

VERSION 1 – 21/02/2025

Public Diagnostic Breast Care Centre

Submission to the Parliamentary Standing Committee
on Public Works

Document Development History

Build Status

Version	Date	Author	Reason	Sections
0.A	11/02/2025	Remy Boyer	Initial draft	all
0.B	17/02/2025	Remy Boyer	Draft for escalation	all
1	21/02/2025	Remy Boyer	Issue for approval	2.2; 3.1; 4.4; 6.2

Amendments in this Release





Section Title	Section Number	Amendment Summary
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Distribution

COPY NO	VERSION	ISSUE DATE	ISSUED TO

Table of Contents

1	Introduction	5
1.1	Project Name	5
1.2	Project Summary	5
1.3	Project Location	5
1.4	Related Projects and Strategic Context.....	5
2	Project Scope	6
2.1	Problem / Opportunity Statement	6
2.2	Options Evaluation.....	6
2.3	Scope of Project.....	8
3	Project Cost	9
3.1	Overall Project Cost Summary Table.....	9
3.2	Budget Profile for the Project	9
4	Project Benefits.....	10
4.1	Expected Positive Outcomes and Benefits to be Delivered by the Project.....	10
4.2	Health Planning and Clinical Design Principles	10
4.3	Architectural Statement.....	13
4.4	Building Materials and Reference Images	15
5	Finance and Procurement.....	16
5.1	Preferred Procurement Method for the Project.....	16
5.2	Project Timelines.....	17
6	Risks and Sustainability	18
6.1	Major Risks and Proposed Mitigation Strategies	18
6.2	Major Detriments including Likely Impacts to the Community and the Environment	19
6.3	Sustainability Strategies that will be Adopted	19
7	Stakeholder Engagement.....	20
7.1	Public and Stakeholder Participation and Consultation	20
7.2	Record of Stakeholder Consultation.....	21
7.3	Directly Affected Land Owners and Property Acquisition	21
8	Compliance.....	22
8.1	List Commonwealth or State Legislation Triggered by the Project.....	22
8.2	Noise	22
8.3	Environment (Flora, Fauna, Landscaping and Visual Amenity).....	22
8.4	Heritage (Aboriginal and Historic).....	22
8.5	Planning Approvals	22

	NAME	SIGNATURE	DATE
Endorsed by:	Rick Sassin – Senior Project Manager - Infrastructure		18/02/2025
Endorsed by:	Dylan Sutton – Director - Population Screening and Cancer Prevention		20/2/2025
Endorsed by:	Jon Hughson- A/Director Programming and Delivery Infrastructure Services		24/02/2025
Approved by	Andrew Hargrave – Deputy Secretary - Infrastructure		25/02/2025

1 Introduction

1.1 Project Name

Royal Hobart Hospital – Diagnostic Breast Imaging (The Centre).

1.2 Project Summary

This Project will deliver a new Diagnostic Breast Imaging Clinic as committed in the 2024-25 Budget. This facility will meet demand for patients requiring diagnostic breast imaging and mammography services. The Centre will include the co-location of BreastScreen Tasmania and will facilitate an increase in the capacity for the identified services to align with growing demand.

The Centre will be located on Level 6 of the Liverpool Street Clinics at 59-63 Liverpool Street, Hobart.

The implementation of this Project is anticipated to optimise space utilisation, enhance efficiency, and foster collaboration across synergetic services, ultimately improving overall patient care.

The new purpose built fit-out supports future growth and mitigates current space constraints faced by the proposed services, such as the need for more clinical rooms, expanded consultation spaces and improved scalability.

The tender was issued to the market on 8 February 2025, with a construction start planned in June 2025 and readiness for operation expected to be reached by the end of 2025.

1.3 Project Location

The Centre will be located on Level 6 of the Liverpool Street Clinics at 59-63 Liverpool Street, Hobart.



1.4 Related Projects and Strategic Context

The relocation of these public services is identified in the Hobart CBD Accommodation Plan and will enable the Department to vacate space in 25 Argyle Street, Hobart in support of the establishment of the Department's core administrative offices.

2 Project Scope

2.1 Problem / Opportunity Statement

The Population Screening and Cancer Prevention (PS&CP) Service established a new Diagnostic Breast Imaging Service (DBI) for Tasmanians in March 2023. Currently, these services are colocated with BreastScreen Tasmania (BST) in 25 Argyle Street, Hobart.

These services are currently sharing infrastructure, human and material resources. However, due to BST's utilisation of the current location, DBI at present is only operating three clinics per month.

BST has also expanded into 70 Collins Street, Hobart with two mammography screening rooms.

Despite this expansion, the service is currently oversubscribed in its existing spaces, with an identified increase in demand over the coming 5 to 10 years. As a result, a new Centre is required to house these services.

2.2 Options Evaluation

2.2.1 Centralisation of the Services

The proposed model aims to continue centralising the screening component of BreastScreen Tasmania.

The option of a decentralised screening strategy, as adopted by other BreastScreen jurisdictions, was assessed to minimise barriers to participation and address urban sprawl.

Various alternative screening sites were considered, including Kingston and Glenorchy, as well as a potential partnership with Myer in Hobart.

Maintaining strong community partnerships is critical to improving recruitment and screening participation.

Ultimately, the centralised option for the Public Diagnostic Breast Care Centre was selected based on its alignment with the Hobart CBD Accommodation Plan.

A satellite location was also recently completed in Rosny and two mobile units operate in regional areas.

Any challenges related to wayfinding to the Liverpool Clinics for BreastScreen patients will be addressed through appropriate signage and communication.

The design of signage and wayfinding will build upon the work completed for the fit-out of the Outpatient Clinics located on Level 7 of the same building.

2.2.2 Relocation of the Centre to Level 6 of the Liverpool Street Clinics

In line with the Department of Health's Hobart CBD Accommodation Plan, the Liverpool Street Clinics were identified as a suitable location for the Public Diagnostic Breast Care Centre.

Level 8 was initially identified as the preferred site, but early vacation of Level 6 by the previous tenant provided an opportunity for cost savings and quality improvement.

The below table summarises the assessment of the two options:

Category	Item	Relocation to Level 8	Relocation to Level 6
Scope/Quality	Impact on adjacent levels	Works to be completed above operating clinical services in Level 7 (outpatient clinics).	Works to be completed above car park in Level 5.
	Impact on Project outcomes	Both floors have the same layout and area, no impact expected for the future Public Diagnostic Breast Care Centre.	
	Demolition and preliminaries	Demolition works to be completed as part of the Project Scope	Demolition works completed by previous tenant before handover to the Department
	Constructions impacts and risks	Dust management during slab coring and underslung plumbing works will require Infection Control Management in Level 7.	Minimal cleaning and traffic management to be implemented for slab penetration and underslung plumbing works, as they are in a car park.
	Control system	Access control system, already installed and managed by the Department, expected to be Honeywell.	Existing access control system, managed by UTAS, not Honeywell. Connection to the existing Honeywell system will be required.
	Data room	Data room to be installed.	Main data room already installed.
Time	Impact of construction method on timelines	Slab penetrations, underslung plumbing and noisy works to be completed outside working hours. This will extend the duration of demolition, preliminary and fit-out works due to limited working hours	Minimal restrictions on working hours. Minimal impact on Demolition and preliminary works. Minimal restrictions on noisy fit-out works expected.

Category	Item	Relocation to Level 8	Relocation to Level 6
Budget	ICT Infrastructure	ICT infrastructure costs budget \$50 000 (data connection and cabling)	No cost – server room already in place
	Construction costs	Construction budget \$8.3 million	Cost savings expected due to less limitations on construction hours, and specifically limited requirements for nighttime works and constraints from noise management
Other strategic considerations	Department of Health Hobart CBD Accommodation plan	Level 8 currently fitted out as an open office space under lease agreement with the Department. Level 8 can be used to decant admin services / office spaces without any additional works.	Level 6 would have required a full office fit-out of the 1800 m2 floor to be operational. Potential for significant cost savings.

2.3 Scope of Project

Full Scoping, planning, design and fit out of level 6 Liverpool Clinics to house the following services:

- Population Screening and Cancer Prevention (PS&CP) Directorate services (currently located at 70 Collins Street and 25 Argyle Street), including:
 - BreastScreen Tasmania (including screening, clinical, call centre and administrative services)
 - Tasmanian Bowel Cancer Prevention Program
 - Tasmanian Cervical Cancer Prevention Program
 - Diagnostic Breast Imaging and
 - Screening Recruitment and Cancer Prevention.

3 Project Cost

3.1 Overall Project Cost Summary Table

The Project costs presented in the below table are based on the estimate provided by the Quantity Surveyor at Pre-Tender stage.

	BUDGET
Base Project Cost Estimate (Construction plus Consultants and Design costs)	\$9 100 015
Design and Construction Contingency	\$2 089 832
Total Project Cost Estimate	\$11 189 847
Escalation	\$321 503
Medical Equipment	\$2 065 000
Medical Equipment overheads and contingency	\$723 650
Post Occupancy Allowance	\$500 000
Relocation of services and storage (if required)	\$200 000
Total Outturn Cost Estimate	\$15 000 000

3.2 Budget Profile for the Project

3.2.1 Financial Year Forecast Milestone Requirement

The cashflow forecast presented in the below table is based on the initial Project Budget.

	FY23-24 (\$m)	FY24-25 (\$m)	FY25-26 (\$m)	Balance of Commitment (\$m)
Australian Government contribution	0	0	0	0
State Government contribution	0	7.5	7.5	15
Other contribution (provide detail)	0	0	0	0
Total	0	7.5	7.5	15

4 Project Benefits

4.1 Expected Positive Outcomes and Benefits to be Delivered by the Project

The implementation of this Project is anticipated to optimise space utilisation, enhance efficiency, and foster collaboration across synergetic services, ultimately improving overall patient care. The proposed non-clinical atmosphere, combined with soothing Design elements, aligns with the goals of all proposed colocated services. Enhanced security and accessibility measures will contribute to the safety and regulatory compliance of the proposed services, addressing existing challenges they currently face in these areas.

The new purpose built fit-out supports future growth and mitigates current space constraints faced by the proposed services, such as the need for more clinical rooms, expanded consultation spaces and improved scalability.

The Centre is intended to be a “one-stop shop” providing a multi-disciplinary team approach to breast cancer diagnosis, involving and supporting patients in decisions about their care. Its implementation will facilitate future growth and address current significant issues with space constraints, and accessibility that are compromising the ability to provide safe and equitable services to the community. There is significant inequity of access to diagnostic breast imaging services in the private sector in Tasmania due to out-of-pocket costs charged by providers and the lack of service provision in regional areas.

The current clinical rooms at 25 Argyle Street do not meet the Australasian Health Facility Guidelines (AusHFG's) size recommendations and have been flagged as a risk for medical imaging staff performing repetitive tasks. Proposed clinical facilities which meet the AusHFG's are a risk mitigation to reduce potential workplace injuries.

The Project also supports hospital avoidance programs, and self-management programs potentially resulting in earlier diagnosis of breast cancer and a reduction in the number of presentations with late-stage disease.

4.2 Health Planning and Clinical Design Principles

The consulting architectural team, led by JAWS Architects, has coordinated the design plans with input from relevant stakeholders.

These plans are aligned with the Model of Care and have been developed in close collaboration with the Department of Health and PS&CP staffs.

The following are the guiding principles that underpin the process of health planning and the design of the Public Diagnostic Breast Care Centre.

4.2.1 Strategic Planning

Strategic planning for the Centre emphasises a patient-centred approach, ensuring the design caters to different patient needs while supporting operational efficiency.

A key aspect of this planning is the creation of distinct waiting zones tailored to the different patient cohorts: those attending for routine screenings and those undergoing diagnostic procedures. This follows the BreastScreen Australia National Accreditation Standards.

4.2.2 Separate Waiting Zones for Screening and Diagnostic Clients

To enhance patient experience and streamline operations, the facility incorporates dedicated waiting areas for these two patient groups. This separation not only ensures a more comfortable and tailored environment for each cohort but also addresses the specific emotional and practical needs associated with their visits.

The strategic separation of these zones reduces bottlenecks and confusion within the clinic, ensuring that patient flow is intuitive and uninterrupted.

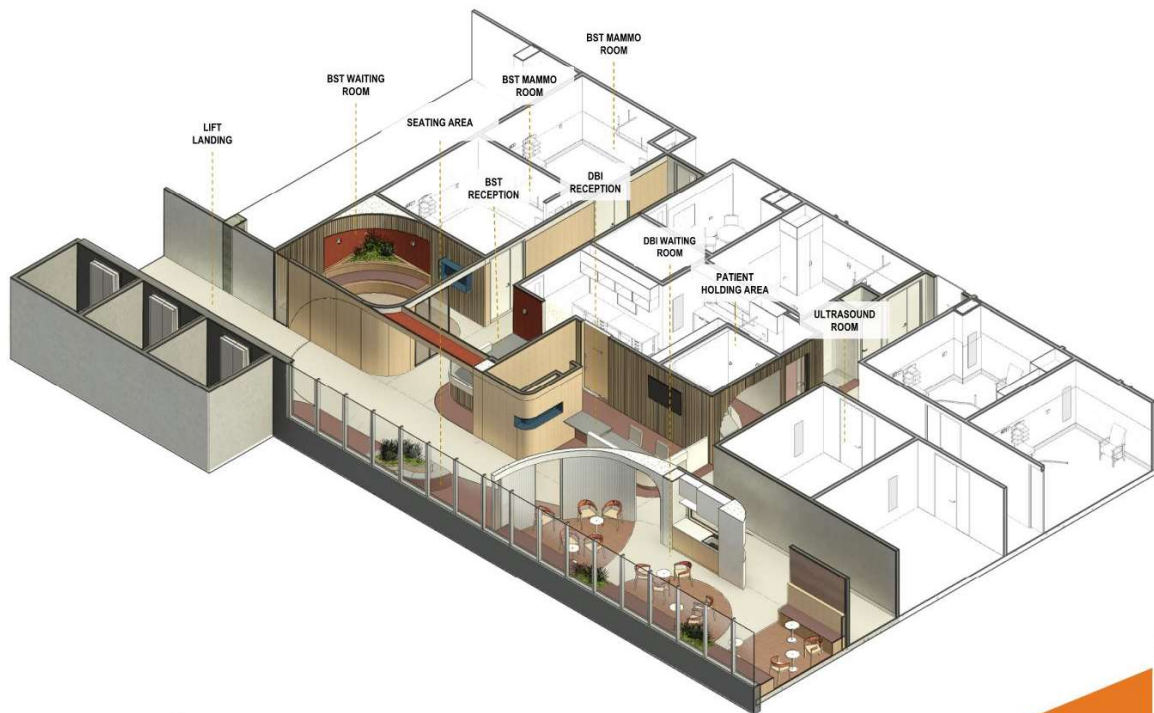
This layout minimizes unnecessary interactions between cohorts, fostering a sense of privacy and dignity for all patients. Staff workflows are also optimised, with clearly defined pathways and service points that align with the spatial design.

4.2.2.1 Screening Clients

Patients attending routine screenings typically require minimal time at the facility and experience lower emotional stress. The waiting zone for this group is designed to be bright, open, and calming, with features that promote ease and efficiency. Quick access to screening rooms and a streamlined flow minimises their waiting time and provides a smooth, positive experience.

4.2.2.2 Diagnostic Clients

Patients undergoing diagnostic procedures often face heightened anxiety and require more time in the facility due to the nature of their visit. The diagnostic waiting area is thoughtfully designed to provide a quieter, more private environment with access to supportive resources. Comfortable seating, subdued lighting, and access to information or counselling services are integrated to address their emotional and psychological needs.



3D ISOMETRIC VIEW

ARCHITECTSWAY

4.2.3 Patient Flow Optimisation

The design incorporates intuitive zoning, separating high-traffic areas for screening from quieter diagnostic zones.

Staff pathways are strategically located to ensure good access to shared resources while maintaining patient privacy.

4.2.4 Regulatory Compliance and Australasian Health Facility Guidelines

The design will incorporate universal access principles to ensure accessibility for all patients, including those with disabilities, in accordance with Australian Standard AS1428.1- Design for Access and mobility.

Adherence to fire safety, ventilation, and infection control regulations to ensure safe and efficient operations.

The design plans also adhere to the fundamental principles outlined in the AusHFG's. This ensures that the layout aligns with the best practices in health planning and emergency department design.

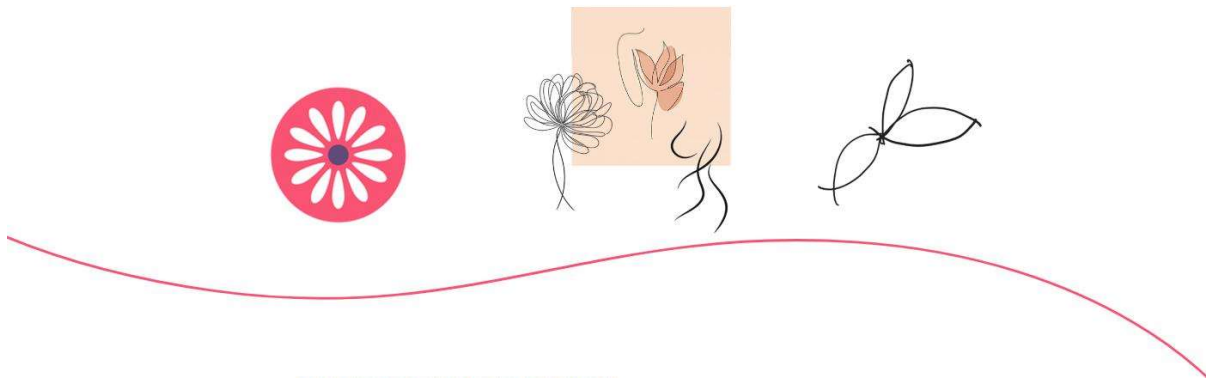
4.3 Architectural Statement

The Breast Care Centre is envisioned as a sanctuary of care, hope, and resilience—a place where thoughtful design and functional excellence converge to support patients and their families throughout their healthcare journey.

At the core of this vision is the centre's emblem, symbolized by a blooming flower, representing growth, beauty, and vitality. This emblem serves as a central design narrative, influencing the form, texture, and colour palette of the space, creating an environment that embodies healing and transformation.

4.3.1 Layers of Care - The Petal Metaphor

Inspired by the blooming flower, the design unfolds in layers, each representing the petals of a flower. These layers guide patients and visitors through a journey of care, where every stage of the healthcare experience is supported with intention and purpose.



4.3.2 Outer Petals: Public Zones

The outermost layers represent openness and community. Public zones such as reception and waiting areas are vibrant and engaging, featuring warm timber finishes, integrated planters, and accent lighting to create a welcoming and calming first impression.

- Sweeping curves in walls and flooring emphasize a sense of flow, intuitively guiding visitors into the space.
- The reception area, thoughtfully designed with soft curves, warm materials, and gentle lighting, offers an immediate sense of welcome and reassurance, reducing the stress commonly associated with medical settings.

4.3.3 Inner Petals: Semi-Private and Private Spaces

As the design moves inward, spaces become more private and tailored to specific patient needs.

- Diagnostic Breast Imaging Reception: This space emphasises openness and accessibility, with a flowing counter, warm timber finishes, and integrated lighting.
- Breast Screening Reception: Designed with privacy in mind, this semi-enclosed area offers separation to create a sense of security for patients undergoing routine screenings.

4.3.4 Gentle Curves and Flowing Lines

The use of soft curves and flowing lines is a recurring motif throughout the centre, mirroring the organic shapes of flower petals. These design elements not only create a sense of harmony but also serve functional purposes by enhancing wayfinding and guiding movement intuitively through the space.

4.3.5 Warm, Natural Materials and Neutral Tones

Neutral tones combined with warm, tactile materials such as timber and textured finishes create a calming and comforting environment. The palette is intentionally subdued to mitigate the stress commonly associated with clinical settings, while subtle accent colours provide moments of vibrancy and vitality.

4.3.6 Lighting Design

Integrated lighting strategies, including accent lighting and natural light from expansive windows, enhance the overall ambiance. Lighting is used both functionally and emotionally to create spaces that are uplifting and reassuring.

4.3.7 Incorporation of Artworks

To further enrich the healing environment, carefully selected Tasmanian inspired artworks will be integrated throughout the centre.

4.3.8 Art as Inspiration

The artworks will echo the theme of the blooming flower, using nature-inspired motifs and soft, harmonious colours that resonate with the overarching design narrative.

4.3.9 Strategic Placement

Public zones will feature larger, vibrant pieces that create a welcoming atmosphere and celebrate community and vitality.

Diagnostic and semi-private areas will include subtler, more introspective pieces designed to promote tranquillity and reflection.

4.3.10 Local Contributions

Where possible, the artworks will showcase the work of local artists, reinforcing a sense of place and community connection.

4.3.11 Patient-Centred Waiting Areas

Semi-Private Waiting Rooms

Designed to prioritise warmth, comfort, and privacy, these areas utilise soft, muted tones and tactile finishes to foster a sense of security and ease. Curved thresholds and textured materials enhance the aesthetic while subtly guiding patient movement.

4.3.12 Private Diagnostic Waiting Area

Tailored for patients undergoing diagnostic breast imaging, this space offers tranquillity and comfort:

- **Design Features:** soft, rounded partitions maintain privacy while allowing natural light to flood the space.
- **Amenities:** comfortable seating, a small kitchenette, and expansive windows create an inviting environment for longer stays, providing patients and their companions with a moment of calm and respite.
- **Acoustic Quality:** sound-absorbing materials ensure a quieter, more supportive atmosphere, catering to patients who may be anxious or distressed.

4.4 Building Materials and Reference Images

Selecting appropriate building materials for this project is an important decision that impacts the facility's safety, functionality, durability, and maintenance. Several factors are considered when choosing building materials for this development.

4.4.1 Infection Control

The Clinic must prioritise materials that are easy to clean and disinfect. Non-porous and smooth surfaces are essential to prevent the buildup of bacteria and pathogens. Materials like solid surface countertops, antimicrobial paint, and seamless flooring are commonly used.

4.4.2 Durability

Clinics are high-traffic environments with a constant flow of people, equipment, and often heavy machinery. Materials will be durable and resistant to wear and tear eg impact-resistant wall coverings and flooring designed for high traffic areas.

4.4.3 Maintenance and Repair

The design of the Centre will consider the ease of maintenance and the availability of replacement materials. The use of building materials that require minimal maintenance and can be easily replaced or repaired will reduce downtime and operational disruption.

4.4.4 Fire Resistance

Building materials will be fire-resistant and contribute to the overall fire safety of the facility. Fire-rated doors, walls, and ceilings are common in hospital design and will be used in the future Centre.

4.4.5 Sound Control

The Centre will require a quiet and healing environment. Sound-absorbing materials will be used to reduce noise levels, such as acoustic ceiling tiles, sound-absorbing wall panels, and noise-reducing flooring.

4.4.6 Patient Comfort

Patient comfort is a key objective of the fit-out of the Centre. Materials will be selected to create a warm and welcoming atmosphere that can improve the patient experience. Soft colours, wood finishes, and comfortable furniture will contribute to this.

4.4.7 Sustainability

Sustainable building materials and equipment that are eco-friendly and energy-efficient will be considered. This includes using recycled materials, low-VOC (volatile organic compound) paints, and energy-efficient lighting and heating and cooling systems.

4.4.8 Cost Efficiency

Budget considerations are crucial. The design process will balance the quality and performance of materials with budget constraints.

Building Materials and Reference images are presented in Appendix A.

5 Finance and Procurement

5.1 Preferred Procurement Method for the Project

The Centre will be delivered as two packages of works.

5.1.1 Works Package 1: Demolition works and Essential Services.

Works package 1 consists in the demolition of the existing fit-out on Level 6 and the completion of preliminary works impacting the base building services (essential services such as slab coring, wet and dry fire services and mechanical services).

These works are to be completed by the Landlord via a Development Agreement to be drafted by the Office of the Crown Solicitor. This mechanism will allow the Landlord to accept the liabilities and warranties regarding the performance of essential services. All costs would be transferred to the Crown and will be allowed for in the Project Budget.

5.1.2 Works Package 2: Fit-out of the Public Diagnostic Breast Care Centre

This works package will be completed using Australian Standard AS-2124 - General Conditions for construction contract template, following an Open Tender process.

5.2 Project Timelines

The Project timelines are summarised in the below table.

There are no identified interdependencies with other Projects, or environmental studies by other bodies or agencies. Permits and approvals are limited to:

- a Planning Permit exemption granted by Hobart City Council on 21 January 2025 and
- a plumbing permit to be issued by Hobart City Council (in progress).

KEY MILESTONES/ DELIVERABLES	TARGET DATE	ACHIEVEMENT DATE
Project Brief		30/8/2023
Release RFQ/RFT For Consultant Appointment		5/9/2023
Consultant Appointment		27/6/2024
Release RFQ/RFT For SCEP Consultant		8/8/2024
SCEP Consultant Appointment		15/12/2024
Project Scoping Report Approval		4/12/2024
Briefing And Schematic Design Completion	17/1/2025	12/12/2024
PSC on Capital Works Meeting Date	18/3/2025	
Construction RFQ/RFT Advertised		8/2/2025
Contractor Appointment	16/5/2025	
Construction Commencement	19/6/2025	
MILESTONES IN BETWEEN		
Construction Finish	3/12/2025	
Contractual Practical Completion	3/12/2025	
Operational Readiness	10/12/2025	

6 Risks and Sustainability

6.1 Major Risks and Proposed Mitigation Strategies

The Project Risks were identified by the Project Reference Group and rated using the Department's Risk Register template.

The Project Risk Register is reviewed and updated on a regular basis by the Project Reference Group.

6.1.1 The Key Project Risks are:

6.1.1.1 Delays and additional costs at Tender stage

Operational readiness of the Public Diagnostic Breast Care Centre is required by the end of 2025 to meet the Government's commitment. Market availability to complete the Project under these constrained timeframes is uncertain until Tender offers are received and create a risk of delays.

The delivery of the Centre under constrained timeframes also presents a potential of additional costs, with the Contractors increasing their costs to cover a higher risk profile of the Project. However, as the current total cost estimate is less than the project budget, higher than expected tender prices are not a significant risk to the project.

The mitigation measures focused on early and regular information to the Market about the Project objectives and timelines.

Early information was provided to Contractors via a future opportunities notice published on the eTenders Website on 5 November 2024.

A Pre-Procurement Industry Consultation Brief was issued to all pre-qualified contractors on 6 December 2024 and closed on 20 December 2024. Five contractors confirmed their intention to participate in the Project Tender.

6.1.1.2 Delays and Additional Costs During Construction

The delivery of the Centre under two construction packages as described in Section 5.1 will require a high level of coordination between the contractors delivering the two separate packages.

This creates a risk of potential delays, additional costs and contractual risks due to the multi-vendor contract model.

These risks will be mitigated by:

- A detailed identification of the construction tasks where interdependencies between the two works packages exist.
- Coordination procedures being confirmed prior to Contract execution for both packages.

In addition, a special condition clause for AS2124 - Presence of other Contractors was added to the Contract Template for the fit-out works (works package 2).

6.1.1.3 Service Disruption Due to Fit-out of Future Services

The area dedicated to the Public Diagnostic Breast Care Centre was optimised during Design stage to allow the colocation of future services. These services remain to be identified at the time of writing this report. An area of 300 m² is available next to the Centre for the installation of the future colocated services.

The identification of the future services, completion of the relevant Functional Design Brief, Design and Construction of the future services area are excluded from this Project's scope.

The fit-out of the future services area after operational readiness of the Centre presents a risk of service disruption and potential operational issues for the medical imaging equipment related to dust management.

This risk will be mitigated by the Design of the Centre, where a single area dedicated to future services allows for efficient isolation of any future works.

6.2 Major Detriments including Likely Impacts to the Community and the Environment

No major detriments to the community or the environment are expected from this Project.

6.3 Sustainability Strategies that will be Adopted

Not applicable due to the low environmental impact of the Project.

7 Stakeholder Engagement

Stakeholder Engagement is managed by an active Stakeholder and Community Engagement Plan (SCEP).

Jacobs Group was appointed as the dedicated SCEP consultant for the duration of the Project.

7.1 Public and Stakeholder Participation and Consultation

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

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

With a commitment to effective community engagement as part of Department of Health's core business through project planning, development, design, construction and completion, the engagement strategies and supporting documentation will reflect the spectrum below and the engagement levels nominated.

IAP2 Spectrum of Public Participation



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

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

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The SCEP is presented in Appendix B.

7.2 Record of Stakeholder Consultation

DATE	TYPE OF CONSULTATION (STAKEHOLDERS INVITED I.E. INDUSTRY, COMMUNITY)	ISSUES RAISED	MANAGEMENT PLAN
Ongoing	Project Reference Group (PRG)	General Project progress, risk and issues management	The Project Governance Framework sets the escalation and resolution process for risks and issues
Ongoing during Design stage	Workshops with Business unit	Approval of fitness for purpose of the proposed Design	Workshops and review until approval of 100% Design
Ongoing	Regular Progress review with the Landlord	General Project progress, risk and issues management	Inform the PRG of arising issues
12/02/2025	Presentation of the Project to the Consumer Reference Group	Update seating arrangement	Included in Design updates
		Management of Privacy for DBI patients	Counselling rooms to be used
		Storage of Patients belongings	Freestanding furniture option explored

7.3 Directly Affected Land Owners and Property Acquisition

The Public Diagnostic Breast Care Centre will be located on Level 6 of the Liverpool Street Clinics, currently leased by the Department. Regular consultation with the Landlord is completed as part of the Project Management Plan.

8 Compliance

8.1 List Commonwealth or State Legislation Triggered by the Project

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

8.2 Noise

Noise during construction works will impact the Outpatient Clinics located on Level 7. Specific noise mitigation measures will be included in the Construction Management Plan, provided by the Contractor to the Department for approval.

8.3 Environment (Flora, Fauna, Landscaping and Visual Amenity)

No environmental impacts have been identified for the Project.

8.4 Heritage (Aboriginal and Historic)

No impacts on Aboriginal and Historic heritage values have been identified for the Project.

8.5 Planning Approvals

The planning approvals process for the Project includes:

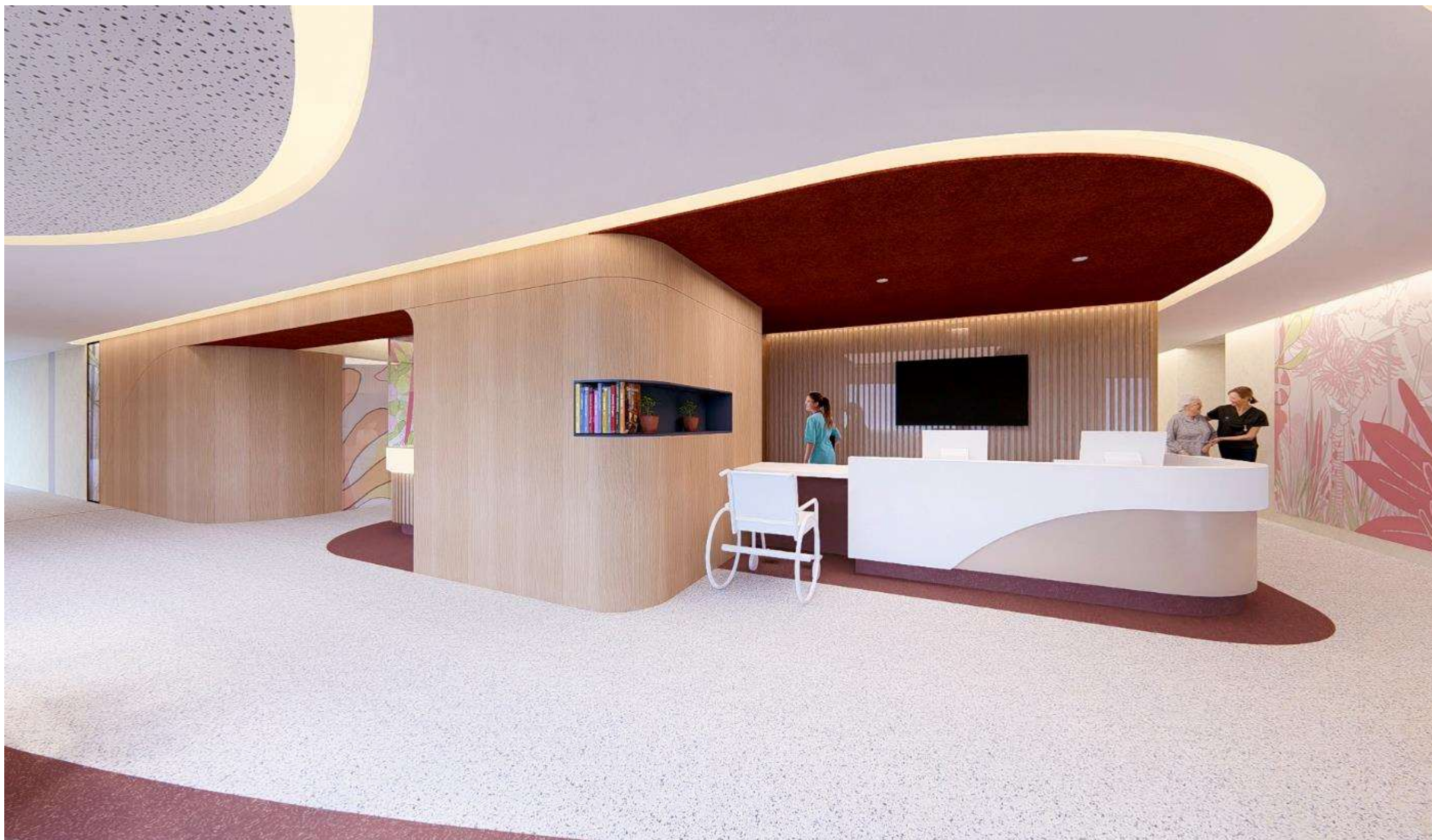
- a Planning Permit exemption granted by Hobart City Council on 21 January 2025 and
- a Plumbing Permit to be issued by Hobart City Council (in progress).

Appendix A: Reference Images

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



PROPOSED FLOOR PLAN

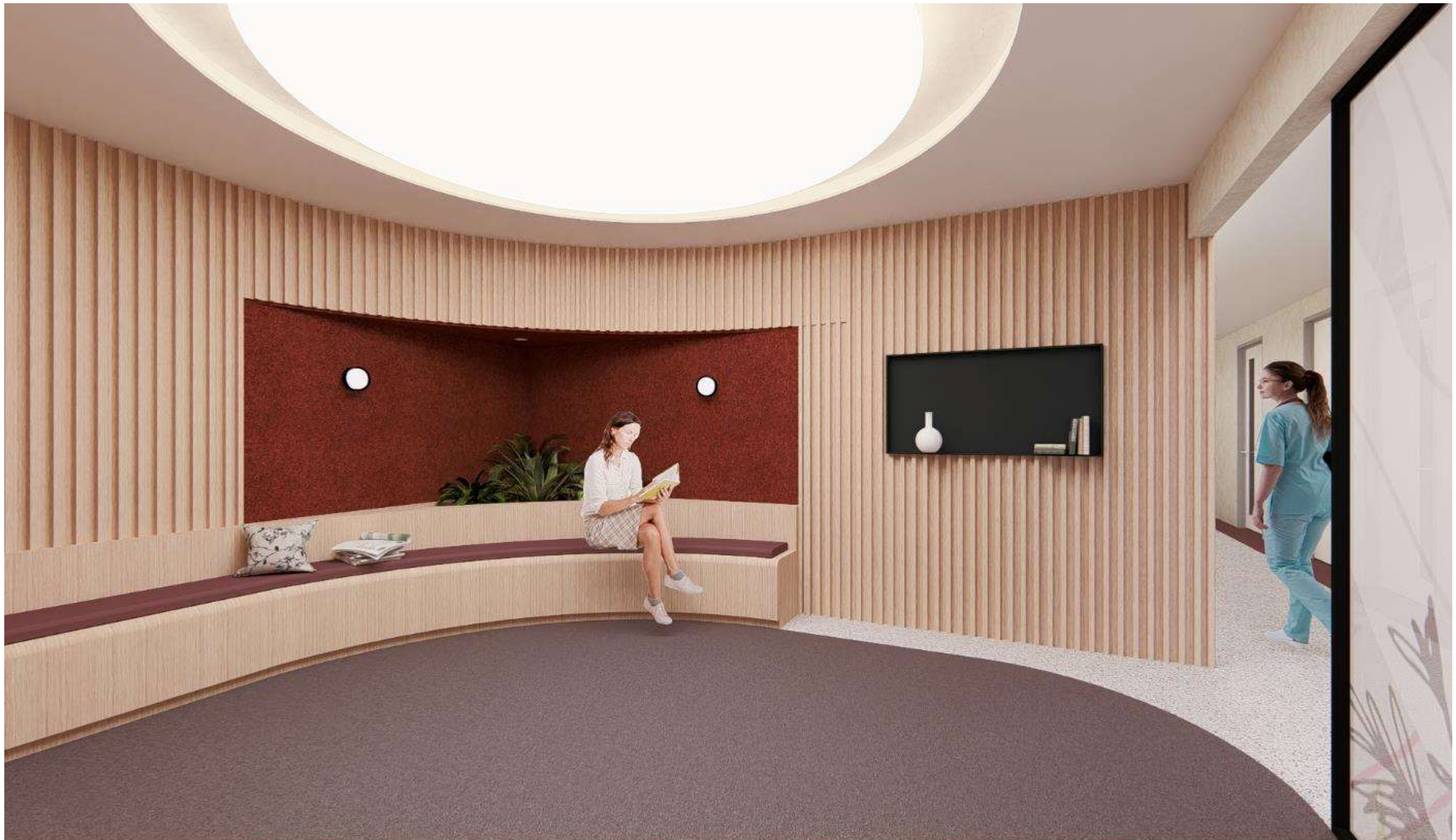


ARCHITECTS M&J

DBI – RECEPTION



BREAST SCREEN RECEPTION



BST – WAITING ROOM



DBI – WAITING ROOM



DBI – WAITING ROOM



DBI – PATIENT HOLDING AREA

INFRASTRUCTURE SERVICES

Stakeholder & Community Engagement Plan (SCEP)

Breast Cancer Screening Relocation Project – January
2025

Version 1.2.00

Table of contents

1	Document revisions	3
2	Document approvals	3
3	Level of involvement	4
4	Introduction	5
4.1	Project overview and objectives	5
4.2	Background.....	5
4.3	Project benefits	7
4.4	Project location	7
5	Stakeholder engagement.....	8
5.1	Engagement approach and objectives	8
5.2	Key stakeholder groups	8
5.3	Key messages	8
5.4	Stakeholder identification	10
6	Engagement action plan (with methods and tools).....	14
7	Reporting and evaluation	15
8	Escalation process.....	16
	Appendix A – Stakeholder Risk Register	17
	Appendix B – Project Reference Group members.....	18
	Appendix C – Working Group members	19

1 Document revisions

REV	DATE	DETAILS
1.0	23 / 01 / 2025	First Draft for review
1.1	11 / 02 / 2025	Project Manager review and comments
1.2	13 / 02 /2025	Second Draft for review and approval

2 Document approvals

Prepared by	Bekki Davis & Lucy Temple-Smith	RPS Consulting AAP Pty Ltd		
Through	Sophie Buchanan	RPS Consulting AAP Pty Ltd		
Through				
Cleared by				

3 Level of involvement

The International Association for Public Participation (IAP2) has developed a Public Participation Spectrum to demonstrate the possible types of engagement with stakeholders and communities. The IAP2 spectrum also shows the increasing level of public impact as engagement progresses from 'inform' through to 'empower'.

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

IAP2 Spectrum of Public Participation



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

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

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4 Introduction

4.1 Project overview and objectives

The Department of Health plans to deliver a new Public Diagnostic Breast Care Centre (the project) at Level 6 of the Liverpool Clinics in Hobart. The Project is part of the Tasmanian Government's *First 100 Days Plan*. Work will immediately begin on establishing a new Centre, to achieve operational readiness by Q4 2025.

The service will provide a multi-disciplinary approach to treatment that involves and supports patients in decisions about their care. Whereas general practitioner (GP) referred diagnostic imaging is currently only available in the private sector, the new Centre will accept referrals from GPs, thus improving access to imaging services for Tasmanians.

The Project will also increase capacity to meet the growing demand for Diagnostic Breast Care services in Tasmania, reduce wait times and ease the financial impact on Tasmanians requiring these services.

The Project involves relocating the Population Screening and Cancer Prevention (PSCP) services and complementary services currently operating from Level 4, 25 Argyle Street, Hobart to the Level 6 Liverpool Clinics. The following services will be relocated:

- Population Screening and Cancer Prevention (Directorate)
- Data/IT Services
- BreastScreen Tasmania (Screening Services, Clinical Services)
- Tasmanian Bowel Cancer Prevention Program
- Cervical Cancer Prevention Program (managed by the PSCP Directorate)
- Diagnostic Breast Imaging (New Service)
- Screening Recruitment and Cancer Prevention.

The project is currently in the design phase. Design is expected to be complete by February 2025. To meet the commitment made in the *First 100 Days Plan*, a tender process for the construction of the project will begin in early February 2025, with the 100% design package to be provided to tenderers as an addendum once it is complete.

The Public Diagnostic Breast Care Centre will be delivered as two packages of works.

- Works Package 1: Demolition works and Essential Services. Works package 1 consists in the demolition of the existing fit out in Level 6 and the completion of preliminary works impacting the base building services (essential services such as slab coring, wet and dry fire services and mechanical services).
- Works Package 2: Fit out of the Public Diagnostic Breast Care Centre following the award of a construction contract, construction is expected to begin in June 2025. Practical completion is scheduled in December 2025, with operational readiness by the end of 2025.

4.2 Background

The delivery of a new Public Diagnostic Breast Care Centre in Hobart forms a key commitment of the Tasmanian Government's *2030 Strong Plan for Tasmania's Future*. A budget of \$15 million was allocated for delivery of the project in the September 2024 state budget.

An initial *Functional Design Brief for the Relocation of Population Screening and Cancer Prevention Services (Breast Screening and Mammography)* was approved by the Project Sponsor in July 2023. A business case to relocate the Breast Screening and Mammography services to Level 6 Liverpool Clinics was accepted by the Deputy Secretary – Infrastructure in January 2024.

In March 2023 a new Diagnostic Breast Imaging (DBI) service started operation at the Argyle Street space, co-located with BreastScreen Tasmania (BST) under the governance of the PSPC. This reflected a directive by the Deputy Secretaries of Hospitals and Primary Care and of Community Mental Health and Wellbeing for PSPC to deliver on a new DBI service.

4.2.1 Rationale for relocation

An increase in the prescribed participation rate for BreastScreen Tasmania (BST) and the population growth in Southern Tasmania has led to BST Hobart scheduling additional Assessment Screening and Assessment clinics on Saturdays, approximately every second weekend. The current location provides little to no capacity for BST Hobart to expand services further to meet the mandated, nationwide ongoing target of 65% BreastScreen participation rate by 2025 (as set by the National Preventative Health Strategy).

Additionally, new DBI service uses existing infrastructure and shared of human and material resources with BST. Due to BSTs full utilisation of the current location, DBI was mainly operating on Saturdays between March and December 2023, which is unsustainable in the medium to long term. As a result, BST Screening Clinics with two mammography machines were temporarily relocated from the Argyle Street location to Shop 2, 70 Collins Street Hobart in January 2024.

While there are efficiency benefits to DBI sharing BST's existing human and material resources, the requirement to accommodate all services within in the Argyle Street location has resulted in a critical loss of screening capacity for BST.

As a result, the current Argyle Street location has been assessed as inadequate to accommodate and run both services, and a decision has been made to relocate all services to Level 6 Liverpool Clinics.

4.2.2 Key issues and risks

The key stakeholder communications and engagement risks for the project are outlined below.

- Managing and communicating impacts if project timeframes and / or budget are exceeded.
- Managing and communicating impacts if the project does not meet the Tasmanian Government *First 100 Days Plan* commitment (i.e. tender issue by 8 February 2005).
- Concerns / negative perceptions of project arising from a lack of communication and understanding of project e.g. design interpretation.
- Concerns, negative perceptions and complaints arising from construction impacts (access, disruption to operations / services, noise, dust).

More detail is provided in Appendix A.

4.2.3 Project governance

The project governance arrangements include three main groups convened for the project:

- Infrastructure Oversight Committee (IOC)
- Project Reference Group (PRG) – Planning, Development and Delivery phase

- Working Groups.

4.2.3.1 Infrastructure Oversight Committee (IOC)

The IOC has ultimate responsibility for successful delivery of the Government's Capital Investment Program of Health Projects. The IOC provides leadership and oversight of the specified sub-program of Department of Health capital projects within State Government's Capital Investment Program. Their role is to oversee delivery of the sub-program of capital works, and to ensure the impacts of related and concurrent projects underway within a health facility or region are managed effectively.

4.2.3.2 Project Reference Group

The PRG will oversee the planning of the project from scoping through to endorsement of the functional design brief and delivery. The PRG is responsible for the production of key deliverables and for monitoring the project objectives, planning inputs and key deliverables for endorsement, whilst managing overall program and project requirements within budget, time and scope (for more detail see Appendix B).

The PRG will report to the Project Sponsor to approve the key Project deliverables and escalate major Project issues.

4.2.3.3 Working Groups

The Working Groups will monitor key operational strategies which support delivery of the project including management of change and risk management. The Working Groups report to the PRG (for more detail see Appendix C).

4.3 Project benefits

The Project will deliver a range of benefits for Tasmanians.

- Increased capacity for breast cancer screening services to meet the growing demand in Tasmania
- Increased capacity to meet higher BreastScreen participation rate targets set by the National Preventative Health Strategy.
- Improved access to diagnostic breast screening services through GP referrals.
- Lower cost breast screening services.
- Improved health and wellbeing among Tasmanian women.

4.4 Project location

The Project is located on Level 6 of the Liverpool Clinics, at 59 Liverpool Street, Hobart, Tasmania.

The Project site is within the City of Hobart, the Tasmanian Legislative Council electoral division of Hobart and the State and Federal Division of Clark.

5 Stakeholder engagement

5.1 Engagement approach and objectives

The engagement approach will involve the delivery of communications and engagement activities to inform and consult key stakeholder groups about the project. Details of the specific activities to be delivered are outlined in the Engagement Action Plan within this SCEP.

The SCEP will be periodically reviewed and updated to identify any changes to key milestones, required adjustments to activities, and new opportunities and risks.

The engagement objectives of this project are to:

- raise awareness of the project, why it is needed and the benefits it will provide.
- inform stakeholders about construction activities, potential construction impacts including access, and the management / mitigation measures.
- build positive relationships with stakeholders to enable effective communication, the proactive management of risks, issues or concerns and minimise impacts to stakeholders.
- understand stakeholder interests, concerns, and communication preferences.
- inform stakeholders about how to receive updates about the project.
- report back to stakeholders about how their input has contributed to the development of the project.

5.2 Key stakeholder groups

Internal and external stakeholders identified for the project have been categorised into primary and secondary stakeholders.

- Primary stakeholders are those who will be directly impacted by project activities or whose input and/or actions will affect the outcome of the project.
- Secondary stakeholders are those who will not be directly affected but may have varying levels of interest in the project and benefit from enhanced project awareness.

The key stakeholder groups to be targeted by this plan are outlined below. Further detail on stakeholders can be found in Section 5.4, Appendix B and Appendix C.

5.3 Key messages

- The Tasmanian Government is delivering a new \$15 million Public Diagnostic Breast Care Centre in Hobart.
- The new Public Diagnostic Breast Care Centre will address a growing demand for diagnostic imaging services, improving access for thousands of Tasmanians.
- Located on Level 6 of the Liverpool St Clinics, close to the Royal Hobart Hospital (RHH), the centre will expand breast care services and reduce wait times.
- The centre will house BreastScreen Tasmania alongside new Diagnostic Breast Imaging services to create a multi-disciplinary approach to care that actively involves and supports patients in their treatment decisions.

- For the first time in the public sector, the centre will accept GP referrals for diagnostic imaging, improving access for Tasmanians who currently rely on private providers.
- A concept design of the centre was finalised in 2024, with construction expected to commence in mid-2025 and the service to be operational by late 2025.

5.3.1 Supporting / secondary messages:

- The design has been shaped by consultation with clinicians, health service providers and consumer groups.
- The new centre will feature dedicated areas for BreastScreen Tasmania and Diagnostic Breast Imaging with separate receptions, waiting areas and clinical spaces, and additional amenities.
- The centre has been designed as a welcoming and comfortable environment that prioritises patient privacy.
- The space will feature large windows allowing natural light to flood the rooms, complemented by artwork to create a tranquil atmosphere.
- The Diagnostic Breast Imaging area will include a kitchenette for patients requiring longer stays.
- Existing services at Argyle Street including [add specific services] will relocate to the new Liverpool Street Clinics centre. Construction updates
- A Planning Permit has been issued for the new Public Diagnostic Breast Care Centre by the City of Hobart (April 2025).
- [Insert contractor] has been appointed build the new centre (May 2025).
- Construction activities will take place be from [insert times], Monday to Friday (excluding public holidays).
- Increased noise levels are expected during construction, and the Department of Health will keep stakeholders, the community, and nearby neighbours informed.
- During construction, access will be available via the building's car park entry on Argyle Street and Bathurst Street, as well as via the main lobby of RHH Liverpool Street Clinics through the alleyway on 59 Liverpool Street.

5.4 Stakeholder identification

Stakeholder group	Stakeholder	Stakeholder representative	Stakeholder issue/s	Level of interest	Level of influence	Level of engagement (refer IAP2)	Stakeholder classification
Primary internal							
Project Control Group	Infrastructure Oversight Committee	Chair	High level interest in project delivery	High	High	Inform / Consult	Key
	Project Sponsor	Michelle Searle, Deputy Secretary Community, Mental Health and Wellbeing	High level interest in project delivery and stakeholder issues / concerns	High	High	Inform / Consult	Key
Project Reference Group (PRG)	Project Reference Group	See Appendix B	High level interest in project details, planning, design and delivery	High	High	Inform / Consult	Important
Secondary internal							
Working groups (Includes Consumer Reference Group representative)	Working Groups	See Appendix C	High level interest in project details, planning, design, fit out, and delivery	High	Medium	Inform / Consult	Important
Staff of relocating services through	Business Unit	Breast Screen Clinic	High level interest in project design and fit out, timings for	High	Low	Inform / Consult	Affected

Stakeholder group	Stakeholder	Stakeholder representative	Stakeholder issue/s	Level of interest	Level of influence	Level of engagement (refer IAP2)	Stakeholder classification
Working Groups and BU Project Manager			relocation and impacts				
Adjacent near neighbours - RHH services within building	Level 7	Infrastructure IT (Room on L6) Biomedical Breast Surgery Colorectal Surgery General Surgery Neurosurgery (statewide) Obesity Surgery Outpatient and pre assessment clinic Physiotherapy outpatients (hands, burns and plastics) Plastics Surgical pre-admission clinic (Anaesthetic Clinic) Urology Vascular Surgery (statewide) Wound Clinics	Construction impacts; noise, vibration, changed building access during construction and / or operation	Medium	Low	Inform	Affected
Other RHH services (not in building)	Facilities and Engineering Occupational H&S	Contacts TBC	Interest in final design, service provision and level of support / input required	Medium	Medium	Inform/Consult	Affected
Primary external							

Stakeholder group	Stakeholder	Stakeholder representative	Stakeholder issue/s	Level of interest	Level of influence	Level of engagement (refer IAP2)	Stakeholder classification
Adjacent near neighbours – Other 59 Liverpool Street tenants	Happy Larry	59-61 Liverpool St, Hobart Tasmania 7000 (03) 6288 7433 kosta@coterieandco.com.au	Construction impacts; noise, changed building access and traffic conditions during construction and / or operation	High	Low	Inform	Affected
	Tenants of Levels 9-10 and 8	TBC	Construction impacts; noise, changed building access and traffic conditions during construction and / or operation	High	Low	Inform	Affected
Secondary external							
Local residents / businesses (Liverpool Street)	Near neighbours / businesses close to lift access points (Vodafone Car Park and Vodafone Lane) - <i>to be determined</i>	Access through: Building Carpark entry in Argyle St and Bathurst St. Main lobby of RHH Liverpool clinics through the alleyway on 59 Liverpool St	Construction impacts; noise, changed building access and traffic conditions during construction and / or operation	Medium	Low	Inform	Affected
PSCP Consumer Reference Group		Teniele Hudson Manager Screening and Recruitment Prevention 0419101209 teniele.hudson@ths.tas.gov.au	Interest in final design, delivery of service, future outcomes for consumers of the service.	Medium	Low	Inform	Other

Stakeholder group	Stakeholder	Stakeholder representative	Stakeholder issue/s	Level of interest	Level of influence	Level of engagement (refer IAP2)	Stakeholder classification
Tertiary external							
Broader community	Tasmanian public	Various	Low-medium interest in the development / delivery of the Project	Low - Medium	Low	Inform	Other
	Health Unions – AMA, ANMF, HACSU, CPSU	ama@amatas.com.au anmftas.org.au/contact_home assist@hacsu.org.au www.cpsu.com.au	Medium level of interest in the development / delivery of the Project and member impacts	Medium	High	Inform	Other
	Media	Various – through DoH communications	Medium level of interest in the development / delivery of the Project	Medium	Medium	Inform	Other

6 Engagement action plan (with methods and tools)

Planned timing / frequency	Method/ tool	Description	Responsibility /Approval	Stakeholder(s) / groups
End March/ early April	Workshop	Staff art initiative	DoH/Jaws Architects	Primary internal - PRG
Procurement (Present - May 2025)				
May 2025	Media release	Draft, approve and distribute contract award media release.	RPS / DoH	All
May 2025	Internal news article	Draft and publish article notifying of contract award, construction timings, impacts etc.	RPS / DoH	Primary and secondary internal
Construction (May – December 2025)				
22 May 2025	Media release	Draft, approve and distribute start of works media release.	RPS / DoH	All
November 2025	Event brief	Prepare an event brief for a completion of works media and stakeholder event.	RPS / DoH	Primary internal – PRG
Project completion (December 2025)				
Construction completion	Media release	Draft, approve and distribute completion of works media release.	RPS / DoH	All
Construction completion	Internal news article	Draft and publish article notifying of project completion.	RPS / DoH	Primary and Secondary internal
Construction completion	Event	Hold completion of works media and stakeholder event with Minister of Mental Health and Wellbeing (TBC). To coincide with media release.	DoH	Primary internal – PCG, PRG, other TBC
Construction completion	Engagement summary	Produce a high-level engagement report summarising the communications and engagement process and outcomes.	RPS	All
Ongoing activities				
Ongoing	Communications and engagement materials	Refine key messages and the SCEP to reflect stakeholder feedback, issues and concerns	RPS	Internal activity
Ongoing	Monitor and respond	Monitor media, stakeholder enquiries, issues, and risk. Record. Respond and escalate as required	RPS	Internal activity

7 Reporting and evaluation

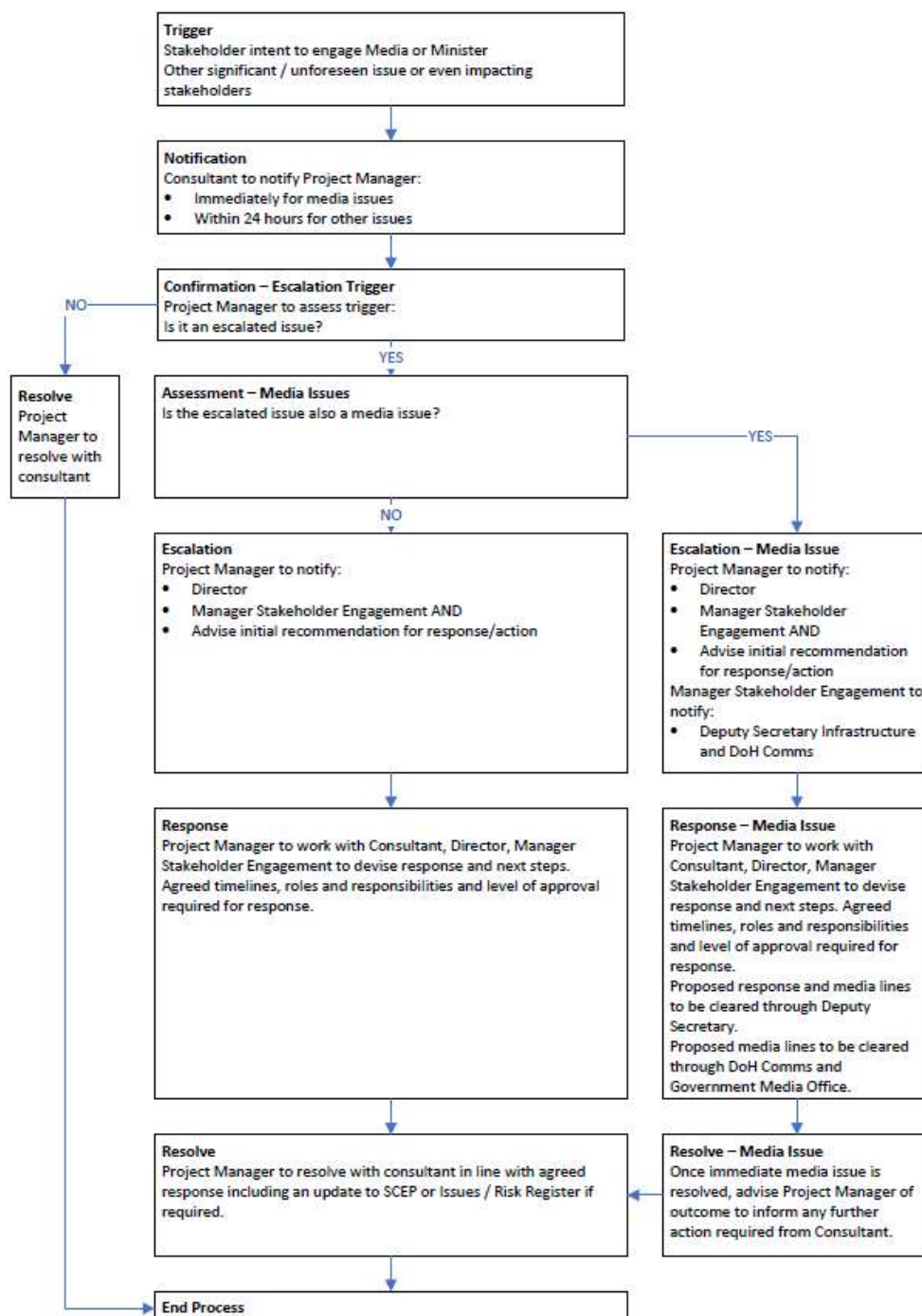
Delivery timeframe	Method	Description	Objective of the measure	Frequency
Key milestones	Communication materials	Communication materials, produced to support engagement	Confirm quality of materials produced	Ongoing throughout implementation
Key milestones – completion of project	Engagement summary	High-level public summary of engagement at the end of the project. The report will provide a summary of engagement, feedback themes and key outcomes.	Measure on-time delivery of engagement outcomes for project	On completion of the engagement activity / period

8 Escalation process

The escalation pathway for general enquiries is included below. This pathway will be used to manage and resolve escalated stakeholder issues of a general nature that are reported to the consultant.

The escalation pathway is designed to support appropriate awareness and decision-making to minimise negative impacts and facilitate timely resolution of escalated issues. Triggers for escalation include (but are not limited to) stakeholder intent to engage the Minister or the media and significant emerging issues or risks that do not have a documented approach for mitigation or management. This pathway is not intended to address other project or construction incidents where an incident response protocol or other operational process exists for mitigation / response.

Process Flow – SCEP Escalation Pathway



Appendix A – Stakeholder Risk Register

CM Ref. D25/12519

The Stakeholder Risk Register for the project should be created using the Risk Register template from the project Management Framework and filed as Appendix A to the SCEP. The CM file reference included here. The Risk Management Register template is included in the Activities Model section of the project Management Framework (MS Excel template). The Department of Health Risk Consequence and Likelihood Table should be used when classifying risks, and it is linked from the project Management Framework.

Appendix B – Project Reference Group members

Role	Internal/ External	Organisation	Name	Role
Chair	Internal	Department of Health	Remy Boyer	Project Manager, Infrastructure Services
Chair	Internal	Population Screening and Cancer Prevention (PSCP)	Dylan Sutton	Director
Member	Internal	Population Screening and Cancer Prevention (PSCP)	Aksel Waechter,	Operational Services Officer
Member	Internal	Population Screening and Cancer Prevention (PSCP)	Bethany Garie	Project Manager
Member	Internal	Department of Health	Rick Sassin	Senior Project Manager, Infrastructure Services
Member	Internal	Department of Health	Teresa Stokely	Project Officer, Infrastructure Services

Appendix C – Working Group members

Working Group 1 – Clinical Review Group (CRG)

Role	Internal/ External	Department / Area / Stream / Org	Name	Role
Chair	Internal	Population Screening and Cancer Prevention	Dylan Sutton	Director
Member	Internal	Population Screening and Cancer Prevention	Aksel Waechter	Operational Services Officer
Member	Internal	Population Screening and Cancer Prevention	Bethany Garie	Project Manager
Member	Internal	BreastScreen Clinical Services	Lyn Gibson	State Manager
Member	Internal	Diagnostic Breast Imaging	Terri Cooper	CNC
Member	Internal	BreastScreen Clinical Services	Justine Bevilacqua	Chief Radiographer
Member	Internal	Diagnostic Breast Imaging	Lauren Matthey	Deputy Chief Radiographer
Member	Internal	BreastScreen Clinical Services	Amelia Ferguson / Kim Gabriel	Manager Client Services
Member	Internal	Tasmanian Bowel Cancer Prevention Program	Alyce Francis	CNC Bowel Cancer Prevention Program
Member	Internal	Population Screening and Cancer Prevention	Teniele Hudson	Manager Screening Recruitment and Cancer Prevention
Member	Internal	Population Screening and Cancer Prevention	Carol Ramsay	Information Systems and Data Manager
Member	Internal	BreastScreen Clinical Services	Jeannette Steedman	Senior Counsellor
Invited	External	Consumer Reference Group - Population Screening and Cancer Prevention	TBC	Consumer Representative
Member	Internal	Infection Control	Meagan Conroy	CNC Infection Control
Member	Internal	RHH Engineering and Maintenance	TBC	
Member	Internal	Infrastructure Services	Remy Boyer	Project Manager
Invited	External	Jaws Architects	Hanz Lee	Architect

Working Group 2 - Design

Role	Internal/ External	Department / Area / Stream / Org	Name	Role
Chair	Internal	Department of Health	Remy Boyer	Project Manager, Infrastructure Services
Member	Internal	Population Screening and Cancer Prevention	Aksel Waechter	Operational Services Officer
Member	Internal	Population Screening and Cancer Prevention	Bethany Garie	Project Manager
Member	External	Jaws Architects	Hanz Lee	Architect

Working Group 3 - IT

TBC on confirmation by IT services

Working Group 4 - PSCP

TBC on identification by PRG.

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