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PARLIAMENT OF TASMANIA

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PARLIAMENTARY STANDING COMMITTEE ON PUBLIC WORKS

# **Launceston General Hospital – Paediatric and Mental Health Paediatric Inpatient Unit (Ward 4K)**

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

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## **MEMBERS OF THE COMMITTEE**

Legislative Council

Mr Farrell  
Mr Valentine

House of Assembly

Mrs Rylah (Chair)  
Mr Llewellyn  
Mr Shelton

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## 1 INTRODUCTION

To Her Excellency Professor the Honourable Kate Warner AC, Governor in and over the State of Tasmania and its Dependencies in the Commonwealth of Australia.

MAY IT PLEASE YOUR EXCELLENCY

The Committee has investigated the following proposal:-

### **Launceston General Hospital – Paediatric and Mental Health Paediatric Inpatient Unit (Ward 4K)**

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

## 2 BACKGROUND

- 2.1 This reference recommended the Committee approve works at the Launceston General Hospital (LGH) to expand and refurbish the existing LGH Ward 4K to provide an integrated facility incorporating both a Paediatric Inpatient Unit (PIU) and Paediatric Mental Health Unit (PMHU), to be known collectively as the Paediatric Inpatient Unit (PIU).
- 2.2 The Paediatric Inpatient Unit (PIU), currently known as Ward 4K, is part of Women's and Children's Services (WACS). The PIU currently has 28 inpatient beds, comprising 10 single-bed rooms, 3 double-bed rooms and 3 four-bed rooms. The ward accommodates a broad spectrum of paediatric cases, including specialised areas of paediatric surgery, ear nose and throat (ENT), child psychiatry, cystic fibrosis, paediatric oncology, sleep medicine as well as general paediatrics. Age groups within the PIU are mixed including babies and adolescents in varying ratios at any one time.
- 2.3 The current ward has a number of deficiencies, which, if resolved, will lead to better outcomes for patients and staff. The room configuration of limited single rooms makes managing multiple infectious patients challenging for staff, with competing priority for single rooms. The multiple double and four bed room configuration limits privacy for patients and does not promote a restful environment for patients and families.
- 2.4 Currently, the LGH also does not have adequate facilities to provide acute mental health care services to inpatients under 18 years old. Where possible, these patients are admitted to the PIU. However, difficulties occur when more than one mental health patient is admitted to the ward, as there is only one modified room available that is suitable for paediatric mental health patients.
- 2.5 Other deficiencies in the PIU include insufficient storage for both equipment and cots/beds, which results in work health and safety issues for staff and patients, and a lack of staff amenities.

- 2.6 The redevelopment plan for the PIU supports greater flexibility for staff and patients by providing an increase in single rooms along with greatly improved observation of patients by staff. The project will also include the development of a high observation area. These joined single rooms will be used for acutely unwell patients who require a higher level of observation.
- 2.7 The redevelopment will provide 36 inpatient beds comprising 20 single-bed rooms, 6 two-bed rooms and 1 four-bed room. All single rooms will have individual ensuites. One of these rooms has been designed to accommodate bariatric patients, and the PMHU rooms are larger than standard, which will provide sufficient room to accommodate larger patients. Upon completion of the project, 29 beds will be completed for immediate needs, which will include all 6 PMHU beds. The remaining seven are for future growth and will be fitted out at a future date, upon identification of both need and being subject to available funding.
- 2.8 The PMHU will comprise 6 single-bed rooms and will be co-located within the PIU, but will operate independently. For the safety of staff, and all patients, the mental health unit will be able to be locked-down to manage escalating behaviors or threats of absconding.
- 2.9 The redevelopment also provides the ability to custom build and design a low stimulus environment to suit the needs of pediatric mental health patients, which will serve to improve the quality of their hospitalisation experience and support patient recovery.
- 2.10 The redevelopment will also overcome the lack of adequate staff amenities, by allowing for a number of meeting spaces as well as a staff lounge. The dedicated meeting spaces for family meetings and multi-disciplinary team (MDT) meetings allows confidential information sharing in a professional setting. Providing a staff lounge facility will provide a quiet space for staff to rest in their breaks, support work health safety standards and reduce stress in the staff.
- 2.11 The proposed works will provide an adaptable and more community connected facility that can accommodate a range of services to meet current and future community needs. The new contemporary facility will meet current standards and suit ongoing and future health service delivery for paediatric and paediatric mental health services, and will promote better outcomes for patients and staff.

### 3 PROJECT COSTS

- 3.1 Pursuant to the Message from Her Excellency the Governor-in-Council, the estimated cost of the work is \$7.8 million.

The following table details the cost estimate for the project:

Description	Sum
Construction Costs	\$7,260,000
Construction/Design Contingency	\$ 600,000
Post Occupancy Allowance	\$ 100,000
Professional Fees and associated costs	\$ 750,000
The Tasmanian Government Art Site Scheme	\$ 80,000
Electrical infrastructure	\$ 500,000
ICT Infrastructure	\$ 200,000
Decanting	\$ 150,000
<b>PROJECT TOTAL</b>	<b>\$ 9,640,000</b>

The current project costs are provided by the project Quantity Surveyor and based on reasonable allowances for the projects location and current market conditions.

A budget of \$7.85 million was originally allocated across financial years 2016-17 to 2019-20 inclusive. Subsequent detailed engineering investigations and provision of a solution which minimises impact on existing services now has the cost of the project estimated to be \$9.64 million.

## 4 EVIDENCE

4.1 The Committee commenced its inquiry on Thursday, 31 August last with an inspection of the site of the proposed works. The Committee then reconvened at Henty House, whereupon the following witnesses appeared, made the Statutory Declaration and were examined by the Committee in public:-

- Suzanne Ashlin, Project Manager, Asset Management Services, Department of Health and Human Services;
- Janette Tonks, Nursing Director, Women's And Children's Services, LGH;
- Dr Chris Bailey, Staff Specialist, LGH;
- Ulla Jonsson, Specialist Medical Practitioner, Child and Adolescent Mental Health Services, LGH;
- Cameron Matthews, Director, Corporate and Support Services, LGH;
- Andrew Floyd, Consultant Architect, PhilpLighton Architects; and
- Anthony Dalgleish, Consultant Architect, PhilpLighton Architects.

### Overview

4.2 Ms Tonks provided an overview of the proposed works:

*Thank you very much for allowing us the opportunity to provide this presentation for you. The paediatric inpatients services Ward 4K is part of the Women's and Children's Services - known as WACS - and is located on the fourth floor of the Launceston General Hospital, adjacent to the neonatal and obstetric wards.*

*The paediatric unit was relocated to its current site in 1996, and only very minor infrastructure changes have occurred since that time. The LGH paediatric service provides an inpatient service to the northern Midlands, north and north-east of Tasmania, and is the referral hospital for patients from the north-west paediatric unit. It currently has 28 inpatient beds and approximately 2900 annual separations.*

*The ward accommodates a broad spectrum of paediatric cases, including specialised areas of paediatric surgery; ear, nose and throat - ENT; child and adolescent psychiatry; cystic fibrosis; paediatric oncology; sleep medicine; and general paediatrics. Age groups within the paediatric inpatient unit are mixed and include babies and adolescents in varying ratios at any given time.*

*In addition LGH is a teaching facility and Ward 4K provides ward round teaching and weekly registrar training sessions to medical and nursing students. Teaching sessions require access to teleconference facilities and meeting rooms.*

*Paediatric mental health services: LGH does not currently have adequate facilities to provide acute mental healthcare services to inpatients under the age of 18 years. The ward has one single room modified to provide a safer environment for adolescent mental health patients. It does not meet the needs when multiple mental health patients are in the ward. The current Ward 4K does not comply with Australian standards - the rooms are small, bathroom facilities do not comply, there are limited family facilities and the ward lacks single rooms.*

*The inpatient facility will increase bed numbers from 28 to 36. Six beds will be designated to meet accommodation requirements for adolescent mental health patients, but can be used for other adolescent patients should this be required. The layout is designed to provide separate pods to meet the requirements of the varied age group of patients. The adolescent patients will be co-located within the mental health pod and share facilities such as activity*

room, lounge room and school facilities. There is also a designated outdoor courtyard for those patients.

Younger medical paediatric patients will be in another pod with an indoor and a separate outdoor play area more conducive to their age group. The new inpatient facility will provide close observation rooms with greater visibility for staff and there will be improved family facilities and staff meeting rooms for education, handover and family conferences.

Consultation in the development of this building has been varied through a number of stakeholders and groups, and consisted of consumer engagement from our current consumer families' 4K auxiliary which has provided support to the ward over many years; mental health services - in particular child and adolescent mental health services; allied health; LGH catering; and LGH house services and capital works. We are delighted to be part of this project to provide the families and children of northern Tasmania with this facility. Thank you.

### **Meeting the Needs of Paediatric Mental Health Patients**

- 4.3 The DHHS submission highlighted the difficulties encountered in providing acute paediatric mental health inpatient services on the current ward, which was not built for this purpose. In its submission the DHHS noted:

*The LGH does not currently have adequate facilities to provide acute mental health care services to inpatients under 18 years old. Where possible, under 18 year olds have historically been admitted to PIU, however when a young person can't be safely nursed on the PIU the patient is currently transferred to the adult inpatient mental health unit, "Northside", adjacent to the main LGH campus.*

*Currently challenges are experienced when more than one mental health patient is admitted to the ward as physical space is limited to only one modified room. As numbers of patients with mental health diagnoses are admitted to PIU, greater flexibility is required for safe accommodation options and to remove them from the location of the general paediatric patient and family due to the distress, verbal aggression and physical agitation they demonstrate. These behaviours are intimidating and frightening for children and their families.<sup>1</sup>*

- 4.4 The Committee noted that there was currently only one room available for paediatric mental health patients, which had been converted from another use. The Committee sought further information on how the current facility impacted on the ability to care for paediatric mental health patients:

**Mr FARRELL** - Coming back to the paediatric mental health area, is there currently just the one room?

**Ms TONKS** - Correct.

**Mr FARRELL** - .... What are some of the current issues with the one room you have? It has obviously been designed for something else and you have had to convert it. How will you address that in the new wing?

**Ms TONKS** - One of the issues with that room is its position. That room was designed to be close to the nurses' station and within clear visibility. .... Sometimes mental health patients can become quite loud, aggressive and quite distressing to the other patients and families in the ward. We have had instances where we have had complaints from other

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<sup>1</sup> DHHS submission, page 5

consumers about how frightened they are by a mental health patient who becomes quite unstable and difficult to manage.

- 4.5 The Committee noted the difficulties encountered in providing inpatient services to paediatric mental health patients on Ward 4k. The Committee sought confirmation from the witnesses that the proposed works would enable the growing demand for acute paediatric mental health inpatient services to be adequately met:

**Mr VALENTINE** - ... On page 5 of the submission, under 'Paediatric Mental Health', it clearly states -

*“Currently challenges are experienced when more than one mental health patient is admitted to the ward as physical space is limited to only one modified room.”*

We saw that. How does the intended provision under this development meet the Australian standard for the head of population you are servicing? Are you going to have enough of these units to cope with general demand?

**Ms TONKS** - You are referring just to the mental health patients?

**Mr VALENTINE** - Yes. In terms of adolescent mental health in particular as we are being told it might be on the increase.

**Ms TONKS** - Absolutely. Our plans are for fitting out six adolescent mental health beds - single rooms. At any given time our average number of mental health patients over a given year is about 2.4. We rarely go above four. We have had maybe half a dozen spikes throughout the last 12-month period, where we have had more than four patients at any given time. We are working on having at least four bedrooms available for those patients, with the ability to have up to six in those accommodation requirements. Obviously, there may be a few occasions during the year where we have more than that, but we do have other single rooms as well. At any given time those patients will be at different levels of their recovery and it might be they are able to co-share one of the double rooms in the adolescent wing. We feel that we have allowed for future growth with what we are currently looking at.

- 4.6 The Committee also sought further information on how the new facility had been designed to safely accommodate paediatric mental health patients:

**Mr VALENTINE** - The nature of the rooms - they are safe rooms in terms of hanging points and things like that? That is to an Australian or an international standard? Do you have an international standard you follow in that regard?

**Ms TONKS** - We have an Australian standard which we have followed. There are no hanging points; there is safety glass; even the locks on the doors and so on are so they are not able to harm themselves at all.

**Mr VALENTINE** - Are there special beds for those sorts of rooms?

**Ms TONKS** - Yes, there will be special beds for those rooms. We have looked at a lot of the work Mental Health Services has already done in the revision of Northside, which is the adult facility, and researched a lot of its work and infrastructure it has put into place. We have taken a lot of that into consideration.

**Mr VALENTINE** - In the room we looked at I noticed hinges coming out from the wall. Is that sort of thing fixed in the new facility?

**Mr DALGLEISH** - Certainly, the new development will be of a much greater standard than what it is currently. The current room is more of an ad hoc fix to the problem as opposed to starting from afresh.

**Mr VALENTINE** - A special design?



**Mr DALGLEISH** -Special design, correct; a purpose-built design.

**Ms Tonks** - ... .. We have planned to relocate mental health patients to a different pod away from the general paediatric patients. ... .. Our new facility will have a separate area a little way away. That area is actually designed so it can even be locked off or shut down so that if we have a child who is behaving badly or is particularly unwell, we can feel we can better protect the rest of our patients in the ward as well as manage those patients in more of a secured area.

### **Consultation**

- 4.7 The Committee recognises that an important part of developing clinical spaces is consulting with staff to ensure the design is suitable to meet identified needs and that it promotes efficient and high quality service delivery. The Committee sought confirmation from the witnesses that the staff had been adequately consulted on the design and construction of the new facility to ensure that it will be fit for purpose:

**Mr VALENTINE** - Has there been full consultation with psychiatrists and the staff using those facilities about the design of the rooms? Has that all been approved by staff?

**Ms TONKS** - Yes.

**Mr VALENTINE** - Are there any outstanding issues of concern?

**Ms TONKS** - No, we have worked quite closely with Mental Health Services and particularly with Child and Adolescent Mental Health Services right from day one. They have been included in all our consultations and meetings, and we have been working together as a team.

This is the first time we have had two distinct areas coming into one facility. We have never had an adolescent or child inpatient psychiatric or mental health facility before. This is the first time we have done it. Working closely alongside our colleagues is very important to make sure we get the facility that we need.

Going right back to day one, we have looked at how many beds we need and what our future growth will be. We have been sharing data and statistics to come to that figure.

### **Facilities to Encourage Family Support**

- 4.8 The Committee noted that it was important for parents to be able to stay on the ward to provide care and support for their children. The Committee questioned the witnesses on what facilities would be provided for parents and families in the new ward:

**Mr FARRELL** - ... .. the other thing that became apparent when we looked through the ward was that a lot of parents prefer to spend time with their children in the ward. Is that being catered for with the extensions?

**Ms TONKS** - Yes, that is right. One of the other requirements we discussed very early on with the architect team was to have a sleeping facility for a parent beside every patient bed. The bedding might vary. We might have a variety of different arrangements for that to occur. The beds we currently have next to the patients for parents are a day-seating arrangement that can be pulled out into a bed for night use. We will have some other arrangements in some of the other rooms.

What was also particularly important for us is to have a family breakout room so that they can go somewhere else apart from sitting beside their child 24/7 to have some refreshments or a shower. There will also be a couple of beds in that area because you might have both

parents wishing to stay. You might have a younger sibling as well who requires sleeping overnight. We have tried to cater for all those different scenarios as best we can.

It is important for those families to have somewhere a little bit nicer than what we currently provide for them. It is a little bit clinical at the moment, a bit sterile. These families come in; they are very anxious as parents of sick children. We want to make something a bit nicer and more comfortable for their needs as well.

### **Outdoor and Recreation Areas**

- 4.9 The Committee witnessed the recreational areas currently provided on the ward during the site visit. Recognising the importance of these spaces to comfort and recovery, especially for child and adolescent mental health patients, the Committee sought further information on what outdoor and other recreational spaces would be provided in the redevelopment:

**CHAIR** - ... ..With regard to the outside space for teenagers, I noted during in our walk through that there is no teenage outside space. Can you talk me through what is being provided? I see a number of outside spaces, but I am not quite sure what they are.

**Ms TONKS** - In the new section, which is more of the adolescent mental health section, there is an outdoor area here, which will be specifically for the older children. We found it is really important, particularly for our mental health patients who might spend a number of days or weeks in the facility, for them to get outside, get some fresh air and sunshine. They like to pace around. At the moment there is nowhere for them to go at all. That is why we felt it was really important to have that outdoor area, as well as this activity area here which will be multipurpose. We would like to have some nice tables and chairs for dining for patients who are eating together as a group or as a family, but also some other activities they can do in that space.

The adolescent lounge, which is this section here, is more of a quiet area for them. If they want to do some listening to music or reading, something away from the bedroom area, they have another area to go to. The dual purpose of that room is for their schoolroom as well. You would have noticed that when we first came in we had a teacher there with the patients. They will be able to relocate and do that work in that room during their school hours, which is 9 to 12, Monday to Friday. At other times the room can be used for other quiet activities. We tried to break it up a little bit so that they have enough to keep them occupied and help facilitate their stay.

**CHAIR** - It sounds like a substantial increase in space and the facility they have available.

**Ms TONKS** - Absolutely. It is a huge improvement on what we currently have available.

### **Storage**

- 4.10 The Committee noted that the ward suffered from a lack of storage, and, during the site visit, the Committee witnessed equipment being stored in hallways. The Committee sought confirmation from the witnesses that suitable storage solutions were being provided as part of the proposed works:

**Mr FARRELL** - The other issue I noticed was the lack of storage, which must be fairly frustrating for everyone. What in the new building will address this issue? In the entrance you have had to store beds and all sorts of things, which must be a bit of hazard as well as a bit of a nuisance.

**Ms TONKS** - Absolutely. Storage has been an issue of ours for quite some time. A lot of that comes about from having to have a variety of different-sized beds and cots for our patients. Depending on the age of the child and their sleeping requirements, we are having to move bedding around to meet those requirements, which is why the storage has always been an issue for us.

That was one of our top priorities in the redesign of this area - that we have sufficient storage for our beds and cots and other equipment that goes along with the treatment of these children.

**CHAIR** - I would like to go back to the issue of storage. I am trying to identify how much additional storage there is.

**Mr FLOYD** - ... The major bed store is the store up through here. There is another sterile store here and an equipment store here. They are the principal store spaces. On some of the corridors, there are equipment spaces.

**CHAIR** - You believe it is adequate?

**Mr FLOYD** - ... We have done a bit of a test and in one of the tests, we got the size of various elements and placed them in the room and demonstrated that they fitted.

**CHAIR** - Excellent, that is what we want to hear.

### **Staging of the Works to Ensure Continued Service Delivery**

- 4.11 The Committee recognised the importance of being able to continue service delivery during construction. The Committee sought information from the witnesses on how the works would be staged to ensure that services could still be delivered during construction. Mr Floyd noted that the building extension would be completed first, allowing for the other existing areas to be refurbished progressively in stages, with service delivery continuing from the new, refurbished and/or yet to be redeveloped areas:

**Mr SHELTON** - The staging - I can only assume that the new build is the first stage. When it comes to the transition between the two, will a separate entrance be used? I imagine the new build will be isolated from the old section initially, with transfer of patients, and that will operate while the old section is revamped. So the adolescent section will actually be the whole ward for a period of time, and then everything will be transferred through and set up how it is on the plan.

My main issue with that is: where will the front door of the new building be when you do not have to walk through the hospital and through the old department to the new one? There is a new front entrance for a period of time?

**Mr FLOYD** - For a very short period of time, there will be space shared with the builder and the public. In the past, we have done that by hoarding down the middle of the corridor. The arrangements we have in place are very similar to what you have suggested, Mark: we are going to build all the blue area at the left-hand end first of all and then we are going to come onto the green area. If you look between the green, the purple and the orange, you will see that is halfway down one of those corridors.

The green will extend to the back of the corridor wall it is adjacent to, which will allow us to take the first corridor where all the staff toilets and things are that we saw this morning, refurbish all of that area, and then swing onto the orange area and then the purple zone. It is a progressive way of working ourselves out. The challenge with that is to bring all the services from the existing part of the hospital all the way through to zone 1 while keeping everything else running as we go and then come back. As we extend those services, we will put stop valves and taps and blank ends in air conditioning ducts so that the service can continue to be delivered.

**Mr SHELTON** - My main point is that, yes, all this has been considered and that service has to be delivered while the build is going on, but that can bring significant issues with it.

**Mr FLOYD** - That has, in part, been addressed by the number of beds provided in stage 1 to allow that to happen.

### **Impact on Car Parking Spaces**

- 4.12 The Committee noted that the project involved a building extension over the current car park located on the corner of Charles and Howick Streets. The Committee also noted that a lack of adequate car parking had been an ongoing issue at the LGH. The Committee sought further information on what impact the proposed works would have on the number of available car parking spaces. Mr Floyd noted there would be a loss of parking spaces as a result of the development, however, the proposed works would improve car park access and allow for the provision of additional car park spaces when undertaking future improvements:

**Mr SHELTON** - ... .. Parking for those people who come to the LGH has always been an issue. As part of this process I asked about it in the workshop but because it is recorded on Hansard, we need to put the question again: how many fewer car parks will there be at the end of the development? How are we coping with that? During the development, what were the thoughts on the car parking issue?

**Mr FLOYD** - We understand 844 car spaces are available at the LGH at the moment. In the car park where we are looking at doing the development there are 149 spaces. This development will reduce that by 15 spaces, we understand. Through the construction we may lose another 12 or 14 spaces temporarily. As part of those works, we are changing the access to the car park onto Howick Street, which will, from our traffic impact assessment, provide better access to and egress from the site. It will also bring the car park up to an Australian standard in terms of the slope of the car park. The works we are looking at will have the opportunity to provide additional car spaces into the future in other developments.

### **Increase in Project Budget**

- 4.13 The Department of Health and Human Services (DHHS) submission noted that the budget for the project had increased since it had been referred to the Committee. The DHHS submission noted this increase and provided the following explanation:

*The total cost of the project is estimated at \$9.64 million.*

*A budget of \$7.85 million is currently allocated across financial years 2016-17 to 2019-20 inclusive. The current consultants construction cost estimates for the project see the project cost being \$9.64 million. Increased costs relate to previously unidentified site infrastructure issues in respect of key electrical infrastructure, and in proceeding with the preferred option which facilitates minimal disruption on the existing operation of Ward 4K and at same time provides for future growth opportunities. Funds from the THS Infrastructure fund allocation and State-wide Critical Facility Upgrade Fund will be utilised to address the shortfall.<sup>2</sup>*

- 4.14 The Committee noted the increase in the cost of the project subsequent to its referral to the Committee and sought further detail from the witnesses on what had contributed to the increase:

**CHAIR** - ... .. Suzanne, would you please explain to us the difference in the numbers?

**Ms ASHLIN** - Yes. A budget allocation of \$7.85 million was provided for this project. That was across the financial years 2016-17 to 2019-20. Some investigation has revealed infrastructure issues that need to be addressed. We have actually had funds allocated from the Statewide Hospital Critical Facility Upgrades and an infrastructure fund that have

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<sup>2</sup> DHHS Submission, page 2.

allowed necessary infrastructure works important for the project. Those infrastructure works are a substation upgrade and an emergency generator. That increases the budget to the \$9.64 million.

**CHAIR** - Are we seeking to approve \$9.64 million?

**Ms ASHLIN** - Yes. At the time we put the ExCo minute in, it was \$7.85 million. Obviously, we have still been progressing the plan in the interim time frame, which has then revealed the issue with the infrastructure which needs to be addressed. In between the time of putting that paperwork in and now, it has come to the \$9.64 million, so I apologise for that.

### **Emergency Generator**

4.15 Noting that part of the increase in the budget was attributed to the need to upgrade the emergency generator, the Committee sought further details:

**Mr FARRELL** - In relation to the extra funding to cover emergency power generation, is that a separate unit for the ward or is it an upgrade of the main hospital emergency generator?

**Ms ASHLIN** - My understanding is specifically for that area.

**Mr DALGLEISH** - That is our understanding at the moment. It may augment the current arrangement, but it is specifically for the children's ward and the extension to the children's ward.

**Mr VALENTINE** - ... ..It talks about diesel generation as backup power supply. Is that right?

**Mr MATTHEWS** - Yes.

**Mr VALENTINE** - Has any consideration been given to a significant battery backup? There are Tesla batteries and facilities that can actually replace diesel generation. Has that been considered at all?

**Mr MATTHEWS** - No, not that I am aware of.

**Mr FLOYD** - A significant outage would be a problem for a battery storage for a unit with 28 or 29 beds. The diesel generator can run for a considerable period of time and be topped up. The diesel generator generally has about 1000 litres fuel and easy to top up.

**Mr DALGLEISH** - There are systems within the hospital that are battery backed up. A lot of the ICT services, essential services, security and things like that have UPS large battery systems, but not the main hospital system.

**CHAIR** - .....In regard to the diesel generator, it says here 'to run nominated essential services'. I do not understand what that means. What are 'nominated essential services'? I assume it does not operate in the normal run of the hospital. What is the story, please?

**Mr DALGLEISH** - Within the wards there are different circuits. There is an essential circuit of power and there is a non-essential circuit of power. Each bedhead panel will have a number of essential power points and a number of non-essential power points. Equipment supporting the patient and their care is on essential services so if the power goes off, those services are maintained. If you have something non-essential, such as charging an iPod, you are not keeping that running. Similarly, the lighting is split into zones. You might not light the whole of the ward to the level it is currently lit, but it will be lit sufficiently to operate the facility.

**CHAIR** - Are you saying that the diesel generator only goes to the essential circuit?

**Mr DALGLEISH** - Yes; it is my understanding that it is only for essential services because otherwise the requirement on the size of that generator would be too large.

**Does the Project Meet Identified Needs and Provide Value for Money?**

4.16 In assessing any proposed public work, the Committee seeks assurance that each project is a good use of public funds and meets identified needs. The Committee sought confirmation from the witnesses that the proposed works met these criteria:

**CHAIR** - ... ..I have two general questions. First, do you believe the development you have put forward to us is fit for purpose?

**Ms ASHLIN, Ms TONKS, Ms JONSSON, Dr BAILEY, and Messrs MATTHEWS, DALGLEISH and FLOYD** - Yes.

**CHAIR** - Do you believe, from the point of view of the Tasmanian taxpayer, that this is value for money?

**Ms ASHLIN, Ms TONKS, Ms JONSSON, Dr BAILEY, and Messrs MATTHEWS, DALGLEISH and FLOYD** - Yes.

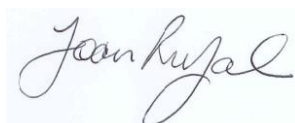
## **5 DOCUMENTS TAKEN INTO EVIDENCE**

5.1 The following document was taken into evidence and considered by the Committee:

- Launceston General Hospital – Paediatric and Mental Paediatric Inpatient Unit (Ward 4K) – Submission to the Parliamentary Standing Committee on Public Works – Department of Health and Human Services, August 2017.

## **6 CONCLUSION AND RECOMMENDATION**

- 6.1 The Committee is satisfied that the need for the proposed works has been established. Once completed, the redeveloped ward will be a flexible, contemporary facility with the capacity to deliver high quality paediatric health and paediatric mental health services. The proposed works will overcome a number of deficiencies identified with the current ward, which will lead to improved outcomes for patients and staff.
- 6.2 Accordingly, the Committee recommends the Launceston General Hospital – Paediatric and Mental Health Paediatric Inpatient Unit (Ward 4K), at an estimated cost of \$9.64 million, in accordance with the documentation submitted.

A handwritten signature in black ink, reading "Joan Rylah", is centered on a light blue rectangular background.

**Parliament House  
Hobart  
3 October 2017**

**Joan Rylah MP  
Chair**



