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THE PARLIAMENTARY STANDING COMMITTEE ON PUBLIC WORKS MET IN THE FUNCTION ROOM, CRADLE COAST AUTHORITY, BURNIE ON MONDAY, 24 JANUARY 2022.

NEW BURNIE AMBULANCE STATION

CHAIR (Mr Valentine) - I declare the hearing open. This hearing today is in relation to the new Burnie Ambulance Station adjacent the North West Regional Hospital, Bridport Road, Burnie. I thank those that took us on a tour of the current site and that site for doing so today.

For the purposes of the record, I will introduce the honourable members of the committee. To my left, John Tucker, Felix Ellis, Rob Valentine, and Tania Rattray, Scott Hennessy, the secretary of the committee and James Reynolds from Hansard.

Secretary, could you please read the message from Her Excellency, the Governor in Council, referring the project to the committee for inquiry?

SECRETARY - Pursuant to Section 16.3 of the Public Works Committee Act 1914 the Governor refers the undermentioned proposed public work to the Parliamentary Standing Committee on Public Works to consider a report thereof:

Pursuant to section 16(3) of the act the estimated cost of such work is \$11.64 million, Burnie Ambulance Station.

CHAIR - Thank you. We are in receipt of one submission, the Burnie Ambulance Station 2020 Submission to the Parliamentary Standing Committee on Public Works, Department of Health, 14 September 2021. Can I ask for the member to move a motion that the submission be received, taken into evidence and published?

Ms RATTRAY - So moved, Chair.

CHAIR - Thank you, Tania. All those in favour. The motion is carried.

Mr Secretary, please swear in the witnesses:

Mr **ANDREW HARGRAVE**, DIRECTOR, INFRASTRUCTURE SERVICES - PROGRAMMING AND DELIVERY, DEPARTMENT OF HEALTH, WAS CALLED, MADE THE STATUTORY DECLARATION AND WAS EXAMINED.

Mr **ADAM GARRIGAN**, PROJECT MANAGER, INFRASTRUCTURE SERVICES - PROGRAMMING AND DELIVERY, DEPARTMENT OF HEALTH, WAS CALLED, MADE THE STATUTORY DECLARATION AND WAS EXAMINED.

Mr **DAVID JOHNSON**, ASSOCIATE, MORRISON AND BREYTENBACH ARCHITECTS, WAS CALLED, MADE THE STATUTORY DECLARATION AND WAS EXAMINED.

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Mr **ALISTAIR SHEPHARD**, ASSISTANT DIRECTOR - OPERATIONS, EMS - REGIONAL OPERATIONS NORTH, AMBULANCE TASMANIA, WAS CALLED, MADE THE STATUTORY DECLARATION AND WAS EXAMINED.

Ms **LARA JEDYN**, OPERATIONS MANAGER, EMS - REGIONAL OPERATIONS NORTH WEST, AMBULANCE TASMANIA WAS CALLED, MADE THE STATUTORY DECLARATION AND WAS EXAMINED.

CHAIR - Thank you very much. Welcome to the hearing. I need to read a statement to you. It's a very important statement and I need to make sure that you understand the statement, so if you can please all respond with a yes, or a no, that would be great.

Before you begin giving your evidence today, I'd like to inform you of some of important aspects of committee proceedings. A committee hearing is a proceeding in parliament. This means it receives the protection of parliamentary privilege. There's 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 that parliament receives the very best information when conducting its inquiries. It is important to be aware that this protection is not accorded to you if statements that may be defamatory are repeated, or referred to you, by you, outside the confines of the parliamentary proceedings. This is a public hearing. Members of the public and journalists may be present and this means your evidence may be reported. Do you understand?

WITNESSES - Yes.

CHAIR - Would you like to make an opening statement to the committee?

Mr HARGRAVE - No, Chair.

CHAIR - Perhaps it might be advantageous for anyone who might be listening for someone to run through the purposes of the project and to give a bit of an overview, if that's possible.

Mr HARGRAVE - I'll briefly start, Chair. The purpose of the project is for a replacement of the ageing infrastructure which Ambulance Tasmania currently resides in. The intent of the project is also to provide capacity at the new station for the expected growth, particularly in responses that Ambulance Tasmania will see - and I'll allow Alistair Shephard to comment more about that. One of the key functions of the project is to provide that opportunity for growth and capacity in a new station, which the current station doesn't have, as we saw today. Alistair, if you'd like to add anything to that.

Mr SHEPHARD - Yes, certainly. The mission for Ambulance Tasmania is obviously to provide excellence in ambulance and health transport care. Building a high-quality and safe health care system responsible for best patient outcomes is a number one priority to Ambulance Tasmania. As we've seen today and you've had an opportunity to visit the existing facility at the Burnie station, you can see what the actual existing facility offers and what the proposed new station will be able to deliver in terms of response to the community.

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CHAIR - Thank you. Any further information that you can impart? Okay, thank you for that. Now it is open to members for questions. Our habit is that we actually work our way through the submission that you've provided. That way we don't miss anything, nor do we pre-empt anything that might be further in. Let's go to the submission. It is page 3; do we have any questions for page 3?

Ms RATTRAY - I'm happy to start, Chair. Thank you very much and I'll do my best through these masks as well. In regard to the objectives of this new ambulance station, we saw this morning where the existing site can house only four ambulances. Then we went out to the carpark and we saw where there was about another six, that were plugged into a cord. I think it would be useful to have on the public record an understanding about the challenges of having a facility that only houses four ambulances that need to have electricity plugged in and those ones sitting outside in the carpark. If you could share that with the committee I'd be very pleased, thank you.

Mr SHEPHARD - Absolutely. The limitations on that existing site mean that our day/night operational crews are required to actually switch their ambulances from inside the building to operate their shift to outside when they finish their shift. That has some work health and safety implications in terms of changing of the vehicles that is required outside of the station. They are obviously out in weather. There are impacts from the weather as well as the work health and safety implications in reversing, and additional and unnecessary vehicle movements throughout the course of the shift, with the number of staff moving in that area.

Ms RATTRAY - There is no opportunity for expansion for the existing site? Is that the case?

Mr SHEPHARD - That is correct.

CHAIR - Site selection, 1.2.1 in your submission: can you give us a run down on why that new site has been chosen? What are the benefits in siting it there? Just issues around that site selection.

Mr HARGRAVE - I'll let the project manager and the architect answer that question.

Mr GARRIGAN - The site that was chosen is already government-owned land and it is in close proximity to the hospital. The area of land we viewed today was surveyed to find the best location for the station. Obviously, if we build it out towards the flat area, which was option 1, it will have a bigger amenity on the local residents, so, we chose to move it back into site 2, which tucks it up into the back corner.

CHAIR - So, you're saying a bigger impact?

Mr GARRIGAN - It would have a bigger amenity impact to the local residents because the station would be elevated and would impede their view. More residents would look at it every day in direct line through the subdivision there. We chose to tuck the station back as far west as we could and lower the station as much as we could to help give eyesight over the top of the station and also help with ingress and egress of the site.

Mr JOHNSON - Operationally, having the station close to Bridport Road helps reduce ambulance exit times, which is critical to responding to patients as promptly as possible. The

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first site, as mentioned, meant a longer driveway across the front of Bridport Road to access the main road.

CHAIR - When we were at the site visit, I mentioned site lines and noise and lights, and those sorts of things. Can you run down some of the issues that have been addressed? For instance, how you intend to reduce impact given the type of site that it is?

Mr JOHNSON - Absolutely. We spent a lot of time looking at the site and being conscious of the residences there, and also looking at how the traffic flow works. The ingress of traffic into the site has along the higher side of the site off Bridport Road and the ambulances only ever exit further down the road, directly to Bridport Road, quite a bit further away from the residences themselves. Further to that, site 1 would have traffic crossing right across the current vacant lot.

CHAIR - We appreciate that the public can come to these hearings. It is important for Hansard that witnesses can give their evidence without unnecessary audience noise.

If you are here to present to the committee, you need to talk to the secretary to make sure that happens. At the moment we do not have any other witnesses apart from those who are in front of us. If anyone is here today from the public who wants to make a statement or whatever, the secretary needs to know that and that opportunity will be given to you. I am not saying that you have to. You might only be here to gain information. You need to understand that that is the process is. Mr Hennessy is there. If you wish to make a statement to the committee, then by all means feel free to do that.

During submissions, it is important that we have silence. Thank you.

Mr JOHNSON - The primary design driver for us was really the efficient circulation of vehicles to and from the ambulance station itself. We wanted to make sure that it was delivering an efficient service.

CHAIR - So things like sirens, are not going to be used in close proximity to the site? Is that correct?

Mr JOHNSON - Correct. The ambulances will exit the site almost all the time without lights or sirens, as is current practice. They will leave the site, drive. It is only when ambulances meet traffic that they require to put on lights and sirens.

CHAIR - I wanted that emphasised for the sake of those listening.

Ms RATTRAY - Does this piece of land have the appropriate zoning to build an ambulance station facility? Or is that something that will come later?

Mr JOHNSON - It's discretionary zoning, allowed for ambulance station.

Mr TUCKER - Can you explain a little about the access at the old site, and how the new site will improve access for the ambulances?

Mr JOHNSON - Certainly. At the existing site, as we saw today, the ambulances are required to drive off the street and through a car park that has non-ambulance vehicles as well.

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There is a lot of onsite car parking in the area, which comes down to there being a lot of opportunity for delay caused by vehicles manoeuvring in the area and other potential hazards. Pedestrians are in the area.

What we have proposed is to address that by having a direct ambulance-only access to the main arterial road.

Mr ELLIS - Would it be fair to say that the existing facility is not fit for purpose but the new one that we are looking to build not just caters for today's needs, but will future proof the ambulance service in the area for the coming decade or so?

Mr JOHNSON - As I am not a user, these guys are better to comment on the fit for purpose, but certainly the new station has been designed with every aspect thought through to try to cater for current ambulance station usage, and then future increasing capacity and also flexibility for changes in operation.

Mr SHEPARD - As you saw, it was a multi-level facility so there are significant challenges in terms of response times. The future of Ambulance Tasmania is to primarily have single level facilities and enhanced infection control.

Ms RATTRAY - Can you place in the record the current situation with Ambulance Tasmania staff at the current site - the fact that they are not all together.

Mr SHEPARD - Yes, due to the limitations primarily from impacts on COVID-19 through 2020 we have been forced to segregate our staff. Our operational support staff work at a separate site in the area at this point in time. So, we have a number of impacts around the capacity to both store equipment and supplies that are necessary in meeting the requirements of the pandemic, as well as the operational impacts of providing administrative and managerial support to our staff who are onsite at the current location.

Ms RATTRAY - We saw two transportable units onsite as well. Do you consider that that will be an ongoing requirement, even if we ever get through COVID-19?

Mr SHEPARD - Yes, absolutely. That would be an ongoing requirement in terms of enhanced the infection control based on whether it's COVID-19 or something into the future.

CHAIR - For clarity, you are saying having separate units like that outside. You are not saying that, are you? You are saying you need the space to be able to do that.

Mr SHEPARD - We are saying the need for space to be able to house and manage the facilities that we need to accommodate on an individual site.

CHAIR - And you are saying that the new design is going to factor that in?

Mr SHEPARD - Yes, the new design of all ambulance stations and new builds into the future factors all those considerations into the build.

Ms RATTRAY - Including having Schedule 8 medication on site, which is currently not the case, am I correct?

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Mr SHEPHARD - That's correct. We hold Schedule 8s on site currently but that is a requirement of the crews to travel back from the hospital to restock, which has an impact on their availability to respond to a second case.

CHAIR - So, it is disjointed at the moment. You have some Schedule 8 drugs for immediate need then you have to go to the hospital - is it the old hospital or the current hospital?

Mr SHEPHARD - The current hospital.

CHAIR - to restock your S8s for use in the ambulances?

Mr SHEPHARD - That's correct.

CHAIR - How often would you be going up there to restock at the moment?

Mr SHEPHARD - I would have to take that question on notice but it's quite often.

CHAIR - Would it be once a week, twice a week?

Mr SHEPHARD - Oh no, per shift - probably once or twice per duty shift per crew. The impact of that is from each individual case that they attend, which is governed by the nature of that case. So is it a case where they've used that particular medication or piece of equipment that they need to restock, or is it that they have adequate supplies available to them?

Ms RATTRAY - Chair, I also asked about the number of FTEs that were part of the Burnie Ambulance Station, so you might place it on the record as well.

Mr SHEPHARD - Yes, the north-west region currently has an FTE of 164.

Ms RATTRAY - At any one time, how many people are at the station?

Mr SHEPHARD - At any one time on an operational shift, there could be up to 25 people on site currently on any given day.

Ms RATTRAY - Thank you.

CHAIR - For the record, that level of FTE has actually risen substantially since the beginning of COVID-19?

Mr SHEPHARD - Yes.

CHAIR - So, it would have been something in the vicinity of 100 FTEs? Is that correct?

Mr SHEPHARD - In 2019, it was in the vicinity of 100 FTE. Additional to that, Ambulance Tasmania has employed a number of new graduates and casual employees who are supernumerary to that FTE and they need to be accommodated on a daily basis.

CHAIR - Thank you.

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Ms RATTRAY - One final question before we turn the page, Chair, if I might, is around the volunteers. I note that there were some volunteers restocking this morning. How many volunteers do you have, or is that included in the 25? They are not full-time employees but they're volunteers.

Mr SHEPHARD - That's included in the number of staff who are working on shift. Our volunteers are on-shift with a salaried officer. They are at our branch stations so there are no volunteers who work from the actual Burnie station directly on a daily basis but they come in and out to restock from our branch stations.

CHAIR - How many volunteers would you have per full-time employees?

Mr SHEPHARD - We've got close to 120 volunteers in the north-west region in total.

CHAIR - Of the 25 on site at any time, how many of those would be volunteers?

Mr SHEPHARD - Usually, at any one time there would probably only be two to three likely to be on that site at the same time together, as a maximum.

Ms RATTRAY - Doing the restocking.

CHAIR - As the member says, doing restocking and things like that for the most part?

Mr SHEPHARD - Yes, doing restocking and cleaning of equipment: restocking vehicles, restocking medication with their salaried officer.

CHAIR - Thank you. Moving on to page 4.

Mr ELLIS - Chair, I might return quickly to the co-location question. Would it be fair to say that by co-locating towards the hospital, and the less need to travel backwards and forwards for supply, we are going to have potentially better response times, that we are going to have a better ability for ambulance drivers to be on the road going to a job, rather than doing some of this back-up administration logistic sort of stuff?

Mr SHEPHARD - Absolutely. It brings about an enhanced operational efficiency which results in those crews being available to the community without that reduced impact of the lost time travelling between locations after delivering a patient to the North West Regional Hospital and then travelling back to Burnie to undertake restocking and cleaning activities.

CHAIR - Moving on to page 4. Any questions on that page? There is a reference there, 1.2.2, about Bridport Road. I noticed in the drawings that we have in the submission there's mention of certain areas of landslip. Can you, for the record, tell us how that's being taken care of, whether it does form part of the build site or not, and how that's being approached?

Mr JOHNSON - We've had specialist consultants, geotechnical engineers and the like investigate the site and provide their confirmation that the landslip hazard, although directly adjacent to the site - we're not building right on it - and they've checked out the site and said that it's very low-risk. The structural engineers and civil engineers will certainly accommodate that in their design planning.

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CHAIR - So, there's no disturbance of those areas marked as landslip, basically? Is that what we're hearing?

Mr JOHNSON - Very minimal. It's a low-risk landslip area and any disturbance in there would be - there's no building footprint in those areas. There will be some minor land disturbances.

CHAIR - Thank you for that.

Mr ELLIS - I might draw your attention to principle 2, 'support improved workplace satisfaction'. Having family and friends involved in the ambulance service, certainly one of the things they note is that new facilities do make it more pleasant to come to work, particularly when you're in a stressful job and that sort of thing. Would you be able to speak a little bit to how we imagine this new facility might help with principle 2?

Mr SHEPHARD - Yes, primarily in the design of that facility. As we know, a comfortable, safe workplace is attractive for anybody to operate in as their working environment on a day-to-day basis. We certainly recognised this morning the limitations on that existing building, which was opened in 1973, that doesn't necessarily offer that same degree of experience to our staff on a day-to-day basis. They've been dealing with that site for many, many years and obviously the limitations and the enhanced staffing we now have has put greater pressures on that facility at the same time. Certainly, there are benefits to workplace health and safety, fatigue and mental health and wellbeing, with the opportunity to provide an enhanced facility.

Mr ELLIS - And potentially workforce retention and attraction as well?

Mr SHEPHARD - Yes.

Mr ELLIS - The other thing I wanted to go to quickly was principle 8, 'utilise timber where appropriate for structural and interior application'. It's good to see that supporting Tasmania's timber industry is a big part of our public design works as well. Take that as a comment if you like.

CHAIR - Perhaps we can handle that a bit further back. That's okay. Under 1.2.2 again, we have time lines here. The question of a development application that's been made to council. Can you, for the record, update us as to where that's at in relation to this development?

Mr HARGRAVE - The development application with council is still pending. We understand that it will be put before the next meeting of council. I understand that's February.

CHAIR - Okay. Is there a reason that's crept out a bit?

Mr HARGRAVE - I'm not aware. Adam, you might be able to brief the committee a little bit more on that.

Mr GARRIGAN - Yes. There was an issue. The council was cyber-attacked leading into Christmas. That postponed us getting the planning up and going in advance. The DA was advertised prior to Christmas and finished its public advertising on 22 December. Since that, the council was asking for some extra information from TasWater. That was a bit slow in

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forthcoming. We've now got that information but, as a result, it meant we missed this month's council meeting because the report couldn't be completed by the council on time and they've asked for an extension to add it in to next month's meeting.

CHAIR - Thank you. The tender documents, scheduled for completion at the end of November to be advertised in December. Has that occurred?

Mr GARRIGAN - No.

CHAIR - Sometimes tenders go out first and then it comes to us and sometimes it is the other way around. We just need to be aware of where that is at.

Ms RATTRAY - I've got a question in regard to the open space and associated car parking. We were made aware this morning that there would be a master plan design for the complete area, and obviously, there are some landslip issues with that. Can I confirm that in the current project scope, there are 20 car spaces? Is that correct?

CHAIR - No, it is 20 ambulances I think. Are you talking about the number of ambulances in the building or are you talking about the number of car spaces?

Ms RATTRAY - Car spaces.

CHAIR - I think you will find that the 20 is the number of ambulances that it is going to cater for in the long term.

Mr SHEPHARD - That's correct - garaging for 20 ambulances.

CHAIR - How many ambulances do you have at the moment that are garaged where you are?

Mr SHEPHARD - We have four internally and we have up to nine or 10 outside, depending on day-to-day requirements.

CHAIR - So, on this site you would be expecting to have more housed inside as you currently stand, not projected?

Mr SHEPHARD - All of our operational vehicles would be garaged inside the building currently, including light fleet operational vehicles as single responder cars as well as the type one ambulances.

CHAIR - Okay, so that would bring those being handled on site, inside on site, up to how many on the new site?

Mr SHEPHARD - Up to 20 on the new site.

CHAIR - As we go forward and things expand, how is that likely to change? You will be then putting certain vehicles outside and just having immediately operational vehicles inside? Is that the way it works?

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Mr SHEPHARD - The requirement is to have our type one ambulance vehicles, which as you identified earlier, need to be plugged into electric power at all times when they are not operational. They are the priority to have housed inside at any given time. This proposed station will give us the facility to undertake that which allows for future growth in that type one ambulance fleet and move into the 2030s.

Ms RATTRAY - What about employee car parking? Not everyone rides their bike or scooter to work.

Mr JOHNSON - There are about 30 bays of secure car parking for paramedics which should more than cover the operational staff on site at any one time. There are an additional 23 car bays on site which are unsecured for overflow parking, as is required often.

Ms RATTRAY - Thank you.

CHAIR - Thank you. Any questions on page 5? The principles perhaps. You have talked about improving response time performance. You have talked about support, improved workplace satisfaction, about promoting community pride and confidence in our Ambulance Tasmania Emergency Services. Deliver a safe and secure facility and environment addressing work, health and safety and community safety, et cetera.

Coming to principle 8 that you were talking about, Felix, utilising timber where appropriate for structural and interior application. So, a question there in terms of the design. So, you won't have any external timber use, presumably, but you will have internal timber use. Is that correct?

Mr JOHNSON - One of the primary philosophies of our architectural practices is that we think that timber use, especially being in Tasmania, using Tasmanian timbers, we refer to it as a no brainer. You want to do that. We try to employ the use of timber wherever we can for structure and also various linings or façade elements. There is some external timber being some of the soft fits and things which are part of the aesthetic of the building and providing a warmth, a natural element that will help with the state of mind of the people who have to use that facility.

CHAIR - In terms of maintenance of that sort of product being external, how do you see that going? Is this a naturally grained product or is it something that will have to be maintained into the future.

Mr JOHNSON - No, they are very specific products designed for external use, very high-performance external cladding products that will certainly last.

Ms RATTRAY - I have heard that before too but I am not an expert. Tasmania is very harsh when it comes to timber.

CHAIR - It is a harsh environment. Macrocarpa is pretty good apparently but I don't know if it is being used. It will be some other thing like larch or something?

Mr JOHNSON - Not on this site.

Ms RATTRAY - So it will be imported timber then?

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Mr JOHNSON - No, we have local suppliers for most things, like plywoods.

CHAIR - Okay. Anything else on page 5? Moving over, page 6.

Mr ELLIS - I might ask about the vandalism element. Can you speak broadly about vandalism for ambulance sites in general and then how specifically that this new site might help prevent some of that?

Mr SHEPHARD - We have had a number of incursions into our site in previous years down that existing Strahan Street site which is a difficult site to maintain security on as you have seen with the large open space, the parkland next door, the railway behind, the limitations on that site. It is quite difficult to maintain a safe overall site with the security you would like to have around public properties. As it is difficult anywhere to actually completely eliminate people entering that site, the new proposal does give us a much greater opportunity to provide an enhanced safety and security aspect to both our staff and to our operational vehicles, as well as our infrastructure.

CHAIR - Further questions on page 6? I note there on the first dot point you talk about 'meets current and projected needs for the provision of the Ambulance Service to the north-west region including provision of non-emergency patient transport and alternative response vehicles'. Is non-emergency transport handled by the department here, or is that private?

Mr SHEPHARD - Non-emergency patient transport is part of Ambulance Tasmania. That is our low acute patient transport service that we provide.

CHAIR - Okay, it is just that I am aware that there are some private services in that regard as well and I was interested to know whether there was some collaboration happening there?

Mr SHEPHARD - Those vehicles also utilise the Strahan Street site.

Mr ELLIS - On acoustic treatments, would you be able to describe the acoustic treatments and any potential impact that might mitigate in the neighbourhood?

Mr SHEPHARD - Some of the acoustic treatments that we looked at are through landscaping and the provision of various plantations to buffer noises and reduce that impact. We have found that trees and shrubs and the like significantly reduce the travel of noise. We have an acoustic engineer on the project who is working to make sure that any noise emissions from the building are dealt with and kept to an absolute minimum. Then the building itself has been designed in a way that has various relief in the façade. It is not one large flat surface so any echoing or rebounding noise will be dissipated a bit more.

CHAIR - With respect to disability access and the like in the design, you have 'meets all statutory development requirements for approval'. Quite clearly the development application approach will look at these things in more detail but in terms of our interest, and the project meeting the desired outcomes: staff who might have a disability, access and the like is fully disability compliant.

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Mr JOHNSON - With these stations, we have designed full disabled access to the training, the front of house, office administration areas, and everywhere else, including the provision of disabled access toilets as per the statutory requirements.

With the ambulance operational side, we have been informed that to be a paramedic, to be operational personnel, you must be able bodied. With that we have some dispensation. It doesn't mean we have designed it not to have disabled access. It generally has. It just means we have been able to reduce the number of disabled access toilets and other specific things.

If someone is required to go through those areas they will be able to and it is linked. They can use the bathroom in the other areas. It is such an unlikely occurrence that we were able to get an exemption.

Ms RATTRAY - In regard to the dot point that talks about opportunities for ongoing paramedic training and research, do you envisage that you would do a north-west region type of training? Or are training days specifically for Burnie.

Mr SHEPHARD - Yes, that's correct. The new facility offers a training room facility, and that will have accommodation during the day. It is office space for our regional training unit staff to work from. They will be able to undertake staff training and professional development at that site.

Ms RATTRAY - And research.

Mr SHEPHARD - And research.

Ms RATTRAY - What sort of research?

Mr SHEPHARD - Ambulance Tasmania is currently undertaking a number of projects. There is also individual staff research; so, staff who are undertaking enhancements to their graduate qualifications undertake research projects.

CHAIR - With respect to the dot point there: 'enable supervision, safety and security in a positive work environment', in terms of general day-to-day supervision of staff, are there limitations where you are at the moment? How might that be improved on this new development? Can you outline anything that might be a glaring issue at the moment? How might that be addressed?

Mr SHEPHARD - Certainly. Currently our management of our staff is limited to daily immediate supervision of staff operating from our Burnie site due to the impact and number of people in that facility. The regional operational management team, including Lara, myself, and our operational support staff, are currently housed in a separate building, which is leased, and it is separate to the Burnie station, so we have a disconnect between the direct supervisor and the next level management. The new site will house us all in to one location which will bring connectivity and operational efficiency together.

Mr JOHNSON - We have specially placed the office that Lara was in, which we saw this morning and which was completely removed from the rest of the station. That one is essentially central and will see the living quarters. It will see the operational wing. It will see the garage. So, from one position they will be able to keep an eye on proceedings throughout

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the station, and have an awareness of where paramedics are and who is in the station, and who is out of the station, which will be an advantage.

CHAIR - What happens on the current site if you get a power outage? How is that likely to be addressed on the new? Do you have back-up generators? What happens at the moment?

Mr SHEPHARD - We hold a generator on site for business continuity purposes. The requirement of a 24/7 ambulance station is an uninterrupted power supply in critical areas. That is maintained in the event of any power failure with the generator. That generator needs to be of sufficient size and capacity to maintain our operation.

CHAIR - What about on the new site? Is that going to change in any way, in terms of the size of the generator? Or are you catering for such back-up power supplies that are commensurate with what might happen in 10- or 15-years' time?

Mr JOHNSON - Yes, we've sized the generator to accommodate the current station at full operation and, based on future projections, for future requirements as well.

CHAIR - Can you tell me, roughly, what KVA generator you've got at the moment?

Mr JOHNSON - Not off the top of my head, sorry.

CHAIR - I'm interested to know how much you might be expanding that to cater for the future.

Mr SHEPHARD - I would envisage it would be a very similar size to the one that we currently have onsite at Strahan Street, but it will need to meet the future needs of the larger station as well.

Mr JOHNSON - I've got a feeling it's a little bit bigger, because we are looking at the future capacity and it being a larger station.

CHAIR - Perhaps you could outline the need for that. A lot of people probably think it's just an ambulance, it needs its truck battery kept functional and those sorts of things. Quite clearly an ambulance has a lot more than that on board and this is the reason why you have to charge them.

Mr SHEPHARD - All of the ambulances are equipped with in-vehicle information systems as well as critical medical equipment that needs to have its charge maintained. One draw on the power supply is keeping the vehicles at operational response readiness. Additionally, you need to be able to exit through electric roller doors; you need heating, cooling, lighting, all of the associated elements that are part and parcel of the operational requirements for Ambulance Tasmania.

CHAIR - For minimal electrical requirements, in the event of a shutdown of the electricity system, to be able to charge-up your trucks, you've got quite a number of pieces of equipment in them that you have to cater for?

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Mr SHEPHARD - Yes. Additionally, medications are stored onsite in those buildings, so temperature control is quite important in terms of the holding medications and the ability to control it.

CHAIR - Fair enough.

Ms RATTRAY - Can you give me some indication of where the generator might be located? I'm hoping you're going to tell me on the western side of the building.

Mr JOHNSON - Correct, it's on the far western side; basically, the far side, from any residences, as far as we could get it.

CHAIR - So, residents won't be getting generator noise?

Mr JOHNSON - No.

CHAIR - Or at least it would be very muted.

Mr JOHNSON - Correct.

Ms RATTRAY - In regard to the KPH rapid review that was undertaken for Glenorchy and the Burnie ambulance infrastructure, can you indicate if there was anything left out of this proposal that was put in to that review that said that that's what you would need for a contemporary, new ambulance facility?

Mr HARGRAVE - Not that I'm aware of.

Ms RATTRAY - So, it's got everything that was advised under the review process?

Mr HARGRAVE - Yes, that's correct.

CHAIR - Can you describe the disinfection side of things and the way design enhances the capacity to keep a clean site in the new site that doesn't exist where you are at the moment, and what sort of work levels it's voiding, because of the design?

Mr SHEPHARD - As we saw this morning, we have a single entrance to the existing facility, which provides for one large multi-purpose area. You've got your cleaning, your storage, your linen facilities, your medication, all of those areas and aspects of the workplace are undertaken in one single area, which is not conducive to contemporary infection control practice.

Mr JOHNSON - With the new proposal, we split the station into effectively three parts. There's the administration and training wing, which is the office and so on, which has a dividing door, so that can be run completely independently of the operational side of the station. That is critical for outbreak events or specific emergencies so that the operational side doesn't get affected and there is not cross-contamination between the two sides.

We have a separate paramedic entrance and we've separated how they are able to get into the station from returning their ambulances. When a paramedic arrives to the station into the secure carpark, they would go into the ambulance entrance centrally in the building and then

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directly into the station for normal decontamination processes. Then they run their shift as normal. If they return from a job requiring a specific clean-out, they can drive directly into the wash bay and at that point they can leave their ambulances. We've designed this in a way that will accommodate more efficient operations. The paramedics can leave their ambulance at that point, wash themselves down, decontaminate, get changed into a new uniform and re-enter the station completely cleaned while their ambulance is being cleaned by the clean team. That gets delivered back into the garage and the new ambulance is there ready to be picked up straight away.

The hot zone, as it is called, the areas where contamination might exist, has a complete separation from the station itself. So, the garage, and the operational part of the station will remain - there's a break, a disconnect to allow that decontamination.

CHAIR - Thank you, it is important to understand that, and I appreciate that. Moving over to page 8, do we have any questions there?

Ms RATTRAY - I was going to say existing facility.

CHAIR - We have covered that.

Mr ELLIS - In terms of this project providing value for money, we have spoken about some elements of having the vehicles parked outside. In terms of reduced maintenance costs as well, it seems in some ways it will add a financial benefit with this situation as well for the service?

Mr SHEPHARD - Yes, there is an impact on vehicles overall in them being situated outside in the weather for significant periods of time, which I think we are all quite aware of in the harsh Tasmanian environment.

CHAIR - Any other questions on page 9? Page 10? In terms of other stations outside this central station in the region, what sort of services are you providing for them on this site that you may not be able to provide currently because of lack of space or whatever reason? Are there any particular services that you will be providing for other stations in the region?

Mr SHEPHARD - Yes, certainly. As the regional headquarters building, it will bring that operational support. The operational support is essentially administration and day-to-day operational support incorporating management and training facilities as well. That will create that hub of staff in one consolidated location, rather than the current central Burnie location, where our administrative and operational support staff are located.

CHAIR - Okay. Any questions on that page? We've been through the staffing profile. Consultation, page 11, can you run us through the consultation that's taken place in relation to this particular development, for the record, as to exactly how that has been approached and who you have and haven't consulted with?

Mr GARRIGAN - Yes. A stakeholder and community engagement plan was put together. Obviously, we wanted to consult with all the local residents up there, so Pitt & Sherry was engaged to conduct that. They put a plan together and they had mail-outs as well as door-to-door conversations with a lot of residents and took a lot of feedback. We took that

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feedback and helped in the preliminary stages of design to adapt this design to try to accommodate as much of that feedback as possible.

CHAIR - Can you give us an understanding of the sorts of things that were a concern?

Mr GARRIGAN - Mainly the visual aspect of the station and where it was to be located and could we move it to the western end of the site, and could we lower it. They were all issues that we looked at and agreed to, and that's what we've put into the design.

CHAIR - Okay.

Ms RATTRAY - Is a copy of that report available?

Mr GARRIGAN - Of the plan?

Ms RATTRAY - No, of the consultation plan.

Mr GARRIGAN - The stakeholder engagement plan?

Ms RATTRAY - Yes.

Mr GARRIGAN - Yes, we would be happy to make that available to you.

Ms RATTRAY - Thank you. We should have asked for that prior, Chair.

CHAIR - Yes, maybe that is an opportunity.

Ms RATTRAY - Often, that's included but it wasn't in this case.

CHAIR - It's best to get it. I think that is important. Was there any significant concern about egress and ingress?

Mr GARRIGAN - Yes, there was concern in relation to line of sight and traffic movements and all that sort of stuff. That was put in with our traffic impact assessment to be managed.

CHAIR - And that assessment has gone in with the DA, has it?

Mr GARRIGAN - Yes.

Ms RATTRAY - I understand that there was some concern about removal of some of the tree stand that's on that western side.

Mr GARRIGAN - I would have to take that on notice and check. It doesn't ring a bell at the moment.

CHAIR - There are going to be some trees removed though, aren't there?

Mr GARRIGAN - Yes, there will be.

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CHAIR - Correct me if I am wrong, the trees that are not within the fence are going to be removed?

Mr GARRIGAN - David, you will probably be able to answer that a bit better off your plan.

Mr JOHNSON - The trees not in the fence are removed and some of the trees in the fence are going to be removed. We are going to try to retain every tree that we can. We like trees. I will leave it at that.

CHAIR - You're not just going to remove them for the sake of removing trees?

Mr JOHNSON - No.

CHAIR - The main bodies that you will have communicated with - we will get that with the report. It is probably best to get that then.

Over the page - governance. Obviously, a project working group. You have a project sponsor. Who is the sponsor in this case?

Mr HARGRAVE - The sponsor, Chair, would be Joe Acker, the chief executive of Ambulance Tasmania.

CHAIR - Okay. A steerer, not a rower.

Mr HARGRAVE - That's correct, very much so.

CHAIR - Quite often in my experience with projects, and I've done quite a bit of project management, you get sponsors who are more intent on doing the rowing rather than the steering.

Mr HARGRAVE - Yes, and it's probably worth me adding there that the governance flow chart that sits in front of you as part of your submission, at the top of that chain there's an organisation called the Project Control Group. That's now referred to as the Project Steering Committee.

CHAIR - Okay. Is there a particular project management model you're using?

Mr HARGRAVE - There is. Our project management framework is based on the - and the name of it has just eluded me.

CHAIR - The gateway model?

Mr HARGRAVE - No, it's not the gateway model. My apologies, I've just had a mental blank.

CHAIR - That's okay. It's not a show-stopper.

Mr HARGRAVE - No. It will come to me.

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Ms RATTRAY - If it's at 1 o'clock in the morning, don't message us. That's often when I get 'oh, that was it'.

Mr ELLIS - I'm interested to hear a bit about operational staff and their involvement in this project and the consultation as well.

Mr SHEPHARD - Yes, Ambulance Tasmania has provided opportunity for consultation with the user groups that will be working within that new station, and that's included. Again, our operational support administration staff, volunteers and all of our operational paramedics who will be using the site potentially.

Mr HARGRAVE - If I may just interject, PMBOK (Project Management Body of Knowledge).

CHAIR - PMBOK? Thank you. It comes to all of us in the end.

Ms RATTRAY - I note in that governance arrangement you have a nominated art consultant. That always interests me. How does that form the governance arrangement?

Mr HARGRAVE - We are required under the Treasury guidelines to make a contribution to art up to a value of \$80 000.

Ms RATTRAY - It used to be 2 per cent of the project until we couldn't afford it any more.

Mr HARGRAVE - To an upper limit, that is correct.

CHAIR - So \$80 000.

Mr HARGRAVE - That's correct. That is what the Treasurer's Instruction says. In terms of who it is for this project, Adam might recall?

Mr GARRIGAN - Catherine - her last name escapes me.

CHAIR - The name doesn't matter.

Mr HARGRAVE - It is Arts Tasmania.

Mr GARRIGAN - They have been briefed on the project and they are aware of what is happening and what is going on. As we get to the tender stage they will have more involvement in what they roll out, what art, and will go to the market.

Ms RATTRAY - Has there been a conversation between the architects and the project steering committee about what might be something that would be suitable? I always like something that is useful as well?

Mr HARGRAVE - It is not a matter that has been raised with the steering committee at this stage.

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Ms RATTRAY - If it is going to be part of the building, which often it can be and that is a useful approach in my view, others may differ, but you almost need to have had some of those conversations before you set out to tender. It might be something on wall. Do you envisage having those conversations sooner rather than later?

Mr GARRIGAN - The discussions I had with Arts Tasmania was if the site, an ambulance station on the Bass Highway and there are 20 000 cars a day coming past they would look at putting something into the wall that was a visual aspect for people to drive past. A station in a location where this one at the moment would probably be several pieces of art that are inside the station as wall art, like up at the Linear Accelerator. We have done a fit-out of that and the artist came up with a floral pattern that lined that whole wall. It was a big screen print and it was all fitted to the wall so as people walked through they see the art as a visual aspect all the way through the building.

CHAIR - The honourable member points to art being more functional in that sense and sometimes there can be a real benefit in that and other times there may not be an opportunity. I think that is what you are getting to.

Ms RATTRAY - Maybe functional is a better word than useful but I think they both mean the same thing.

CHAIR - Sorry.

Mr JOHNSON - I think that is what we are getting at.

CHAIR - Page 13. I think we have covered that. We have talked about the community consultation and design approval. Design philosophies, we have been through those. Just the issue under principle 5, the drug cupboards and surveillance. That has been topical in the past in certain areas. Can you tell us what is happening in regard to the design of that as far as this building is concerned? The placement of it and security.

Mr JOHNSON - We have designed it so that the placement of the drugs, it is a bit more than a cupboard, it is a room which is secured behind a lockable door. It is sized so that two people can be in there at the same time as per the current procedures and we have designed it in accordance with Ambulance Tasmania's procedural guidelines which were provided.

Ms RATTRAY - Given that my colleague had to step out, I am always interested and I know he is too, about the energy efficiency of the building. Could you share with the committee some of the aspects of energy efficiency and environmental sustainability design? That would be useful.

Mr JOHNSON - Absolutely. One of the main things we've looked at for this particular one is the use of natural ventilation. We've got high- and low-level windows, which allow the building to expel hot air and bring in cool air. We've designed it so that it will get quite a substantial amount of winter sun but then keep the summer sun out, so the heat to the living spaces. So, that again for the paramedic wellbeing, daylight and sunlight advantage.

The garage uses naturally-opening windows as a supplement to the mechanical ventilation for garage exhaust fumes and also for climate control. Again, high and low windows, cross ventilation, all-natural daylighting, narrow floor plates so that there's not many

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deep rooms within the station, meaning that we don't need to be running lights as often. So, there are a number of principles that we've taken into account.

Ms RATTRAY - Right. What about solar energy?

Mr JOHNSON - We've designed the roof structurally to accommodate solar panels but they're not part of the project scope at this stage.

Ms RATTRAY - Not cost-effective at the moment? No. Maybe in the future.

Mr JOHNSON - Hopefully.

Ms RATTRAY - I think everyone's hoping for that.

CHAIR - You mention on principle 8, 'utilise timber where appropriate for structure and interior application'. These clear structural spans for future adaptability, are you looking at utilising laminated timber beams in this? Is that what's envisaged here?

Mr JOHNSON - Nothing that complex really. We're very much using quite standard truss and framing construction types. For the administration and training areas it mentions clear span, so we're using these trusses to span through, basically from wall to wall with a central support where required. In the future if there needs to be a refit out or walls moved around or reconfigured there is quite a lot of flexibility to do that.

CHAIR - Thank you.

Mr ELLIS - I might ask, in principle number 10, 'maintain clarity on project essentials'. I know sometimes with these committees we focus on a whole range of stuff but really in this matter, it's a facility that means life or death for people. So, those priorities would be about operational efficiency for your people. Is there any other sort of big headline things that you guys would point to?

Mr JOHNSON - For us it's designing a facility that gets paramedics out the door as quickly as possible and as many times as possible. They get out the door, they return, they're ready to go again as quickly as possible and that's basically getting paramedics on the road.

Mr SHEPHARD - There's a particular flow of traffic through that facility, as in terms of operational efficiency in a staff member who's undertaking research being then available to respond operationally. As well as that, the design incorporated aspects for health and wellbeing of the staff.

CHAIR - Thank you. Okay. Any further questions on 15? Over the page. Page 16. Anything further on design and functionality?

Ms RATTRAY - In regards to the actual site that was chosen - and I don't mean the two different areas on the original site - were there any other sites considered for the ambulance station facility?

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Mr HARGRAVE - Yes, we did. We looked at a number of other sites in Burnie. Obviously, those sites are already owned and would need to be acquired, so there was an obvious benefit not least of which operationally to use the site that's been selected.

Ms RATTRAY - Yes, because it was already owned by the state government on behalf of the Tasmanian people.

Mr HARGRAVE - Correct.

Ms RATTRAY - Also the fact that it's in close proximity to the North West General Regional Hospital.

Mr HARGRAVE - Yes.

Ms RATTRAY - Thank you.

CHAIR - I think we've covered most of them on pages 16, 17 and 18. Just a question on infection control and contamination. You talk about:

An external vehicle wash base provided to minimise risk of contamination to this area and proper vehicle and personnel decontamination required to have occurred prior to entering the garage after a call out.

We covered generally the issue of the need to sanitise everything and the like, but what sort of level of contamination are we talking about when it comes to an ambulance station like this? Are we talking about having to design it in the event that there's some nuclear medicine issue and some officer comes in having been exposed? Can you give us an understanding as to how critical this aspect is and what the upper end of contamination might be - whether it's chemical, or exposure, those sorts of things?

Mr JOHNSON - I guess what's been dealt with is probably best for these guys but, as I said before, we've designed it so it's compartmentalised and air-locked between compartments. If a paramedic returns, regardless of what they've been exposed to, they can completely decontaminate and get washed down. We've got a facility for scrubs, like they have in hospital, so they can get changed before going into the locker rooms to put their uniform back on. It's completely separate. Everything that you've been out on the road with gets left there. You wash yourself down and you can enter the station clean.

CHAIR - It could be chemical spills. It could be a B-double that's carrying -

Mr JOHNSON - The wash bay itself is designed with special traps to capture any contaminants that might be washed out of the ambulance.

CHAIR - What happens at the moment with something like that? -

Mr SHEPHARD - The chemical control is probably a slightly different aspect. As you alluded to a chemical spill on the road would be dealt with through fire service and immediate decontamination onsite.

PUBLIC

What we're primarily talking about at the station itself is infection control and elimination of any cross-contamination. If an ambulance has responded to a particular patient, or an incident, which has then been deemed as being contaminated and that can be by any level of bacterial, viral infection or any other contaminant, then that vehicle can be returned with its associated equipment and can be appropriately cleaned. Staff can flow through to decontaminate, wash down and change clothes. There's a considerable amount of operational impact of what they are required to do and some very strict guidelines and procedures that they follow in decontaminating both their uniform and their vehicle and equipment.

CHAIR - There are lots of industrial circumstances where people might be exposed to all sorts of things. Ambulance officers going in to help some poor soul who's been overcome by this might find themselves walking through heaps of chemical, or whatever. You have to make sure that the officer is protected and that it's not being traipsed through the building. It's that sort of stuff. You're satisfied that what you have in this new facility will be able to cope with pretty well anything that's thrown at it?

Mr SHEPHARD - Yes, that's correct.

CHAIR - Page 20. We've handled charging bays; we've handled infection control. -

Ms RATTRAY - I note that there's a front door, but then it also says: 'This facility is not open to the public'. Is that just that at times there will need to be a front door entrance?

Mr SHEPHARD - Yes, that's correct. At times, there are requirements for visitors to the site - even members of the public who are there for a meeting or a particular purpose: contractors, delivery of items, mail, those sorts of things. There is a public entry but it is not deemed as a public access site where you would go there to seek medical care directly from a front door approach.

CHAIR - Thank you. Page 22.

Ms RATTRAY - I have a question around shadow play. I have never heard of shadow play before but I've not built an ambulance station either.

Mr JOHNSON - It's not so much to do with an ambulance station in particular but it's about the building itself. So, if you have a building with one large flat façade and there is no relief, then it tends to feel very dominant because the sunlight or shadow is just one big flat surface. What we are doing is creating certain structural elements and then we have relief within the walls themselves which means the shadows can cast themselves across the façade in varying ways throughout the day in a similar way that trees or something does, you kind of get this difference in light. You get the light patches, you get the dark patches and it reduces the perception of bulk.

Ms RATTRAY - Is that the reference to the third picture on page 22, for *Hansard*?

Mr JOHNSON - Correct. That type of thing where some parts of the building throw shadow onto other parts. It breaks the façade and breaks it up.

PUBLIC

CHAIR - In terms of staff amenity: obviously when you have split shifts and the like, staff need an area to be able to relax and or feed themselves. Can you explain how that may or may not have been improved from what you currently have?

Mr JOHNSON - We have designed this to have a lot of natural daylight as mentioned before. The one space for, I don't know what the term is, when you're on shift but you're not on call. So, you are at the station and there are certain areas within that that we have designed that allow you to watch TV or be reading or cooking in the kitchen or making a coffee or a snack. There are certain areas without impacting on other people. We wanted to design this in a way that allows the paramedics to go about their business while at the station. As we heard before, there are 20 people on site. This will accommodate that in various ways and comfortably. We want the paramedics to feel like it is somewhere they can relax when they get the opportunity.

CHAIR - It accommodates for the split shift arrangement where you have four hours on, four hours off.

Mr JOHNSON - Correct.

CHAIR - Thank you. Project schedules.

Ms RATTRAY - That will change now that we have not met some time frames. Is that correct?

Mr GARRIGAN - Yes.

Ms RATTRAY - Should this receive favour of course, is the final completion date still around December 2024?

Mr GARRIGAN - It should just be set back the number of months of time we have lost. The program should stay the same. It is just going to be moved back. All the dates will be moved back.

CHAIR - You have lost a couple of months. Is it possible it might be February 2025.

Mr GARRIGAN - Yes.

CHAIR - Or March 2025.

Mr JOHNSON - I might just note if it is okay that the practical completion of construction is the point where the building can actually be occupied. So, the final completion is when the builder's defects liability period finishes. It is actually December 2023.

CHAIR - Okay. I'm with you.

Ms RATTRAY - I am with you now too. That is the defect period. So, given that there has been a loss of a couple of months, are your project costs, given that we know building products have increased in price considerably, do you still see the budget allocation still firm?

Mr HARGRAVE - I'll answer that one.

PUBLIC

Ms RATTRAY - Who wants to answer that one? That would be the \$64 000 question.

CHAIR - \$64 million these days.

Mr HARGRAVE - That is the case, and we are aware. We are in quite a unique space at the moment with the building and construction sector. We are seeing tendered prices significantly higher for many of our projects that are above pre-tender estimate. We have factored that into our cost estimate for this project.

CHAIR - Twenty per cent.

Mr HARGRAVE - Yes.

Ms RATTRAY - So that's the market loading of 20 per cent.

Mr HARGRAVE - Correct.

CHAIR - It's a fair old loading.

Mr HARGRAVE - It's a very volatile market at the moment.

Ms RATTRAY - Colorbond has increased by 14 per cent in the last three months. I've got a new fence to prove it.

CHAIR - No further questions there. Any particular questions on the diagrams and drawings side of it that we haven't already covered?

Ms RATTRAY - I note there is a 20 per cent contingency on furniture and equipment. That 20 per cent you feel needs to go right across the board? I haven't noticed a 20 per cent increase in furniture prices, just the equipment.

Mr GARRIGAN - That would be an allocation to fit out the station with furniture, et cetera, that the station would need to operate. That amount is for that dollar value.

Mr JOHNSON - Not so much a contingency as an allowance.

Ms RATTRAY - It includes a 20 per cent contingency and I understand that with building products. I am interested in the rationale behind 20 per cent on furniture and equipment.

Mr HARGRAVE - David, is that just an allowance for F, F and E?

Mr JOHNSON - Contingency is usually applied when it's an unknown quantity. We know we need a certain amount of furniture, and Ambulance Tas has a lot of their furniture and equipment that they are going to need to provide after handover to fit out the station and make it viable. That 20 per cent is just because they have done some estimates on what that is going to be but it is an unknown until the time.

Ms RATTRAY - I don't think there will be many things furniture-wise that you might be bringing from Strahan St, just on my assessment this morning.

PUBLIC

Mr SHEPHARD - Not unless you like the 1970s.

Ms RATTRAY - I didn't mind the 1970s.

Mr SHEPHARD - It allows for a little bit of time for the completion as well. Things tend to change in ergonomics in office equipment and things like that, so it gives you that buffer in regards to that, in experience of fitting out these stations in the past. Even on a smaller scale, you tend to need a degree of buffer. If you purchase that equipment at today's price, by the time we complete the build, it is redundant. Televisions, for instance, are a good example.

Ms RATTRAY - In regard to the ICT infrastructure - we know it is extremely important to have that type of infrastructure in place - are there any foreseen upgrades to the current infrastructure arrangements around ICT that are going to be required, should this receive approval?

Mr GARRIGAN - There is a template that is established for these stations in relation to IT rooms and IT facilities. ICT have had this project logged with them. We have had a review meeting in the new year when we came back after Christmas. I detailed what was required in the station. There is currently a pro forma being prepared for Ambulance Tasmania to give it to Ambulance Tasmania's IT section to go through and correlate and make sure the station is covered for current usage and future usage in relation to racks and things like that. That is all built into the design.

CHAIR - Okay.

Mr HARGRAVE - If I can just add, Mr Chair, there is an ICT specification, basically, which is what Adam has just described, that outlines what a station of this size and capacity requires in its ICT infrastructure.

CHAIR - That is something that is internal to DHHS?

Mr HARGRAVE - Correct. That's a specification that's owned and managed and updated by the Department of Health, or Health ICT, as they now call themselves.

CHAIR - That's fine. Unless there are any other questions - do we have any other witnesses, Secretary?

I want to know so we can tell these people that they might need to come back. We will have some other witnesses so we will take a quick break and then we will come back. You may be called back to answer other questions that could arise.

The committee suspended from 2.55 p.m. until 3.08 p.m.

CHAIR - Please swear in the first witness, Secretary. I think Mr Jago, is that right? Shane Jago.

Ms RATTRAY - Chair, I don't think we can start.

CHAIR - Sorry. No, we need one more. Apologies, Mr Jago.

PUBLIC

Ms RATTRAY - The chair and I do a pretty good job but we can't run the whole show ourselves.

CHAIR - Thank you for your patience.

Mr JAGO - That's okay.

Ms RATTRAY - Here they come. I can see them walking across.

CHAIR - One thing I forgot to say right from the word go was that we had an apology today from Jen Butler, who's another member of the committee who wasn't able to be here today. Secretary, please.

SECRETARY - Mr Chair, I formally introduce Shane Jago.

Mr **SHANE JAGO** WAS CALLED, MADE THE STATUTORY DECLARATION AND WAS EXAMINED.

CHAIR - Thank you, Mr Jago. Perhaps you could state your interest?

Mr JAGO - Yes. I'm a local resident.

CHAIR - Local resident. Thank you. So, you can take your seat and thank you for appearing today. We're pleased to hear your evidence. As I said to the previous witnesses and all the witnesses that appear, I'm going to have to read this to you because I need to get it on the record. You are probably going to get sick of hearing it but we have to do that.

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

Mr JAGO - Yes, I do.

CHAIR - Would you like to make a statement in relation to this?

Mr JAGO - First of all I would like to say that the local residents fully support the need for a new ambulance station. There is no question about that but we are concerned about the location right next door to what was always thought to be a residential area. The people from the committee who went out today and had a look saw what the outlook is from that place out towards Bass Strait and Table Cape. It is a lovely view and that is the reason why that area became popular. We never expected this sort of development was going to happen.

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When we bought our land, we were told - and I do not know whether it is true or not and I have to state that - there was a buffer zone around the hospital that would never be built on. I don't have solid proof of that but we were told that at the time. As far as alternative sites go, I was also of the understanding that a site at Cooee Point was offered which is just down the road over the Bass Highway, still close to the hospital, flat land, and it won't impact on residents.

CHAIR - What was the name of that site again?

Mr JAGO - It is down on Cooee Point. It is down the end of Bridport Road across the Bass Highway and there is empty land out there.

Ms RATTRAY - But that's privately owned, is that correct?

Mr JAGO - I think the council owned it. My understanding is that this was offered by the council as a potential site but again that is only hearsay. I am not 100 per cent sure of that.

My other real concern is the exit/entry point on Bridport Road for the proposed entry/exit point for the ambulance station. I have lived there for 15 years and I see the cars come flying up around that corner every day. We have a circular driveway and we are too frightened to back out of our driveway without being cleaned up and we are five houses up round past that corner. I am saying to the committee: don't underestimate the danger of that road. In my opinion it is a real problem.

CHAIR - That is sight line issues?

Mr JAGO - It is on the middle of a bend. Where we are it has straightened up a little bit but we still have problems trying to back out from a driveway. You are stuck there if someone flies around the corner so we drive out frontwards.

CHAIR - Thank you. Any other aspects?

Mr JAGO - That is my major concern. As I say, we are not trying to be negative at all towards the ambulance station because it is a wonderful service these people provide to our state and we are thankful for it. We want them to have these terrific new facilities but is there a better or more suitable location? That is all I have to say unless anyone wants to ask any questions.

CHAIR - Any questions, members?

Mr ELLIS - Mr Jago, thank you for your time and I know we have spoken about this before. My understanding from the site visit today is that there will be some changes to the amount of fuel that is going to be around that curve to improve line of sight and other matters like that. Do you think that will make a bit of a difference to safety on Bridport Road?

Mr JAGO - It's hard to say really because it is a sweeping left bend and it is not like driving on a straight road. There is still that aspect of you haven't got as good vision as you've got on a straight road. That's my concern.

PUBLIC

Ms RATTRAY - I did notice when I was at the site today, my first time to the site, being a north-eastern representative predominantly, that it looked like there was a house being built. Is there subdivision going in up there, which might mean that there's more traffic in that area?

Mr JAGO - Yes, there is. The other side of the road is being developed at the moment. As a matter of fact, one of the developers is here today.

Ms RATTRAY - So there is a subdivision planned that would be exiting and entering on the other side of the road opposite.

Mr JAGO - Yes, there will. I was talking to a chap today. There is council approval for another road to enter pretty well opposite where the ambulance station is going to be. There are going to be further blocks further down past it as well, I believe.

CHAIR - In that gully?

Mr JAGO - Yes.

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

Mr JAGO - Yes, I do.

CHAIR - Thank you very much, appreciate that. Thank you for appearing.

THE WITNESS WITHDREW.

Mr **COLIN BLACKLOW** WAS CALLED, MADE THE STATUTORY DECLARATION AND WAS EXAMINED.

CHAIR - Thank you Mr Blacklow, and your interest today?

Mr BLACKLOW - I am at 29 Bridport Rd, immediately adjacent to the ambulance centre.

CHAIR - So, a resident of Bridport Rd?

Mr BLACKLOW - A resident, yes, for the last 15 or 16 years.

CHAIR - As I mentioned previously, a committee hearing is a proceeding in parliament, and this means it receives the protection of parliamentary privilege. It 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 the 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

PUBLIC

the parliamentary proceedings. This is a public hearing, members of the public and journalists might be present and this means your evidence may be reported. Do you understand?

Mr BLACKLOW - Yes

CHAIR - You might care to make your statement.

Mr BLACKLOW - I'd just like to second what Mr Jago has said and confirm that the Burnie Council did offer that Cooee Point site. I don't know the details or arrangements that were offered. Additional to that, I can give you an estimate of about 90 blackwood trees to be removed, which is about three-quarters of the total, and about a third of the shrubbery along Bridport Rd will be removed when the excavations are made to allow a certain sightline for the ambulances' egress from the site. I presume that distance is necessary to comply with Australian traffic regulations regarding sightlines.

I am also not happy with the height of the ambulance garage at the moment. I believe in the south-west corner it is 10.38 metres off the ground, partly due to a suspended concrete floor, which occupies the western half of the floor area of the ambulance garage. When viewed from the roadway and from the footpath either side of Bridport Rd, it's going to be a terrible eyesore for a number of years. That subsoil will not support growth very readily. It may be helped along if they cart good topsoil in at points where they're going to plant shrubs or low groundcover.

The form of the roof does not fit in with the character of the adjoining existing dwellings, which it is supposed to, and it could readily be reduced by another metre. The garage door, I understand, is 5.1 metres high. I think 4.1 metres is ample. An ambulance height is 2.8 metres. I understand that the canopy height to accommodate ambulances in Australia, the minimum height is 3.8 metres. They could easily drop this to 4.1 metres if they want to. They could achieve that by just dropping the wall heights or by a combination of dropping the wall heights and some further excavations. This is going to alleviate some of the loss of amenity to our dwelling. I mean, it will never be the same but it will help.

CHAIR - So, where are you in relation to the development?

Mr BLACKLOW - Right next to it.

CHAIR - You're the first house?

Mr BLACKLOW - Yes.

Ms RATTRAY - He said adjacent.

CHAIR - Yes, you said adjacent. That's right. No, that's fine.

Mr BLACKLOW - I would like to ask a question from the ambulance representative.

CHAIR - Well, you can do it through us if you like. If you give us the question and we might be able to pose it for you, if it's within our remit.

PUBLIC

Mr BLACKLOW - I'm interested in, from the parking allotments that cater for 13 and 17 cars, during darkness, can he estimate how many employees may leave the premises, because those vehicles' headlights will sweep our bedroom on exit?

CHAIR - So, this is after-hours you're talking about?

Mr BLACKLOW - We're only concerned mainly with that during the night time, yes, because I think with a fence on top of the retaining wall, which we've been offered, I don't think we'll see them. But it's the lights. They come up a ramp and the lights will be shining higher and they'll come over their fence as well as ours, I think, and hit the top of our windows. We've got venetian blinds but even when they're closed, we've had cars in that paddock come up at night and the lights still come through.

CHAIR - Just to make you aware, these sorts of questions are actual questions for a development application that would be going before the council and anyone would have the opportunity to be able to put in a representation when the development application is advertised. It will deal with things like traffic management and those sorts of things.

Mr BLACKLOW - It was just that -

CHAIR - But I will put the question to them and see if they're able to answer it.

Mr BLACKLOW - It was during the earlier part when we were just listening I became aware that I had the person who could answer that question today probably.

CHAIR - Yes. I will ask it for you.

Mr BLACKLOW - And I thought I would take the opportunity.

CHAIR - Yes, that's fine. I'm just making you aware that you can actually put in a formal representation during the development application stage as well. That might be something you might want to think about between now and when the development application goes to council.

Mr BLACKLOW - We have already submitted a submission to council and that had to be in by 22 December.

CHAIR - Okay.

Ms RATTRAY - You're on the ball.

CHAIR - Did you include these sorts of questions in that?

Mr BLACKLOW - That detail, I didn't because I hadn't thought of it.

CHAIR - Okay. We will ask that question for you.

Mr BLACKLOW - We included the possibility of the lights coming across but we have no idea of the number that might come out.

PUBLIC

CHAIR - You're basically asking, how many of those cars are likely to be exiting the parking spaces at night?

Mr BLACKLOW - Yes, if the answer if the answer was 'zero', we don't have a worry but maybe the answer could be any number.

CHAIR - So, you're talking about after dark?

Mr BLACKLOW - Yes.

CHAIR - Okay. Thank you.

Mr ELLIS - Thank you for your time, Mr Blacklow. Can I ask, if there was say, for example, a screening of some description whether a manufactured material or trees or shrubs between the driveway and your property, do you think that would alleviate some of the problem?

Mr BLACKLOW - The bedroom has three windows and we don't want a high hedge. We've already got our fence but the fence on top of the retaining wall will help. I just don't know whether it will stop the lights coming over the top.

There's a ramp coming out of the washing stations for the garages. I understand that they won't wash ambulances at night. I am told that contractors come in and do it during the day so we've asked that question along the way earlier on. I think it's only employees' cars coming out that could be the problem regarding lights.

CHAIR - Any further questions for Mr Blacklow? Are there any other statements you wish to make, Mr Blacklow?

Mr BLACKLOW - None come to mind at the moment, thanks.

CHAIR - That's okay. Thank you for taking the time to come and present to us.

I remind you before you leave that, as I advised 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're just repeating what you said to us.

Do you understand?

Mr BLACKLOW - Yes.

CHAIR - Thank you.

THE WITNESS WITHDREW.

PUBLIC

CHAIR - Secretary, please swear in Mr Knight.

Mr **SCOTT KNIGHT** WAS CALLED, MADE THE STATUTORY DECLARATION AND WAS EXAMINED.

CHAIR - Mr Knight, could you please state your interest today so that we have some context?

Mr KNIGHT - A resident.

CHAIR - Thank you.

Perhaps, without seeking to bore you, I need to read this statement just before you begin.

It is important that we 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 which 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 that parliament receives the very best information when conducting its inquiries. It is important to be aware that this protection is not accorded to you if statements that may be defamatory are repeated or referred to by you outside the confines of the parliamentary proceedings.

This is a public hearing. Members of the public and journalists may be present and this means your evidence may be reported.

Do you understand?

Mr KNIGHT - Yes.

CHAIR - Thank you. Perhaps, you can make your statement.

Mr KNIGHT - Just a couple of points. One is the Bridport Road. To allow for the entrance into the ambulance station they have had to widen the road so that allows for a turning lane. That impacts greatly on my side of the road because I have security gates so my car is still going to be out on the road with this widened road, so that's an issue that I have.

The other one was the fast action roller door. It faces due south-west. Where we live, if we get very high winds, the owner of the house we live in, they've had tiles ripped off their roof, with winds that strong. If you're opening a 5.1 metre rapid door, and you've got 80-odd kilometre very strong winds, just what impact would that have on the ambulance station? It's a very exposed area. There's no protection at all from the line of sight. They're about the only two things I just wanted to mention.

CHAIR - Okay, so where are you in relation to the development, out of interest?

Mr KNIGHT - We're opposite Mr Blacklow.

CHAIR - Any questions from members?

PUBLIC

Ms RATTRAY - In regards to the garage doors, are you suggesting that they'd be better located on another side?

Mr KNIGHT - I think the direction is a bad choice. Its south-west, it's the worst - when we get the strong winds that's the direction it comes from. The house I'm in, it ripped off about half a dozen tiles off the roof, just blew off into the next door neighbour. That was about six or seven years ago, so it's not seasonal winds you'll get once every 10 years or - and the damage. If you're opening that ambulance door, that wind coming through in that direction. I'm not an engineer, I don't know, but -

CHAIR - No, you're just alerting them to that. That's an important thing to be considered.

Mr KNIGHT - Yes, because they're rapid opening doors, they don't open slowly. So there was just a concern, because it is a very windy area.

Ms RATTRAY - You can't have a view without a bit of wind normally.

CHAIR - No, it's one of those things.

Ms RATTRAY - In regards to the widening of the road to have that pull-in area, has there been any consultation? Have you been part of that consultation process? We were told that - who was it that did the consultation? It was Pitt and Sherry.

Mr KNIGHT - There was never anything mentioned. It was only by luck that we picked it up, then Mr Blacklow had some plans delivered to his house from the MLC, Ruth Forrest, she left some plans. The only detail that we picked up was that the road was widened. If we didn't pick that up we wouldn't have realised until they actually started doing it. That was the only reason. It was just lucky we picked it up.

Ms RATTRAY - So that wasn't discussed?

Mr KNIGHT - No, we didn't know the road was going to be widened at all. There was nothing mentioned about the road being widened. Just that we picked it up from the plans. If we hadn't accessed those plans there's no way known we would have known until they actually started cutting away the footpath.

CHAIR - Your concern is taking away the -

Mr KNIGHT - I have security gates. At the moment when my car pulls in, the back of the car just lines up with the gutter. So you take 70 cm off that, the back of my car is still out. So if I've got an MTT bus behind me and an ambulance in the turning lane, they're going to have to wait for me to go into my gates. I've mentioned it to the council and they said, 'can you move your security gates?' It's brick and I've got stencilled concrete. It's not just an easy thing to do, so I'm just concerned. It's just an oversight. I know I'm just the one person, but it's just a problem they're going to face further down the track.

Ms RATTRAY - They might be able to reduce the amount of widening where they start.

CHAIR - That's possible.

PUBLIC

Mr KNIGHT - The council is aware of it. I've sent the details to them so they are - they know what the problem is. Just lucky that we picked it up.

CHAIR - Any further questions? Thank you, Mr Knight, and as I've mentioned to others at the commencement of the evidence, what you've 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. Do you understand that?

Mr KNIGHT - Yes, thank you.

CHAIR - Thank you and thank you for appearing today.

THE WITNESS WITHDREW.

CHAIR - Secretary, please swear in Mr Clarke.

Mr **ROBERT CLARKE** WAS CALLED, MADE THE STATUTORY DECLARATION AND WAS EXAMINED.

CHAIR - Your interest today, Mr Clarke?

Mr CLARKE - I am a representative of the Clarke family who own the subdivision opposite the ambulance station.

CHAIR - So, you are on the other side of the road?

Mr CLARKE - No, we own the land that is currently being subdivided, remnants of the original farm land.

CHAIR - Thank you. That clarifies it for us before you begin your evidence today.

Ms RATTRAY - Can I clarify that that is where the gate is and the driveway where the yellow line is?

Mr CLARKE - Into the paddock.

CHAIR - Before we begin today, a committee is a proceeding in parliament which 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 questions in any court or place out of parliament. It applies to ensure that parliament receives the very best information when conducting its inquiries. It is important to be aware that this protection is not accorded to you if statements that may be defamatory are repeated or referred to by you outside the confines of the parliamentary proceedings. This is a public hearing. Members of the public and journalists may be present and this means your evidence may be reported.

Do you understand this?

PUBLIC

Mr CLARKE - Yes.

CHAIR - Thank you. Over to you to make a statement or observations.

Mr CLARKE - Originally, my father owned the land where the hospital is now constructed. It was compulsorily acquired and Bridport Road had to be relocated because it originally went through the hospital site. And at the same time my father and all my family, we subdivided the blocks along the relocated Bridport Road. Where the ambulance station is proposed, where Mr Blacklow is now, that is the last lot because our engineers at the time said we could not have any further allotments because of line of sight issues down Bridport Road.

So, when the lots were sold, Mr Blacklow's lot, he never expected any further accesses to be granted by engineering cutting the bank back to give line of sight that allows for what was never originally intended or expected. With our subdivision which we are currently progressing in stages, Hillfarm Drive will be ingress and exit opposite the ambulance station. I am a bit concerned with the council development application that didn't actually show how our intersection - which has council approval - interacted with the ambulance station ingress and exit. I got our engineers to transpose the ambulance station plan on our plan and I noted that our intersection onto Bridport Road and the ambulance station ingress and exit onto Bridport Road, they don't line up, they are a bit offset.

For safety reasons, eventually when we do construct that intersection - someone coming home from the ambulance station wishing to continue up Hillfarm Drive, there will be a slight dogleg turn or the same coming down Hillfarm Drive when the intersection is constructed to drive into the ambulance it will be a slight dogleg turn. I have a copy of our plan here and the transposed plan here with me. It would be more logical if the intersections could align for safety reasons. Not being a road traffic expert myself, but it seems to make sense to me.

CHAIR - Same observation that I made to Mr Blacklow. Obviously, these sorts of issues are generally of a planning nature. Have you made this known to the council?

Mr CLARKE - Yes, the council requires that Pitt and Sherry take into consideration our approval in designing the roadworks, the intersection for the ambulance station.

CHAIR - So do you have any questions for the current witnesses who are before us?

Mr CLARKE - I wonder why intersections don't align to make a cross intersection?

CHAIR - Why they are not directly opposite?

Mr CLARKE - Yes, why they are not directly opposite? I wonder why. It has concerned me for safety reasons.

Mr ELLIS - It is my understanding that it is a driveway rather than intersection per se.

Mr CLARKE - I suppose it is a driveway. Also, by putting a driveway in there, there is further land to the east of the ambulance station, flat land, which I know there are no plans now but, in the future, there is nothing for further developments to go ahead generating more traffic so it does become a busy intersection. Maybe it won't happen. Maybe in five to 10 years it will happen. It is a definite possibility though.

PUBLIC

Mr TUCKER - Are we heading back into the planning issue again?

CHAIR - I have already pointed that out that this sort of detail is of a planning nature as opposed to our purpose here today which is to look at the whole development in terms of value for money for the government and those sorts of things. It is not necessarily to deal with the nitty gritty detail of a particular traffic issue. That is part of the development application process through the local council where traffic management studies have been done and various things may or may not be requested of the developer, being the government, to provide or not provide or not to undertake.

To get that clear, what you are talking about is a traffic management issue as opposed to the actual development itself as an ambulance station and the sorts of impacts that may or may not bring on you. I understand exactly where you are coming from but it is something that needs to be taken up with the council in particular because they have to sit in judgment on the development application and the traffic management issues.

We need to know whether this development is value for money, whether there are aspects to this that are or aren't overtly impacting and those sorts of things. If you can understand the role we play here today is not a traffic management role per se?

Mr CLARKE - As long as it is as safe as possible.

CHAIR - We need to know that it is a safe development for sure. As for answering the amount of traffic that is going to be generated over a certain period of time and whether that is going to have an adverse impact or not.

Mr CLARKE - Only for the fact that I have had our engineers and surveyors to overlay your access over our approved plan, I wouldn't have known how things were lined up.

CHAIR - That is fair enough but as I say, you need to be approaching the council when it comes to the physical placements.

Members, do you have any other issues or matters that you wish to raise?

Mr Clarke, do you have any other issues or matters that you wish to raise?

Mr CLARKE - No, that was it, thank you.

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

Mr CLARKE - Yes, thank you.

Mr CLARKE - Yes.

CHAIR - Thank you. Thank you for appearing.

PUBLIC

Mr CLARKE - Thank you.

THE WITNESS WITHDREW.

CHAIR - We'll ask the department to come back in to answer some questions. Thank you for being patient and waiting around for the conclusion of the hearing. There are a number of questions that have been put that we need to see if you have a response on.

First, a question from Mr Jago. He was told at the time that there would be a buffer zone around the site. Are you aware whether that's the case or not? Can anyone respond to that?

Mr HARGRAVE - I think I'm probably best to respond, Mr Chair. I'm not aware of any buffer zone.

CHAIR - Okay. That's pretty -

Ms RATTRAY - Chair, I asked about any alternative sites that were considered. I'm interested to know whether the Cooee Point site was one of those that was considered before this particular site had been progressed?

Mr GARRIGAN - I have never been offered the Cooee site at all and have under my time in the contract never been told about that site, that it was available.

Ms RATTRAY - I might ask that of the department. Thank you.

Mr HARGRAVE - Yes, I'm not aware either that the Cooee site was formally offered by council to the department.

CHAIR - Okay. There was a question also from Mr Jago about the road, the danger, sightlines being an issue. Do you want to make any further comment on that in terms of how you're mitigating or otherwise those sorts of issues in terms of safety?

Mr HARGRAVE - I will defer to our design consultant.

Mr JOHNSON - We've engaged traffic engineers and consultants to assist us with the best and safest outcome for that driveway. So, there will be a warning light implemented to advise of ambulances. We're going to have cut back the bank a bit and remove some of that vegetation to increase the sightlines down the embankment. The entry into the driveway itself, as you see, has a turn lane which is actually larger than the minimum requirement to compensate for that and allow extra stopping distance and passing of cars. It is that turn-in lane that's requiring the widening of the road.

CHAIR - Thank you. Mr Clarke, I think, said something about the cutting back of the bank was something that wasn't going to occur. There are no covenants on the site that stop that from occurring?

Mr JOHNSON - No.

PUBLIC

Ms RATTRAY - Is it correct that there are 90 trees to be removed and about a third of the road shrubbery?

Mr JOHNSON - I haven't counted them but it could be.

Ms RATTRAY - Thank you. But there'll be replantings on the site?

Mr JOHNSON - Substantial replanting across the site, yes.

Ms RATTRAY - You would have also heard the comments made by Mr Knight around the constraints that he has with accessing his driveway with electric gates. Is there an opportunity to review so that would not impact on that particular residence?

Mr JOHNSON - I would have to have a look at it separately and come back to that one. We did look at it initially and tried to design it in a way that would absolutely minimally impact residents wherever possible.

Ms RATTRAY - But you are willing to go back and relook at that?

Mr GARRIGAN - Yes and also too, through the DA process, that will probably come out as a requirement that we need to look at that again and we're more than happy to revisit it and see if we can make it work.

Ms RATTRAY - I am sure that Mr Knight and others would appreciate that.

CHAIR - There was a comment made with regard to the height of the garages, and why couldn't they be lower? Apparently, 3.8 metres minimum is something that would be required. If the height of the garage is reduced then the bulk of the building would come down accordingly. Do you have any comment to make on that observation?

Mr JOHNSON - I can comment on that. Essentially, it is due to the scale of the building in terms of its length and its width. When you reduce the ceiling down to 3.8 metres in a building that size, which is required for the ambulance thoroughfare and turn-in movement, it squashes the space effectively and it feels very heavy inside, and it's not a good space to be in. From a workplace point of view, we've increased that height, not a huge amount, but we have increased it by an extra metre or so.

I will just note that in response to the resident's initial feedback, we have actually reduced that roof by half a metre.

CHAIR - It's gone down by half a metre in any event.

Mr JOHNSON - Yes, as submitted in the planning, it has been reduced from its original concept.

CHAIR - Another concern that was expressed was in relation to the parking allotments and the parking of 13 to 17 cars. They were wanting to have an estimate of how many would be exiting there at night. Given that it is expected that there wouldn't be washing of ambulances at night, can anyone confirm that that won't be happening?

PUBLIC

Mr SHEPHARD - The washing of ambulances won't have a significant impact, based upon the design because they go in, they come out and go down the driveway.

In response to Mr Blacklow, I can certainly say that there would be very minimal traffic moving out overnight. We currently have all of our shift changeovers take place between 5 pm and 6 pm at night, and then 7 am and 8 am in the morning. There are no current shifts that do a changeover where staff are exiting overnight.

Saying that, notwithstanding that we introduce an afternoon shift or there is the single officer working until 10 o'clock at night, or a delayed shift - people called back for mass-casualty incidents and those sort of things, overall the night-time private vehicle movement is almost non-existent.

CHAIR - Okay.

Ms JEDYN - I think our latest shift is 1930.

CHAIR - So 7.30 at night is the latest shift.

Mr SHEPHARD - Yes, so very minimal traffic coming out overnight.

CHAIR - Thank you very much for that, Lara.

There was a comment about the south-west corner of the development being 10.38 metres off the ground.

Mr JOHNSON - I will speak to that one. It is around that but that is from the cut ground level. It is basically the highest point in the site and it is on the low side of the site. So, at that point it is only, working from memory here, but I believe it is only about 3 metres above the floor level of the adjacent residence there, at 29 Bridport Rd. Even though it is a tall façade on that corner, it is not directly impacting the residents at that point. It will be seen, of course, from Bridport Rd, but that height won't be perceived so much from the residents' houses.

Mr ELLIS - So kind of flat roof, sloping ground, rather than flat ground, sloping roof.

Mr JOHNSON - Correct.

CHAIR - There was a comment that sub-soil will not support growth readily.

Ms RATTRAY - I can't believe that for the north west of our state, but anyway, are you going to put decent soil there?

Mr JOHNSON - Yes. We've got a pretty substantial landscaping plan for the site. We have engaged landscape architects specifically for that and we have specified new top soil to be replaced where the sub-soil is exposed, and native plants to be instated throughout.

Ms RATTRAY - A follow up question about those south-westerly winds. Is that being considered? If tiles fly off a house, what is it going to do to a garage door?

PUBLIC

Mr JOHNSON - It is a roller shutter. It is specifically designed to withstand very high wind loads and the product supplier provide their guarantee that it is okay and it is engineered to confirm that. Our building loads have all been engineered by a structural engineer as well.

CHAIR - Okay, it is specifically for that site?

Mr JOHNSON - Correct.

Ms RATTRAY - One more question from Mr Clarke. He has talked about having the overlay, the subdivision that has already been approved, was that taken into consideration when you were looking at designing the entry and exit to this facility?

Mr JOHNSON - Yes, absolutely. We were alerted to this after the fact when we first spoke to council and they advised us of the approved planning permit for the subdivision. Our own traffic engineers have looked at that and essentially whether the driveway and the new road are offset, it is a matter of metres, it doesn't really have too much effect. You still have the turning lane coming up the Bridport Road for their road and there is the turning lane coming down and they just turn where they need to. It happens all over the place. You never notice it.

It is not an issue from a traffic perspective and we have designed a scheme to accommodate that. In submitting the planning application, we had to look at what is there currently. I believe this one for the subdivision was approved maybe five years ago. I couldn't recall but we were unsure when that work is actually happening and if it happens before the ambulance station commences then we will have to respond to that. We understand that.

CHAIR - No doubt if it goes through council it will be looked at in detail with a traffic management report that you have put up. That is not something for us to determine today. We are not planners and we are not here to look at the development application to the council as such. As I said before, it is a broader thing than that. Sight is important. We have to look at that, not the development application which is an approval process under the Resource Management and Planning System.

Ms RATTRAY - One more question, and forgive me for not noticing what the speed limit was, but we heard that people swish around that corner - they might have been the words were used. What is the speed limit?

Mr JOHNSON - It is 60 kmh.

Ms RATTRAY - There might be an opportunity to reduce the speed as well. It is something for the DA process I expect.

CHAIR - Sometimes out in the more rural sections of a city you get speeds that don't quite match the speed limit sign.

Mr ELLIS - Sorry, Chair, just a quick one. I want to double check on the evidence regarding Cooee Point. We haven't received anything in writing from the council about the land down there or the private landowner who owns this section of Cooee Point?

Mr GARRIGAN - I am not aware of any that has come to me.

PUBLIC

Mr HARGRAVE - And nor am I.

CHAIR - Any other questions from other members?

Before you leave us today and thank you for appearing and providing your evidence. It is critical to us in making a decision on this. It is important to understand that what you have said to us here today is protected by parliamentary privilege but once you leave the table you need to be aware that privilege does not attach to comments you may make to anyone, including the media, even if you are just repeating what you said to us. Do you understand that?

WITNESSES - Yes.

CHAIR - Thank you and thank you for appearing.

These are the important questions that we need to understand and I do not know who is going to be the spokesperson for this? Who is the lead here?

Mr HARGRAVE - Probably me.

CHAIR - Do the proposed works meet an identified need or needs or solve a recognised problem?

Mr HARGRAVE - Yes.

CHAIR - Are the proposed works the best solution to meet identified needs or solve a recognised problem within the allocated budget?

Mr HARGRAVE - Yes, we believe so.

CHAIR - Are the proposed works fit for purpose?

Mr HARGRAVE - Yes.

CHAIR - Do the proposed works provide value for money?

Mr HARGRAVE - Yes.

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

Mr HARGRAVE - Yes, I believe so.

CHAIR - Thank you and thank you again for appearing.

THE WITNESSES WITHDREW.