

## PUBLIC

### **THE PARLIAMENTARY STANDING COMMITTEE ON PUBLIC WORKS ON KINGSTON HEALTH CENTRE DEVELOPMENT MET IN COMMITTEE ROOM 2, PARLIAMENT HOUSE, HOBART ON 3 OCTOBER 2017.**

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**Mr MARK BALLARD**, PROJECT MANAGER, CAPITAL WORKS, ASSET MANAGEMENT SERVICES, DEPARTMENT OF HEALTH AND HUMAN SERVICES; **Mr FRED HOWARD**, AREA SERVICES MANAGER, COMPLEX CHRONIC AND COMMUNITY SERVICE GROUP, TASMANIAN HEALTH SERVICE SOUTHERN REGION; AND **Mr SHANE COX**, ARCHITECT, BPSM ARCHITECTS, WERE CALLED, MADE THE STATUTORY DECLARATION AND WERE EXAMINED.

**CHAIR** (Mrs Rylah) - Thank you for appearing before the committee. Before you begin giving evidence, I would like to inform you of some of the important aspects of committee proceedings. A committee hearing is a proceeding in parliament. This means it receives the protection of parliamentary privilege. This is an important legal protection that allows individuals giving evidence to a parliamentary committee to speak with complete freedom, without the fear of being sued or questioned in any court or place out of parliament. It applies to ensure parliament receives the very best information when conducting its inquiries. It is important to be aware that this protection is not accorded to you if statements that may be defamatory are repeated or referred to by you, outside the confines of the parliamentary proceedings. This is a public hearing, members of the public and journalists may be present and this means your evidence may be reported.

Would you like to make an opening statement?

**Mr BALLARD** - The purpose of the submission before the parliamentary standing committee is to seek approval of the project to construct a new health centre at Kingston. This follows on from the design of similar centres initially at Clarence and Glenorchy, both of which are about four times larger than this site. In designing the new centre we have allowed for future expansion, having regard to the future needs of the communities of Kingborough and southern areas.

The construction of the new facility will be located on the former Kingston high school site, which was vacated about 2009-10. Following that, arrangements were made between the state government and the Kingborough Council for the land to be redeveloped and a master plan was commissioned by the Kingborough Council. The land is still in crown ownership pending completion of the rezoning and subdivision requirements. The Crown will retain a portion of the land upon which the new health centre at Kingston will be constructed. As part of the rezoning of the land from the high school to a special purpose zone, a special planning area has been created which has a number of design and other requirements that we have modelled our design of the new building on.

The property will be situated on a very prominent corner of what is termed a pedestrian thoroughfare, the Promenade, and a road avenue called the Boulevard. The council has intended, as part of its redesign, that the Boulevard will become one of the main thoroughfares for Kingston and will include public transport options which it will negotiate appropriate routes with Metro Tasmania.

The council has advised that it is yet to complete its subdivision works, which are anticipated to commence as from about January 2018. Once these works have been completed and we have

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sufficient access to the site, we propose to commence the construction of the new health facility. The health facility, as it is presently designed, is intended to replace the existing health facility in John Street, which is nearby. That is a lease facility that no longer suits our operational needs and its design currently reflects design philosophies that were current some 20 years ago.

The new facility has been designed having regard to the Australasian Health Facility Guidelines. Extensive consultation has taken place with the relevant business unit users within the Tasmanian Health Service that will be occupying the new facility. It is expected the final design will be approved by the Kingborough Council in the near future. We have lodged a development application and are resolving a few minor issues. Following that, in about six weeks' time, we should be in a position to tender for the works. That may be delayed because the surrounding roads and infrastructure required for the facility have not yet been constructed.

I submit the proposal for the committee's consideration.

**CHAIR** - Thank you, Mr Ballard, that is great.

**Mr SHELTON** - There is a quite a substantial amount of work done on reducing the energy consumption of the building. Can you highlight to the committee what has gone on in that area and what is driving it?

**Mr COX** - One area we have looked at is the treatment of the glass. We will incorporate double glazing as a way of reducing the effects of solar radiation through the glass in summer and to reduce the effects of heat loss during winter. The external walls and the roof will all be substantially insulated for the purposes of reducing the effect of heat loss in winter.

We have orientated the building so the entry and waiting areas get the most amount of solar access, noting that north is diagonally through the building. The orientation largely has been set up by the configuration of the road and also the town promenade; that is why it is set parallel to the town promenade. Consequently, we have tried to look at how to best zone it from the point of view of public areas that can take advantage of sunshine through the glass.

We are looking at the use of timber for construction material for internal walls, which are going to be lightweight. These are proposed to be timber stud rather than metal for the purposes of using a sustainable material. The roof trusses will also be timber, again from the point of utilising a lightweight and sustainable building material. We have tried to incorporate timber in a number of areas. This dovetails into the state government policy for the encouragement of the use of Tasmanian timber.

Other sustainable features we have incorporated are in the car park. We have incorporated drainage swales between car parking bays to run water off the asphalt areas onto those grass swales to allow for the natural absorption into the ground and also to reduce the amount of water run-off that would otherwise go into local council infrastructure.

**Mr SHELTON** - That is wonderful. You mentioned timber. The notes talk about environmentally friendly materials. They talk about timber and brick. How long have we been saying that brick is sustainable?

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**Mr COX** - The idea of using brick is that in terms of embodied energy, it is lower in body energy than, say, steel or concrete. That is where the environmental aspect comes in. It is thinking about the long-term use and longevity of the material.

**Mr SHELTON** - I understand. I am pleased we are using brick but it mentions that it is sustainable on page 12. I wondered how long it has been since we have been calling brick sustainable. Whether you make them out of concrete, fire or clay brick, it is not as good as timber but I admit it is better than steel.

**Mr VALENTINE** - With regard to insulation, you talk about insulating the roof but you are not insulating the walls?

**Mr COX** - Yes, all the external walls will be insulated. Internally, we are including acoustic insulation throughout most of the fit-out. Acoustic insulation also provides thermal qualities. Insulation under the slab on the ground so as to stop the effect of rising -

**Mr VALENTINE** - That is cool. Obviously, the building becomes more sustainable if you can capture solar energy. I am not just talking about just the glass in the front of the building. I am talking about solar PV panels, which is an opportunity on that site because of its direction. Was there some thought of incorporating that into the design?

**Mr COX** - No, there has not been at this point. That is largely to do with the budget aspect of the project. With the facilities we are providing internally to meet functional requirements, our budget unfortunately does not quite extend that far.

**Mr VALENTINE** - Over time, it would reduce the outgoings of that building if you can incorporate solar panels. I guess that is a policy decision elsewhere. I find it fascinating that we can build new buildings without them, especially when we now have glass solar collectors to put back into the grid. Why wouldn't we be investigating that? Is it hugely expensive to incorporate? It seems like you are saying it is an expensive exercise.

**Mr COX** - In capital outlay it is not an insignificant cost to the project. It can be retrofitted to the building. The pitch of the roof, for example, is quite low and the way we are pitching the roof it still can be set up.

**Mr VALENTINE** - Does it pitch to the south?

**Mr COX** - It is sort of east-west and because it is quite a low pitch it still can be set up so it takes advantage of northern sun. The best orientation is anywhere up to 15° east of north or west of north. It is starting to get into that north-west orientation or south-east. It can be easily set up.

**Mr VALENTINE** - There are methods, for instance with the solar aspect - and I am not talking about photovoltaic panels now - of being able to capture heat generated through the glass and recirculating it through the slab during winter to lift the capacity for the slab to become a heat bank. I have seen that operate. Was there any consideration of any of those ideas?

**Mr COX** - Not in terms of that passive heating, but that is because of the way the building will be used. The nature of the use where some of the units such as physiotherapy or the CHAPS facility require an element of privacy, there might be situations where blinds are down on the external windows which will lose opportunity to capture and take advantage of that. Passive heating works

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by heating a solid mass, such as concrete, slowly and it releases its warmth slowly. With the nature of this building and its operating times between 8.30 a.m. and 5.00 p.m., to take advantage of heat in the slab it is already coming to the end of the day.

**Mr VALENTINE** - I understand, but it keeps the ambient temperature up for the following day.

**Mr BALLARD** - I can add a few more points to that. The building has to suit the needs of different types of users. Mr Cox has mentioned, for instance, physiotherapy. There are also areas such as oral health. The products used in amalgams are very sensitive to temperature, so they have a specific temperature range. In another area, we are dealing with very young children who might be undergoing partial examination or whatever and therefore we want a different temperature in that environment.

It is an unusual building as different areas will have different temperature requirements. The best to control that, rather than a slab heated at a constant temperature, is to have individual room controls, which we are doing. We have sought advice from engineering consultants on the design and energy efficiency of the building and chosen an airconditioning system which will give us both energy efficiency savings and the ability to vary the temperature in certain areas to meet the differing needs.

The design has undergone a series of value management reviews. Initially, the budget for the facility was set several years ago and the project has had a long gestation because of various history reasons. Prices are relatively high at the moment because of the amount of the work happening in Hobart and Tasmania in general. It is a very buoyant construction time at the moment so, like any other project, we have to compete against that.

Our pre-tender estimates, which has driven some of the design of the project, have forced us to consider some aspects of the design. One of the key features, is we have tried to duplicate the floor plan on the ground floor with that on the upper floor. This will minimise the area in which there is no single floor area using an extensive slab for that one area. The facilities, such as toilets, sit one above each other, giving economy. The design has gone through a number of reviews to get the best bang for buck with the design of the building.

We have also undergone a master planning process on the site to allow for future expansion. I draw members' attention to page 8, with the diagram. The other facilities such as Clarence and Glenorchy are probably four times as large as this, but this site has been designed to give us a lot of flexibility in future design and changes in the types of services the Department of Health and the Tasmanian Health Service may wish to deliver from this facility.

**CHAIR** - Back to the timber issue. You mentioned the bearers and frame are going to be made from timber. So this is engineered timber?

**Mr COX** - The roof trusses will be engineered by a truss manufacturer. We are going through some of the detail design and seeking advice from a local truss manufacturer. The idea is the truss manufacturer might be able to supply; it will depend on the tendering process, but they might be involved through the construction of the facility. The timber member sizes used with the truss would be relatively small. They do not need to be large engineered beams.

**CHAIR** - Is it likely Tasmanian timber is going to be used in those beams?

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**Mr COX** - Yes, that is the intention. We would look at using either Tas Oak or radiata pine, which are both grown locally in the state. Our intention is to try to utilise the local materials.

**CHAIR** - I can find one easement on one of the designs, but there are two easements mentioned. Where is that second easement? It says there is one down the southern boundary but there is one on the south-eastern boundary 6 metres wide, 'parallel to the full length of the south-eastern boundary line'. Where is that?

**Mr COX** - The south-eastern boundary is technically what we are calling the southern boundary.

**CHAIR** - Sorry, I was getting a bit confused.

**Mr COX** - On the plan you have, the two buildings on the bottom of the page, on the adjacent site, is technically the south-eastern boundary and there is the 6-metre-wide easement that runs along that.

**CHAIR** - I am sure it says 'southern' somewhere here, but I will take it they are meaning one and the same thing.

**Mr COX** - Essentially they are one and the same, yes.

**CHAIR** - So there are not two easements on the site?

**Mr COX** - No, there is only one easement on the site.

**Mr SHELTON** - From my point of view, there has been an overall master plan and this is just filling in the gaps and the department has done a great job coming up with something that suits the needs down there. The building has a number of rooms in it, ranging in variable sizes. What consultation has taken place with the different users of these areas to make sure they are appropriately sized? Anybody can draw up a drawing and put sizes on them and so on. It is about the consultation to make sure everybody is happy with the sizes.

**Mr COX** - I will respond to that and then Fred can fill in a bit more detail. The sizing of the rooms has been based on the Australian Health Facility Guidelines that are developed by each state member of the various health departments around Australia. They have come up with ideal allocations, in terms of room size, to perform a particular function. That is the starting point in determining the room size. That also engenders the types of facilities included in the rooms, such as oral health or dental or whatever. Those room sizes are being designed as a generic standard nationally and it is generally a policy that is adapted.

The next step we have undertaken - and that is how the design was initiated - is a review with the health consultants or health practitioners using these facilities. Fred can expand on that.

**Mr HOWARD** - We have had significant consultation with those people, starting with the architects in the first instance, to get a handle on what individual services would want as far as a facility is concerned. There is a process of creating relationship bubbles to make sure services are close to the services they need. As the process has gone on, it has become more refined, even down to the point of what is in each room as far as furniture and fittings are concerned.

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With any of these projects we establish what is called a project user group and they are representatives of the individual services which would be operating out of the building and they come together on a regular basis. They meet with the consultant, with myself, who oversees the requirements of the building for the organisation as a whole.

There is a hell of a lot of planning and thought that goes into the bit of work that happens. With this centre and with Glenorchy, we have had delays. The people we started off with, the project user group, are not usually the ones who finish off a project. There is usually a lot more work as we go through because the next person who comes on board does not understand what the previous person came to.

**Mr SHELTON** - But the project user groups have been run past, which is the point I wanted to get to, and as far as the sizes, everybody agrees to that.

**Mr HOWARD** - Yes.

**Mr SHELTON** - There is only one issue coming out of it that I can see. This committee went through the children's ward at the LGH. This is not a hospital, I know that, but the issue was raised there about storage areas. You get some equipment that is not in use and there is a problem in the area. I notice there are a fair few cupboards for the smaller items, but there is only one small storage area on the bottom and a larger one upstairs. As long as the user groups agree there is enough storage area there, I am happy. I raised the question because we do not want, at a future time, to say we have all this clutter and nowhere to put it.

**Mr HOWARD** - Most of the services using the facility rely on interview or consultation space. They do not have a lot of equipment. We have made provisions for sufficient storage for the equipment they have but we certainly do not have a lot of equipment that needs to be stored.

**Mr VALENTINE** - I was just reading about medical gases on page 13. It says they are to be provided to the dentistry areas only, including dental, compressed air and dental suction. Yet this facility is going to be provided as a pre- and post-hospitalisation facility, I suppose is the best way to put it. Obviously you get cancer patients who have varying needs, and it might be that they have lung cancer and they need oxygen or whatever. I suppose it can be portable, but has there been any consideration about the need for piped gas to some of those facilities?

**Mr HOWARD** - Yes. We have gone through this debate several times now with the health facilities. At the end of the day, it is better for us to have bottled gas than it is to have reticulated gas. The main reason is it gives us that portability, otherwise -

**Mr VALENTINE** - Flexibility.

**Mr HOWARD** - Flexibility, otherwise we are piping gas into virtually every room. For the actual use, it is very minimal.

**Mr VALENTINE** - It is not high?

**Mr HOWARD** - Not high, no.

**Mr VALENTINE** - I can understand that. I just thought I would clarify. Thank you.

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**CHAIR** - I would like to go back to the design element here on page 9. It talks about a 'beehive' arrangement, a hexagonal shape, as the core design structure. I looked everywhere for a hexagon and could not find one. Can you explain that to me, please?

**Mr COX** - That concept is really what is driving the internal fit-out in terms of some of the linings for walls and joinery. In terms of the drawings that have been provided for this committee, I didn't go to that extent because that is essentially our loose concept and we are still working on those internal drawings and how this is incorporated into the design.

With the external images, it is sort of subtle. The hexagonal shapes appear around the lift shaft and the other concrete wall lining at the entry. We draw it externally to have that reference, but essentially it was an internal concept driving the use of materials to line internal walls and to do joinery features.

**CHAIR** - Mr Ballard, are you going to add something to that comment? I am just still a little bit at sea about what the concept is. When I first read it, I thought we were talking about a queen bee in the middle with rooms around the outside.

**Mr COX** - The hexagonal feature is the shape we have been concentrating on. The carpet tiles we were looking at are a hexagonal shape as well. That hexagonal shape then appears in some of the, say, acoustic treatment on walls where we are wanting to create acoustic deadening. That is their use. It is not about the planning of the rooms in terms of how the rooms are set out. It is about the surface treatment, the finished treatment of rooms.

**CHAIR** - I am happy with that. Thank you.

**Mr VALENTINE** - On page 15, you were saying how disability access to the current buildings is not really effective because of the width of doorways and the rest of it. Can you elaborate for the record as to how you are providing for disability access on this, and the standards you are following to make sure that people understand that it has been taken into consideration?

**Mr COX** - The standard we are following is AS1428.1. That is the prime standard which is referenced in the National Construction Code. That is for access and mobility. We have looked at it in providing equitable access to the building. We are acutely aware of what the Discrimination Disability Act says with regards to how people with disability should be treated.

We have a level entrance at the front of the building from the town promenade and also from the boulevard. There is level access from those areas to the main entrance. The car park spaces next to the building and the car park are allocated as disabled spaces. That means a wheelchair user, for example, doesn't have far to go. We have ramp which then comes up to the side entrance from that car park. Again, we are providing opportunity for level access from the car park into the building even though it is via a ramp.

Once inside the building a lift serves the two floors. We have provided a series of access toilets on the ground floor and also on the first floor. Doorways are wider than usual. Typically the doorway's clear opening will be 910 mm, which is 60 mm wider than what the Australian standard requires as a minimum. Our corridors are fairly wide as well. We usually don't go less than 1.5 metres wide for our corridors.

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**Mr VALENTINE** - For instance, can the toilets be opened from the outside in an emergency? If somebody is disabled and they are in a situation where they are against the door or something, it can be opened out the other way?

**Mr COX** - That is right. There are a couple of different methods and we do provide the doors in a format that allows them to be opened from the outside. That can either be via lift-off hinges, as you say, or a lot of them in the turn snib have a slot that allows a screwdriver or another thin instrument to be put in there to turn the latch.

**Mr VALENTINE** - That would be pulled up in the BCA requirements, I suppose, through the planning process. I don't know whether you have planning approval for this yet or not, have you?

**Mr COX** - It is in for assessment at the moment so, no, we don't have planning approval at this point. It is a requirement of the construction code that they are provided.

**Mr BALLARD** - There are two special rooms that provide additional access which are the physio gym and the paediatric room, and also the treatment room on the first floor in which they have a one-and-a-half leaf door. In other words, there is a full one and then a partial one and that can be opened up to give additional access to bariatric-type patients and people with even further disability access issues. We have allowed in certain areas for that as well.

**Mr VALENTINE** - So a stretcher access, basically, with a person either side almost.

**Mr BALLARD** - Yes.

**Mr COX** - The lift has been designed to accommodate a stretcher so they can go in the lift as well.

**Mr BALLARD** - We have also allowed in the design for ambulance delivery of patients. Not an emergency ambulance but transport ambulance-type patients so they can park directly at the car park entrance and then go up the ramp. We have considered that access as well.

**Mr VALENTINE** - Very good, thank you.

**CHAIR** - I would like to turn to the issues of parking. You mentioned there is public transport access through the boulevard, or that is what is intended and what the council was hoping for. In regard to the large vehicle spaces, it came to attention in St Helens when we were doing the hospital there about the need for RV vehicles and people with often very limited driving skills, say the wife of a tourist, where the husband has had something go wrong. Are they able to use these large access spaces? Are these large parking spaces marked on the plan available for the public? Or are they only for ambulance or breast screen vans and so on?

**Mr COX** - Are you talking larger than a four-wheel drive vehicle?

**CHAIR** - We are talking larger than four-wheel drives.

**Mr COX** - They have not been considered in the design. Having said that, if it was an emergency there is probably informal opportunity to have a vehicle parked where the access driveway is, particularly up towards the ambulance area. Have we specifically allowed for them? No, we have not incorporated that into the design.



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**Mr BALLARD** - If I could add further to that, Madam Chair. There is a section of some six car parking spaces which are additional to the car parking code requirements for the Kingborough planning scheme that were specifically allowed for the occasional use of dental vans and the breast screening bus. If you are looking at the landscaping plan, they are on the right-hand side near the entry to the site. We could use those for that option. People could park their much larger vehicles in those bays and the bays will not be delineated with concrete - what do we call them, barriers? The curbing?

**Mr COX** - Yes, the curbing - the barriers.

**Mr BALLARD** - Yes. The whole thing is designed to allow very large vehicles to park there without obstruction. That is another option we have on site for those type of clients.

**CHAIR** - Thank you. They were the six I was thinking of and I am pleased to hear that because we know that a lot of tourists come to the state. If they have health issues they will access the closest health centre, whether they understand what is provided there or not. Thank you for that.

**Mr VALENTINE** - With respect to page 16 - consultation in governance - you outlined the level of consultation you have had. You had public consultation through the *Mercury* and the council. Did you get much feedback? The feedback is not dealt with. What is the general community feeling about this centre?

**Mr BALLARD** - No, we did not have any representations other than the single point I have mentioned there with an adjacent land owner, a medical practitioner, who has asked for access from the rear of their property into ours. We have agreed with them that we will provide a pedestrian crossing at the point of access. That will then be integrated with our planning of the car park so that if they as a professional group have clients who wish to also visit our site, then that option is also there.

I spoke with members of the Kingborough Council and asked if there were any special interest groups and they said no, other than anyone that might come forward as a result of the development application being advertised. We have also referred the plans of the development to the group that Mr Bruce Edwards sits on, which is a consumer-

**Mr HOWARD** - Community reference group for the Tasmanian Health Organisation. Also, the plans and drawings of the development have been up in the health centre and anecdotally the feedback from clients has been very positive.

**Mr VALENTINE** - That is good. The group that you were talking about did not have any reservations?

**Mr HOWARD** - No, they were very happy with it.

**Mr VALENTINE** - Thank you for that.

**CHAIR** - This question goes further to the questions Mr Shelton raised in regard to the swales and the water in a very large flooding event. Mr Cox told us there is stormwater at the end of the swales. My question goes to the box gutters on page 14. I may not have the correct interpretation, so what is a box gutter? Is there a flooding risk? Is this an enclosed gutter?

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**Mr COX** - With the design of the building we have a parapet which comes up, a wall which extends past the line of the roof, and the box gutter then sits behind that wall. We are typically designing the box gutters to be 600 mm wide and about 155 mm high. That will accommodate quite a large capacity of water. Around the building we will have a number of downpipes which are appropriately sized. We are following the Australian Standard with what they require in the design of box gutters, which will then incorporate a sump and a rainwater head, which then attaches to a downpipe. These sumps and rainwater heads have overflow points so should the downpipe block, water can spit out.

**CHAIR** - Where does it go?

**Mr COX** - Onto the ground. The way you want overflows to work is so they are not concealed, so you can see the water spitting out and you know there is a blockage and it can be attended to.

**CHAIR** - So there is no risk of the water coming inside the building and down a wall or into a ceiling?

**Mr COX** - We cannot categorically say there is no risk, but it would be minimal. The way of trying to mitigate that risk is to oversize box gutters and downpipes. By going 600 mm wide, it is wider than we would have to normally do under the standards. It is trying to build in that capacity for an unusual event.

**CHAIR** - Do you believe what you have put forward to the Public Works Committee is a fit-for-purpose health centre?

**Mr COX** - Yes.

**Mr BALLARD** - Yes.

**CHAIR** - Do you believe it is value for money from the Tasmanian taxpayers' point of view?

**Mr COX** - Yes.

**Mr BALLARD** - Yes.

**CHAIR** - Thank you for your evidence. As I advised you at the commencement of your evidence, what you have said to us here today is protected by parliamentary privilege. Once you leave the table you need to be aware that privilege does not attach to comments you may make to anyone, including the media, even if you are just repeating what you have said to us.

**THE WITNESSES WITHDREW.**