Committee explored this possibility further with the Department's witnesses:

Ms RATTRAY *- … You mentioned the opportunity to have palliative care in our regional hospitals. Under the KP Health model or the 'Long-Term Plan for Healthcare in Tasmania 2040', do you see an opportunity to expand those services in some of our regional areas? For instance, the North Eastern Soldiers Memorial Hospital in Scottsdale, I believe, has two palliative care beds, but there is plenty of space for more that could relieve pressure and you could park outside the door at no cost. … Do you see the opportunity to use our regional hospitals that are not being used to their full potential for general admission, but for those services?*

Ms LIEUTIER *- I think we would all be quite aligned that we all want the best efficiency and services provided from our district hospitals. The hospice is very much focused on the acute palliative patients. People are at the district hospitals to be close to their families and friends and their environment. If the need is there, then we would certainly advocate for increasing those facilities or increasing the bed numbers or swapping bed numbers - that is another thing that we would look at. There hasn't been any strong need indicated to us at the moment in relation to the district hospitals.*

Ms RATTRAY *- There will be in the future.*

Ms LIEUTIER *- The other thing that we do is have palliative patients in the Launceston General Hospital as well, and that would continue. We have a current contract with Calvary's Melwood Unit - that's where our current palliative care patients largely go, with overflow back into the LGH. The utilisation of the district facilities will change as the needs of the communities change.*

Estimated Project Cost

4.24 The Committee asked the Department's witnesses about the accuracy of the estimated project cost. Mr Mace indicated the tender result had accurately confirmed the cost estimate calculated by the project's quantity surveyor:

Mr HARRISS *- … Just on the overall project cost estimates: it's got a note here that WT Partnership was engaged as quantity surveyors, and that it was based on the tender design suite of documents. Where are we at, I suppose, with that, as in cost-wise, and has anything changed in that base project cost that would change that?*

Mr MACE *- The tender period has finished and we have received tenders for that procurement phase. I can't speak to the costs that we received, but they landed favourably against our budget, and these figures are accurate.*

Ms RATTRAY *- Can you recount how many tenders have been put forward?*

Mr MACE *- We've received three submissions.*

Ms RATTRAY *- That's a good sign. You've competition.*

4.25 The Committee also questioned the Department's witnesses on the specific contingencies provided in the project budget:

Mr HARRISS *- In this layout, there are some contingencies broken down: ICT contingencies, FFE contingencies, and then a general contingency at the bottom. Are they sufficient?*

Mr MACE *- They've been recommended by our quantity surveyor to be in place. Our understanding at the moment is that they are sufficient.*

CHAIR *- Just under the general project contingency - because there's a contingency for design and construction of about 15 per cent, and then there's a 15 per cent contingency on the ICT, and then you also have furniture fittings and equipment contingency, again at 15 per cent.*

Then, you have a general project contingency, of again, another 15 per cent. I'm just trying to figure out what that is contingent against - when you've already got contingencies on the design and construction, on the IT, on the furniture fittings and equipment? I just wanted to see if you could talk me around what that general project contingency is for? Because there seems to be a lot of contingency costs within this remit. It's unusual for us to see this amount of contingency in a remit.

…

***Mr MACE -** …We've broken down the contingency against components, just proportionately to those areas. The general project contingency is more of an unknown risk, I suppose you'd say. It covers things like project scope creep, elements of the design that are still being worked through, that may have an impact on our project cost. So, looking to just report that, under that one element there.*

***CHAIR** - You've already got a contingency on the design, though. So, it just seems like a duplication in your costs on the contingency, that's all.*

***Ms DOBSON -** We're seeing a number of projects that have been allocated a market escalation cost by our cost planners across the board. To provide the assurance, I guess, that we can deliver projects within budget and sustain any increase in the cost of steel or transport or anything like that, when we're delivering projects, it is part of the project framework that we operate under, we need to seek permission from the sponsor to access contingency funds. We can have a contract for all of these things, but the contingency component requires the sponsor's approval. That means that the Chief Executive of Hospitals North - it's at her discretion to approve access to those. I think, in this case, the intent is to allocate as much of the Australian Government funds to the delivery of this project, in the best way possible.*

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

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

***CHAIR** - …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 a recognised problem within the allocated budget?*

***WITNESSES -** Yes.*

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

***WITNESSES -** Yes.*

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

***WITNESSES -** Yes.*

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

***WITNESSES -** Yes.*

5 DOCUMENTS TAKEN INTO EVIDENCE

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

- *Launceston Hospice*, Submission to the Parliamentary Standing Committee on Public Works, Department of Health;
- Submission from Mrs Lyn Lichon;
- DoH response to Matters taken on Notice-Public Works Committee-Launceston Hospice Hearing.

6 CONCLUSION AND RECOMMENDATION

6.1 The Committee is satisfied the need for the proposed works has been established. Once completed, the proposed works will provide a dedicated, purpose-built, public hospice to serve the Launceston community.

6.2 The Committee does, however, have some concerns that the current design does not include an assisted bath. While the Project Reference Group, which included representatives from the Friends of the Northern Hospice, agreed on the priorities embodied in the current design, the Committee acknowledges their strong advocacy for this feature and considers their arguments persuasive. The Committee therefore urges the DoH to fully investigate all practical measures to provide an assisted bath, whether fixed or portable, prior to commencing construction.

6.3 Notwithstanding these concerns, the proposed works will provide a much-needed improvement to the provision of public palliative and end-of-life care in Launceston, with a dedicated facility having not been available since 2007. The Launceston Hospice will have a contemporary design, focusing on patient-centred care, offering a home-like environment for patients, their families and carers. The design will also promote connectivity to landscaped greenspaces within the building's courtyards and to the existing established garden containing heritage listed trees.

6.4 Accordingly, the Committee recommends the Launceston Hospice, at an estimated cost of $20 million, in accordance with the documentation submitted.

Parliament House
Hobart
16 December 2025

Ms Jen Butler MP
Chair