2025 (No. 5)

PARLIAMENT OF TASMANIA

PARLIAMENTARY STANDING COMMITTEE ON PUBLIC WORKS

Launceston General Hospital Charles and Howick Street Multistorey Car Park

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

Legislative Council

Ms *Rattray (Chair)*
Mr *Harriss*

House of Assembly

Ms *Butler (Deputy Chair)*
Ms *Burnet*
Mr *Wood*

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1 INTRODUCTION

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

MAY IT PLEASE YOUR EXCELLENCY

The Committee has investigated the following proposal:-

Launceston General Hospital Charles and Howick Street Multistorey Car Park

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 the construction of a new multistorey car park at the Launceston General Hospital (LGH) on the site of the existing outdoor car park on the corner of Charles and Howick Streets.

2.2 The LGH is the major hospital in Northern Tasmania. It is also a teaching hospital associated with the University of Tasmania. The LGH provides acute and general hospital services to Northern Tasmania and the Bass Strait Islands. It is also the principal referral hospital for the North-West and West Coast Regions.

2.3 The LGH was established on the site in 1863. It received a major upgrade in the early 1980's and is currently working to a three-stage upgrade and redevelopment plan as provided for in the LGH Masterplan, which will extend into the early 2040's.

2.4 The LGH and associated health facilities are major generators of traffic and parking demand in South Launceston. The LGH's off-street parking is recognised as being insufficient to meet demand and ease of access is considered poor. As a result, there is pressure to deliver the new car park, both to satisfy hospital staff and visitor demand, and to satisfy the planning requirements of the local council.

2.5 The new multistorey car park is intended to address the parking needs of the LGH precinct, as well as providing significant master planning and design flexibility to facilitate future car park expansions. Once the LGH Masterplan redevelopment projects are completed, the Department has identified a total capacity for the proposed multistorey carpark of up to 500 parking spaces.

2.6 The proposed works result in the delivery of a fully compliant, safe and efficient multi-storey carpark to meet current and future demand and will include the following elements:

- Carparking bays and circulation;
- Separate staff and visitor parking;
- Motorcycle parking;
- DDA compliant access parking and compliant pathways to the LGH building;
- Secure Staff bicycle parking and change area;

- Direct access from the carpark to the hospital for staff and visitors;
- Electronic car park management system and electronic signage to give advance advice of car bay availability, externally and on a floor-by-floor basis
- Externally located electric vehicle charging station;
- Stairs;
- Lifts;
- Ramps;
- An accessible toilet;
- Cleaners store; and
- Signage and wayfinding.

3 PROJECT COSTS

3.1 Pursuant to the Message from Her Excellency the Governor-in-Council, the estimated cost of the work is $36, 820, 300.

The following table details the current cost estimate for the project:

Item	Cost
Demolition	$20,000.00
Building Works	$27,741,000.00
External Works & Services	$692,000.00
Provisional Sums	$1,150,000.00
Tender Construction Cost	$29,603,000.00
Construction Contingency	$2,960,300.00
Total Construction Cost	$32,563,300.00
Authority Fees & Charges	$581,000.00
Professional Fees & Charges	$3,096,000.00
Artwork	$80,000.00
TasNetworks Pole Relocation	$500,000.00
Total	**$36,820,300.00**

4 EVIDENCE

4.1 The Committee commenced its inquiry on Tuesday, 10 December last with an inspection of the site of the proposed works. The Committee then returned to Room 2, Launceston Library High Street Centre, whereupon the following witnesses appeared, made the Statutory Declaration and were examined by the Committee in public:-

- Shaun Roney, Project Manager, Infrastructure Services, Programming and Delivery, Department of Health
- Scott Schilg, Director, Hospital Corporate and Support Services, Launceston General Hospital
- Cameron Matthews, Regional Manager - Facilities Management and Engineering Services (North), Department of Health
- Scott Curran, Director ARTAS Architects; and
- Jingwen Huo, Project Leader, ARTAS Architects

The following Committee Members were present:

- Hon. Tania Rattray MLC (Chair);
- Ms Helen Burnet MP;
- Hon Dean Harriss MLC; and
- Mr Simon Wood MP.

An apology was received from Ms Jen Butler MP.

Overview

4.2 Mr Roney provided an overview of the proposed works:

> ***Mr RONEY*** *- To give a brief overview of the project, the Tasmanian Government has committed $647 million to implement the Launceston General Hospital Precinct Masterplan. The multistorey car park forms part of stage 2 of the precinct's master plan. A key consideration for the masterplan was to improve parking and access to the LGH precinct for patients, staff and visitors.*
>
> *Currently, we have a total budget of $44 million allocated to the multistorey car park, which also includes the establishment of the temporary car park on the former Anne O'Byrne site. The LGH is the main acute hospital servicing northern Tasmania.*
>
> *Parking in and around the precinct is extremely stressful for staff and patients to access. The demand for additional parking has been further outlined in a 2021 report, jointly commissioned by the Department of Health and Launceston City Council, which outlined a shortfall in parking in and around the precinct. This was further supplemented by addendum report carried out by WSP as part of the project, further refining the numbers of additional parking required within the precinct, supporting the project and demand.*
>
> *This project can be considered a foundational project for the greater master plan, making further parking spaces available to address the shortfall there is currently across the site. Then it allows further expansion and the master plan to be carried out. To close on that, the project has arrived at the final design. It's gone through an extensive design process, engaging with the project working group. This included members Scott and Cameron here representing the*

hospital along with the extensive engagement with the council to make sure that urban planning sat correctly within the planning scheme and there was a palatable design put up in the refined design.

LGH Masterplan

4.3 The LGH Masterplan was identified as a significant driver of the need for the new car park. The Department's submission noted:

> *The Launceston General Hospital (LGH) Masterplan has proposed the construction of a multi-storey carpark on the corner of Charles and Howick Street to help address the increased demand for car parking over the course of the Masterplan. As a result of both planned and unforeseen development in the area, the need for carparking has increased and is likely to be a condition of development approvals for other Department Projects, such as the construction of the Mental Health Precinct on the 52 Frankland Street site and the construction of the new helipad on the existing Cleveland Street Multi-Story Car Park. As a result, there is pressure for the Department to deliver the new car park, both to satisfy consumers at the hospital and to satisfy the planning requirements of the local council.*[1]

4.4 The Committee questioned the witnesses on the link between the LGH Masterplan and the demand for car parking:

> ***CHAIR*** *- … in the project overview, you talk about the Launceston General Hospital Masterplan. Can you walk us through that master plan and how this project fits in with it? You also gave us some information this morning about some future developments on that site, because this car park is going to be integral to any further expansion into the future.*
>
> ***Mr RONEY*** *- Yes, correct. I believe the master plan was first established in 2021. As a little time has passed, there has been a little bit of development since the master plan has been issued. The master plan includes a new mental health precinct which is adjacent to the current hospital on Frankland Street. Also, it is identified for the shortfall in parking and identified the location for this project on the corner of Charles and Howick. Included in the master plan, is the new heart centre. There is a new entry identified and northside tower for a future project to happen. I believe the master plan has been driven by health reform and making health accessible to everyone who needs access to health service, I suppose, a part of a larger picture of improving the greater precinct.*

Addressing the Need - Current Shortage of LGH Parking

4.5 The Committee questioned the witnesses on the demand for car parking spaces at the LGH, including the current number of parking spaces, the expected number post completion, and current staffing levels:

> ***Ms BURNET*** *- … In your opening remarks, you talked about the master plan and the shortage of patient, staff and visitor carparking but you can actually talk about a number. Can you give us a number for the optimal car parking for the site? How many work there and what is the breakdown for staffing and so forth.*
>
> ***Mr CURRAN*** *- Absolutely. The addendum to the initial report by WSP, their range in shortfall identified as little as 431 up to 562 spaces. It's a bit of a futuristic outlook onto the future demand. There are a number of variable factors. … I believe the shortfall they've identified pretty well aligns with the project proposal at the minute, that we have 474 spaces.*
>
> ***Ms BURNET*** *- Across the site?*
>
> ***Mr CURRAN*** *- For this park.*

[1] Launceston General Hospital, Proposed New Multi-Storey Carpark, Submission to the Parliamentary Standing Committee on Public Works, page 3

Ms BURNET *- Alright, 475. What was the number that you have across the site currently and what will this bring it up to?*

Mr SCHILG *- ..Ballpark figures. The current LGH multistorey, which is purely staff and doctor car parking, is around 503 parking spaces. Then there's the Viewpoint, which is the old mental health facility across from Frankland, that's 80 spaces. The Holman Clinic carpark has 57 spaces, plus 12 disabled parking bays.*

…Under the NICS building is 26 plus two DDA-compliant bays. Orthopaedic clinic parking, which is off Frankland Street near the food services cafe, that's an additional 10 plus three DDA parking bays. The current Howick Street carpark has 139.

Ms BURNET *- That's the one we were looking at today.*

Mr SCHILG *- Yes, that's the one we were looking at.*

Ms BURNET *- Which will be replaced with the 475.*

Mr SCHILG *- Yes. There's eight DDA-compliant bays towards the hospital from that as well.*

…Ballpark would be 847, roughly.

Ms BURNET *- That will go to 1250, is that right?*

Mr SCHILG *- Correct. Then you've the temporary carpark across the road at the old Anne O'Byrne site which will come online. That's about 150.*

…

Ms BURNET *- I still haven't heard - what's the staffing levels and what's the patient levels?*

…Not the car parks, how many people will work at the LGH? That might be a nursing shift, a particular time. It's pretty important when coming up with the figures, isn't it, for how many car parks you might need?

Mr SCHILG *- Yes, ballpark would be around 3500.*

Mr MATTHEWS *- Yes, I think we talk about 3500 headcount. There's three different shifts throughout the day, so it varies from morning, afternoon, and night, so it's a bit hard to get a fixed number.*

Ms BURNET *- How many beds does the LGH have?*

Mr MATTHEWS *- It's about 415.*

Car Park Design

4.6 The car park configuration includes a circulation ramp on one side of the car park that avoids the need for vehicles to travel around each floor. The Committee questioned the witnesses on this design feature:

CHAIR *- Would you like to share with the committee the design around not having to drive all the way through the car park when you are leaving? The round cylinder, if you like, on the side.*

Mr CURRAN *- We looked at a number of different configurations of the car park to see what the maximum number of car parks we could get. Also the circulation as you drive around the car park. The traffic consultant suggested to us that we should add that ramp onto the side. Under a normal ramp configuration, if we used raking plates on the ramp, you essentially have to drive right around the car park, there's no shortcut. But, by putting the circular ramp onto the side it enables us to be able to shortcut the distance that you travel through the car park. In effect, you could travel from the top level, then just stay on the circular ramp until you get to the bottom. Under other systems that they have for car parking you need to go through every floor round and round. Given that we have staff parking on the top two levels, we thought that that was a good initiative that the traffic consultant had come back to us with.*

Accessibility

4.7 The Committee asked the witnesses to provide further information on accessibility throughout the car park and into the hospital, including the number of designated accessible parking spaces:

> ***Ms BURNET*** *- The number of disability compliant car parks, as a proportion, how does that work?*
>
> ***Mr CURRAN*** *- I believe we are required to provide 2 per cent of the number. We have 12 access parks - sorry, 10 access parks.*
>
> ***Mr WOOD*** *- Are they ground floor?*
>
> ***Mr CURRAN*** *- Yes. We group those together as well. I was explaining this morning, we put them together in a dead-end section of the carpark so there are no cars that go behind the back of them while they're getting out of the car. We think that gives us a safer solution.*
>
> *...*
>
> ***Ms BURNET*** *- It goes back to wayfinding, but you said this morning that there would be a connection to the presumably compliant ramp on the Charles St aspect of the site. How is that going to work? How would that connect?*
>
> ***Mr CURRAN*** *- There's a small section of ramp that we need to construct that will connect into the side of that existing ramp, which will enable people parking in the access-compliant zone to be able to access that ramp easily via that access ramp. One of the other requirements that we have is, the building surveyor has required us to ensure that the path that goes through the car park from Howick St to the door of the hospital, that that ramp is fully compliant. We've created an access-compliant ramp that goes right through the car park. You'll notice on the plans that there are a number of access-compliant ramps that have been added to that pathway. That's to deal with the gradient of the site. That enables us to have an access-compliant ramp from Howick St all the way to the front door of the building.*
>
> *...Everything is accessible. We've had an access consultant review our documents to confirm that we have compliance with the access code.*

Bicycle and Motorcycle Parking

4.8 The Committee sought further information on the provision of bicycle and motor cycle parking:

> ***Ms BURNET*** *- In relation to incorporated push bike parking and motorbike parking, I didn't even see that this morning. Where is that proposed?*
>
> ***Mr CURRAN*** *- We have two lots of bike parking. We have bike parking for staff that's on the ground floor. It's in the blue on your diagram -*
>
> ***CHAIR*** *- We found it.*
>
> ***Ms BURNET*** *- It's on that Ockerby side?*
>
> ***Mr CURRAN*** *- Yes, and then we've some other bike parking just immediately adjacent to that for public.*
>
> ***Ms BURNET*** *- Is that outside?*
>
> ***Mr CURRAN*** *- Yes, and there's some outside in between grid 5 and 6 on gridline B.*
>
> ***Ms BURNET*** *- Would this be secure within the car park? It's often a difficulty, particularly if it's theoretically a long way away from buildings.*
>
> ***Mr CURRAN*** *- The staff bike parking is secured within a locked door, but not public bike parking.*
>
> ***Ms BURNET*** *- Right, but will there be surveillance?*

***Mr CURRAN** - Yes, there will be good lighting and there'll be CCTV cameras around that expand on the existing system in the hospital.*

Electric Vehicle Charging Stations

4.9 The Committee sought to understand what facilities would be provided for charging of electric vehicles. The Committee also asked why these facilities would be provided externally, rather than within the carpark:

***Mr WOOD** - In terms of the electric park recharging facilities, I read somewhere they have to be external. Does that mean they'll be on the roof or is there something at ground level? An area at ground level adjacent to the multi-storey?*

***Ms HUO** - It will be located next to the Ockerby Garden where we stood this morning. We have one dual head charger over there, which supports two EV charging and parking, and there is facility for future add-ons. It is going to be external of the car park, not on the roof.*

…

***Mr HARRISS** - Chair, the Building Surveyor 4.4, I note in there, it says:*

> *EV charging units have been removed from within the building to avoid a fully sprinklered building with a single dual-head charging station located externally.*

Then under Switchboards, it has:

> *Dedicated car-charging switchboards will be provided at each level, in accordance …*

So, are we having car-charging switchboards just to comply with the NCC, but not using them? Is that how that is or not?

…

***Mr CURRAN** - My understanding of the process that we've been through is that when we add a car-charging station into the car park, we add to the fire risk. So, because we add to the fire risk, the building surveyor wanted to see sprinklers put into the building because of the added fire risk. And we had a fire engineer, the local fire brigade and the building surveyor have a discussion around what the potential risks would be for these EV charging stations. We have tried to prevent the sprinklers being put into this building the same as we've always tried to maintain the open structure, so that we don't have to have mechanical, so the decision was made to move the charging stations outside of the car park, but to allow, once car charging and the systems become more sophisticated and there's an opportunity to move those back into the building, that we provide provision for those to be moved back into those levels if that was the situation into the future. We didn't want to prevent any future buildability for the EV charging stations, but, at the same time, we didn't want to pay a cost penalty for sprinklering the whole building to bring them in now.*

***Mr HARRISS** - So, the EV charging spaces that are marked on the plans on levels, they're not included at the moment?*

***Mr CURRAN** - No, they have been moved out.*

***Mr HARRISS** - Thank you.*

***Ms BURNET** - Then that would have to be retrofitted if you did put them in?*

***Mr CURRAN** - Yes. So, then the discussion becomes, has the car evolved to a position where it's not a fire risk? If it has, then sprinklers won't be required. But, if they don't evolve and there's still a fire risk, then we retrofit sprinklers into the future. But, it may be that 300 of these car parks need to be EV charging stations. We just don't know what that might be into*

the future, so we've allowed in the substation for that to be able to be brought into the future, if that's required.

Accessing the New Car Park

4.10 The Committee sought further information on vehicle access to the car park, including any signage proposed to direct hospital visitor traffic:

> ***CHAIR*** *- The expansion on the Frankland Street side, obviously, it'll be well signed that there'll be parking around the other side? Because if you get directed to Frankland Street, but then you have to go around the block to get into the car park will there be some signage in that area to say or is that just going to be a given everyone will know there is a big flash new car park?*
>
> ***Mr RONEY*** *- From my understanding, the majority of the traffic movement is not so much on the Frankland Street side at the minute. The mode of transport, being for a regional hospital, is largely vehicles and cars. If you are coming down the southern outlet and then turning up Howick Street, that is a large concentration of traffic there or coming from Wellington Street, again turning left into Howick. I would say the majority intuitively come around to that Howick Street side. There isn't any intended signage as part of the project to redirect people from the Frankland Street side at this point.*
>
> ***CHAIR*** *- What's the access going to look like from the proposed car park across to the other areas around? Is that going to have some signage to show people how you get into one of the many entrances the LGH appears to have?*
>
> ***Mr RONEY*** *- For sure. The main entrance to the proposed car park is on Howick Street. That will be reasonably well signed. I think that will be quite intuitive and obvious if you are travelling up that path. If you enter the Cleveland Street - which is a small street off Wellington - at the minute, in the future master plan, that will form a part of new entry that you would then drop off patients and then come down through. In this project, we haven't addressed broader signage to direct you to that Howick Street entrance.*
>
> ***CHAIR*** *- Is that something that might be considered? Because often people who head to the hospital and are not necessarily familiar with it, they are often in a heightened emotional state. …Is that something that could be considered? Or is that something that needs to be coordinated through the LGH and those representatives that are here today from the LGH?*
>
> ***Mr MATTHEWS*** *- Yes, certainly. It is a good point and something that will be considered as some of those outlying sites become more active, the hospice, etcetera. I imagine the hospice has probably got its own car park there, but signage is required if we find that people can't find it or are being disorientated. Most Launceston people know where the car park is currently, but certainly signage is something that could be and will be looked. My department in facilities makes the signs. Any requirement we will do.*

Impact on Local Traffic

4.11 The Department's submission noted the new multistorey carpark was not expected to have a significant impact on local traffic:

- *Section 5.3 of "12631098-REP-LGH_Model_Traffic_Assessment" prepared by GHD, recommends that the access point along Howick Street remains two-way providing entry and exit, as per existing conditions which would assist access to/from the proposed multi-level car park.*
- *The left out (no right out) arrangement of the proposed access point along Howick Street is expected to have minimal impact on traffic patterns, as vehicles can use the Howick St and Charles Street roundabout to make a U-turn to head west.*
- *The proposed multi-level car park is not considered to be a traffic generator in itself. However, traffic generation associated with the proposed multi-level car park on the subject site has been estimated to reflect a potential full build out of the precinct and*

therefore full utilisation of this car park. Analysis of the intersection of Howick Street and the car park access demonstrates a suitable level of performance in the AM and PM peak periods.[2]

4.12 The Committee sought to explore this issue further with the witnesses, including measures designed to assist traffic flow:

> ***Mr WOOD*** *- …Obviously, there's going to be some 300-plus extra vehicle movements, potentially in and out of the new multistorey car park into Howick St. I wonder if it's possible for you could talk through what measures are planned in Howick St. At the moment, when people pull into Howick St and wait to get the ticket out of the boom-gate machine, it can bank up the traffic both directions in Howick St. Obviously, you're going to have more coming in and out now. Could you explain what possible measures are being done in Howick St to address that? I noticed there might be some slip lanes and things, but perhaps you could just put that on the record if that's possible?*
>
> ***Mr RONEY*** *- …Part of the design process, we had a broader traffic model carried out of - when I say broader, the surrounding network to understand the current demand and predict the future demand and stress on the traffic network in that system. Then, as part of the project, we've had a traffic impact assessment done with a project-specific lens on it.*
>
> *Supplementary to that, we also then engaged another report that had a focus on the traffic movements around the roundabout to support the current entry and exit strategy for the car park. We maintain entry and exit off Howick St to a traffic, single entry, single vehicle exit, a left only on the exit, then, if you are looking to be travelling westbound, you just need to go a short trip up Howick St to go around the roundabout, then you're right to head back down.*
>
> *The reports that have been carried out support the traffic flow, but we're not actually - it's not a - the proposed project isn't actually a traffic generator as such. We are not creating necessarily more traffic, but it's obviously accommodating for those car parking spaces. You're right, at that entry point where there's a demand to come in and out, there will be times probably not much different to where that is at the minute, if there are a couple of cars trying to get through. There is no slip lane provided at the minute. There's not the capacity, I suppose, to do that. It might be something of a futuristic project as far as, once the demand increases that we need to address an island or something in Howick St, but it's not actually part of the project.*
>
> *I guess, the base of it, all the reports have been carried out and looking at the traffic modelling and demand, that's supported the current design and the traffic flow, that it doesn't adversely impact traffic network. Does that answer your question?*
>
> ***Mr WOOD*** *- To some extent.*
>
> ***Ms BURNET*** *- On that, if you're driving out and you think I want to go back onto the main outlet, what will we be telling you is that you need to turn left to get there. It's counterintuitive to turn left to get down there.*
>
> ***Mr RONEY*** *- I believe that we've got some marking on the road. I believe it's a left arrow.*
>
> ***Mr CURRAN*** *- And some signage as well. There's been a lot of discussion about how we enter and exit the car park, particularly around the congestion in Howick St. We felt that it was best if you came out of the car park and turned left, so there'll be signage to say 'turn left only,' and then go up to the roundabout to come back to go south that way. What we were worried about was when you came out of the car park and you couldn't turn right immediately and then you backed the traffic up or you caused a delay in the traffic. That was an important consideration for us to turn left.*

[2] Launceston General Hospital, Proposed New Multi-Storey Carpark, Submission to the Parliamentary Standing Committee on Public Works, page 22.

There was also a lot of discussion around when you've come around the roundabout, and you are heading south, whether you can turn right to go into the car park. Initially, our design said no, you can't turn right. But, what happened was, there was a really convoluted traffic route to get you back to the entry. So, as part of that discussion it was felt that it was more intuitive to be able to come around the roundabout heading south and then be able to come into a lane to turn right. We felt that that would work better and, indeed, that's what the traffic engineers have recommended. There has been a lot of discussion on how we get in and get out of the car park and around that congestion.

***Ms BURNET** - So, that'll have a slip lane will it, on Howick?*

***Mr CURRAN** - Essentially in the middle of the road that enables you to turn right, which it doesn't have at the moment. So, if you want to turn right, what happens is that all the traffic backs up through the roundabout, then it goes into gridlock and adds to that congestion. We're confident, based on the recommendations of the traffic engineer, that that traffic flow will improve.*

***CHAIR** - Can you confirm that there's only one less park on the actual street? I came out of there this morning and I headed right and it took a while to get out because of the traffic coming up. I made a comment to my colleague, 'Surely this will end soon, this traffic flow,' but it was definitely hard to see. I know we're not going to be going right but, even if you're going left, it's still difficult to see the traffic that's coming from the right. Is there an opportunity to lose a couple more of those spaces and make a slip lane on Howick St itself?*

***Mr CURRAN** - The traffic engineers haven't identified that as an issue.*

***CHAIR** - Well, they're probably not driving. Is there an opportunity to revisit that or will there be?*

***Mr CURRAN** - We can certainly go back and ask them.*

***CHAIR** - It was difficult to see when there were so many cars lined up and down Howick St to my right. Even if you were turning left, it would have been difficult to get out.*

***Mr CURRAN** - The entrance is moved over slightly closer towards the roundabout, so it's not quite as close as it currently is, in that current position. That will open up the sightline more because we've moved that across.*

Impact on Streetscape and the Surrounding Environment

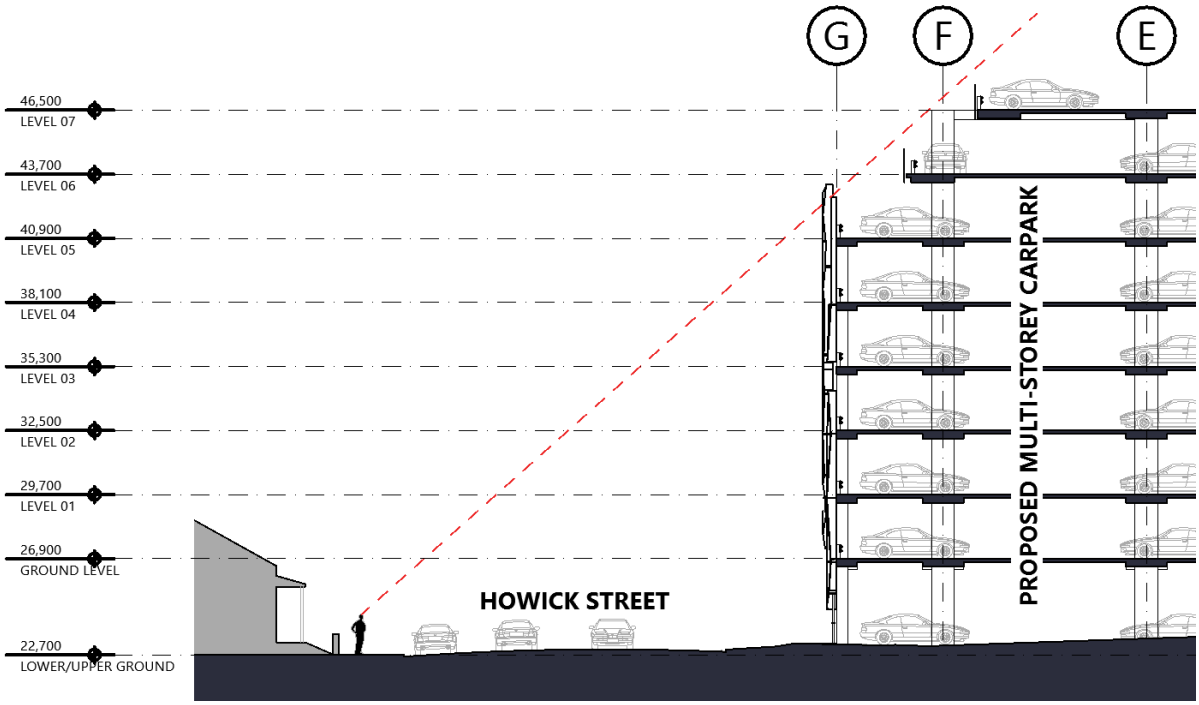
4.13 The Committee recognised the impact a construction of a multistorey building could have on the surrounding environment on what is currently essentially a flat site. The Department's submission noted the building design need to consider the impact on the streetscape and detailed the significant design elements that have been included to reduce these impacts:

- *The proposed multi-storey carpark's relationship to the existing buildings and proposed future developments must be carefully considered in the overall massing and form to address the streetscape and the incorporation of future wayfinding measures.*

...

- *The issue of height has been addressed by stepping back and tiering the top two levels of the car park to minimize visibility from the street as well as any resultant overshadowing. The façade has also been layered to minimise and reduce the overall sense of mass from the street. Refer to sight line diagram below:*

...



3

...

- *The façade treatment has been through rigorous testing to find a solution that will work against the varied typologies existing in the neighbouring context including Ockerby gardens, the varied sizing of residential/industrial/commercial structures along the south of Howick St and the Larger buildings (including LGH) along Charles St.*
- *Additionally visual impacts from a greater distance, such as the Southern Outlet, have been considered and included in renderings of the building.*
- *The final proposal uses a few key techniques to address these conditions as noted below:*
    - *Colour and form: two shades and shape of green perforated mesh are proposed in a selected pattern to provide visual relief from the length and bulk of the overall structure which has a restrained colour palette to help bring forward the feature elements as well as providing a gentle visual transition between the Ockerby gardens and the carpark building.*
    - *The panels mimic the sense of depth and variation in the tree forms and have been offset with timber look battens as further relief and reference to surrounding context adding a sense of granularity at ground level.*
    - *The methodology for determining the form of the feature façade panels is outlined below in 3 key steps.*

      ***Step 1** - use generic image of trees as reference to existing neighbouring context of Ockerby gardens to help tie the mass of the building into its context.*

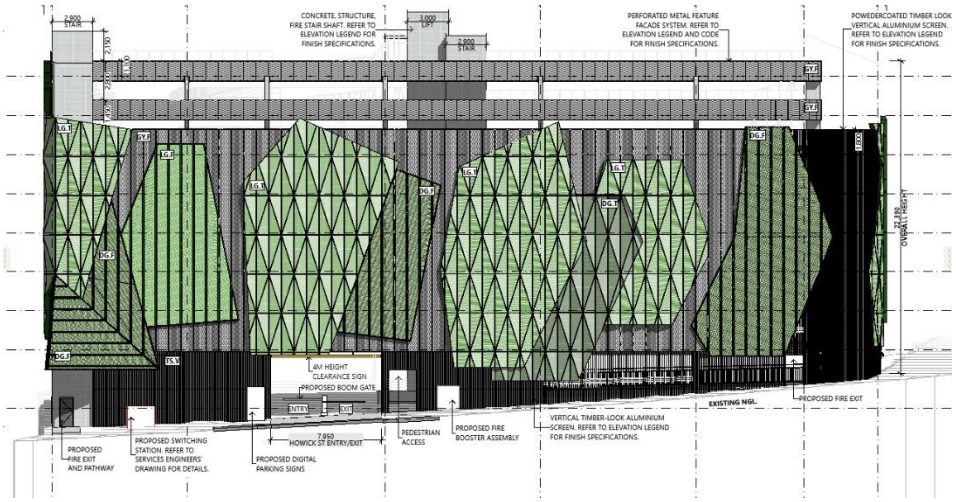
[3] Launceston General Hospital, Proposed New Multi-Storey Carpark, Submission to the Parliamentary Standing Committee on Public Works, page 10

Step 2 *– pixelate the image to determine façade panel sizing/ colour groupings.*

Step 3 *– colour groups are highlighted and outlined to suggest potential forms and setbacks.*

Final Result:

Forms are rationalised to suit buildings apertures and textures chosen so as not to feel repetitive.



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4.14 At the hearing, the Committee discussed with the witnesses the building's impact on the surrounding area, such as potential overshadowing, and the urban design measures that had been taken to soften these impacts:

[4] Launceston General Hospital, Proposed New Multi-Storey Carpark, Submission to the Parliamentary Standing Committee on Public Works, page 11-12

CHAIR *- We were advised this morning on the site visit that the reason there had to be a tapering of the top two floors was to abide by the council's wishes, if you like. Do you want to walk us through that process?*

Mr CURRAN *- Yes, so there was some concern, if we were to build right to the edge, the massing of the building would present to be too high. It was suggested by the urban planner and by the council that we set those top two levels back to take away some of the bulk and the massing on the top two floors of the car park. I think that has been a very good suggestion. I think that that has helped to scale-down the building and to eliminate that massing on that corner.*

…

Mr CURRAN *- There were some other issues around overshadowing as well, when we did the sun-shade diagrams, about how far the shadow was cast. There are a couple of issues that we were asked to address by the council.*

Ms BURNET *- If I may pick up on that? You have provided us with shadow diagrams with the equinoxes. Obviously, this is a large mass on a corner as part of a large hospital precinct anyway. Across the road are single-storey houses. I believe that they're all houses along Howick St on the other side.*

Mr CURRAN *- There are a number of businesses as well, and a school.*

Ms BURNET *- Will they be impacted - for the record - how will they be impacted after this is built? Also, for Ockerby Gardens, which is obviously an important part of that precinct as well?*

Mr CURRAN *- The majority of the shading in Howick St is onto the road. We do have an instance where the shading goes across the footpath and into the front yard of the houses that run along Howick St in the autumn equinox and also in the winter. When the sun is very low, we have a case of overshadowing that occurs through there but for the majority of the year, there's no impact from the sun onto those properties.*

Ms BURNET *- I note those trees on the title boundary next to Ockerby Gardens will be retained?*

Mr CURRAN *- Yes, they'll all be retained.*

Ms BURNET *- They obviously cast their own shadow.*

Mr CURRAN *- Yes.*

Ms BURNET *- They're probably about the same height as the development?*

Mr CURRAN *- There's a little bit of additional shading that occurs, but in winter the sun is very low when it comes up and the majority of Ockerby Gardens is in shade for quite a long period of time.*

..

Ms BURNET *- …In relation to that urban design, the building will be a car park. It's not very interactive and it's obviously clearly along each of the road boundaries and Ockerby Gardens. Can you describe how you've dealt with that? I noticed walking around the LGH site today, a lot of the buildings have no interface with the footpaths which is a real problem. It's not very friendly. How do you mitigate that with a car park?*

Mr CURRAN *- We were conscious of the interaction between pedestrians and the building at street level in Howick St. What we've done there is we've set the building back slightly and put some landscaping into that front of that building to reduce the scale. We've also changed the material through that area there to reduce the height, scale and the bulk through that space to try to get a better connection between the pedestrians and that building for that very reason.*

The facade is a very important part of this building. There are a couple of components to the facade. One was we felt the view through to Ockerby Gardens was a very important view and obviously the green trees formed a very important part of that view.

What we did was take some photographs of what Ockerby Gardens looks like and we pixelated that view to recreate on the side of the building. You'll notice on the building there's a series of tree-like structures that basically give a feeling of the view you get through to Ockerby Gardens. We were also required, because of the ventilation requirement, to have 50 per cent of the building open. That means that 50 per cent of it essentially has to be open to allow for air circulation. If we don't do that, we have to mechanically ventilate, which we didn't want to do because of the additional cost.

***Ms BURNET** - And noise, probably.*

***Mr CURRAN** - Yes, for the extraction. What we have is a series of materials. We have a perforated metal panel that fixes onto the side of the façade and also some horizontal aluminium backings that fasten on there to give a series of relief so, it's not just a flat surface. The perforated metal panels are also folded. They're folded to give a differentiation of colour and when you look at it it's not just a plain green colour, it has varying shades because of the pixilation, the size of the openings, the direction and the way the sun shines off those panels. We think, given it's a carpark and has quite a bit of mass, it will give us a good result in terms of the façade of that building.*

...

***Ms BURNET** - ... it's in the hospital precinct, you have the master plan. It's right next to Ockerby Gardens, which is run by the Launceston City Council. There's not going to be much interface since it's a seven-storey building on that face, but apart from providing car parks, how does this interface with the rest of the community? Is there any way that, as part of the project, there is a consideration of how the hospital interacts with a really valuable piece of green space on that site? I know you're just thinking about car parks, but it's that and also bike lanes. I saw that there are bike lanes on Howick St. How do you enhance that sort of active transport and active use of adjacent green space? What's your thinking about that as part of a public works project?*

***Mr CURRAN** - I'm happy to answer that, Cam, if you don't mind? We have done quite a few projects through the hospital and one of the interfaces, I guess, or the connections with Ockerby Gardens is the main building that is on Cleveland St. Most of the staff come out of the main building, if you like to call it the main building. The future master plan talks about activating that entrance between the building and Ockerby Gardens. In the future, we see that the interface with Ockerby Gardens will be more with the Cleveland St and with the main building, rather than the back of this quarter where the car park's going to be built.*

The car parking has been identified for quite a few projects now. I think back to when we did the heli-deck, the preliminary work we've done with mental health, the heart centre, all of the projects that we've been doing. The council comes back and asks the hospital, 'What are you going to do about the car parking? What are you going to do to take pressure off people who park in the residential zone?' I think this is a logical step for the hospital to take to provide car parking to support those other projects that are moving forward, but also to take pressure off the residential zone where people currently park.

Personally, I would like to see more emphasis put on the way that people arrive to the hospital in terms of bikes and buses and things like that, but we don't have any control over that. All we can do is try to supplement or help with the car parking issue that we have at the moment. To answer your question, I think the interface is to come in the future when the other parts of the master plan are completed.

Alternative Car Parking During Construction

4.15 The Committee recognised there would be a loss of car parking spaces at the site during construction, when car parking availability was already limited. The Committee asked the witnesses to explain what alternative car parking capacity would be provided to accommodate for this loss:

> ***Mr WOOD*** *- During the construction phase, the construction period is slated to be around start-mid next year and completed by the end of 2026. On the existing site currently there are about 143 car parks. I imagine the carpark won't be accessible during the build. Has there been any consideration to alternative car parking arrangements so we're not short that number of spots for the construction period?*
>
> ***Mr RONEY*** *- Yes, absolutely. There has been a directive that this project won't commence until the temporary carpark has been commissioned and completed.*
>
> ***Mr WOOD*** *- Is there a site?*
>
> ***Mr RONEY*** *- The former Anne O'Byrne site on the top side of Charles St, a standalone project underway at the minute. It'll be run as a separate tender, separate project.*
>
> ***Mr WOOD*** *- That'll come online before construction.*
>
> ***Mr RONEY*** *- That's right.*

Ensuring safety and security for users

4.16 The Committee recognised that shiftwork could present safety risks to staff related to starting or finishing work at night. The Committee asked the witnesses to explain what features would be included to promote staff safety:

> ***Ms BURNET*** *-... Quite often, if you're working shift work, you're arriving at night. What's the lighting like within the proposed development as well as into the hospital?*
>
> ***Mr RONEY*** *- Scott touched on that the CCTV will be throughout the building that's been proposed. Engaging with Scott to make sure there was no blind spots and it's going to be fit for operation, they get the sort of coverage they're expecting and then the lighting will be, you mentioned before Scott, 24/7, well illuminated within the building at all times.*
>
> ***Ms BURNET*** *- It would be accessible 24/7 for the public as well? What's the proposal for the development?*
>
> ***Mr RONEY*** *- Yes.*
>
> ***Ms BURNET*** *- It will be?*
>
> ***Mr RONEY*** *- That's right. I suppose with the lighting, the open nature of the car park also provides for that passive surveillance, that it's not enclosed dark spaces.*

4.17 The Committee questioned the witnesses on what had measures would be included in the design to minimise the risk of falling from upper floors:

> ***Ms BURNET*** *- ...In relation to fencing on the top floors, how do you reduce the likelihood of anybody falling from that area?*
>
> ***Mr CURRAN*** *- We've increased the size of the barrier up on those top two levels to be 1800. The standard requirement under the NCC is 1100 and we've increased that to try to minimise the risk of people climbing over that barrier.*
>
> ***Ms BURNET*** *- Is it a climbable material?*
>
> ***Mr CURRAN*** *- ..Everything is climbable, but what we felt we've done is we've helped to minimise the risk or to act as a deterrent to stop people from being able to easily go over that rail. So, we've increased the height to 1800.*

***Ms BURNET** - It's not as if it's angled or anything like that, so it's less likely to be able to climb?*

***Mr CURRAN** - No, the top two levels are set back as well. So, if you go over on those top two levels, it's only two-and-a-half or five metres is the maximum fall that you can have. But, as I said, you can't guarantee against anything in a building.*

***Ms BURNET** - And you can't escape from any of the other levels?*

***Mr CURRAN -** The other levels are all enclosed. Even though they're open, they still meet the requirement of the NCC.*

Works Required by TasNetworks

4.18 The Committee understood the project would require some work to be undertaken by TasNetworks, the cost of which would come from the project's budget. The Committee sought further information from the witnesses on the work required, the cost of this work, and the impact this work would have on the project timeline:

***CHAIR** - … It would be useful to have some understanding of the discussions with TasNetworks because they are the significant player, given there has to be light poles moved but also some transformer works out up on the roundabout and the lights. If you could walk us through that, Shaun, that would be really useful.*

***Mr RONEY** - Yes, absolutely. As part of the new driveway entry, there is an existing power pole in the way that needs to be relocated. Alongside that, very early in the design process, the design team identified the proximity of the footprint of the building to the existing high and low voltage cables. Once the building is built, they were sort of encroaching on exclusion zones and during construction orbiting possible to safely build it while they are there. We identified early on the best pathway forward was to drop the power lines on Howick St. There has been engagement with TasNetworks since 23 October 2024. There is a new switch station that has been incorporated and shown on the plans on the southwest corner of the building where the existing power mains will be rerouted into.*

Then from there, just near that southern stairwell you can see in front of the building, this sort of - between the verge, say, and the street - there is a hashed area switching station earth map and then a little outline of the switching station. From there, it will be reticulated underground up Howick St, connecting into the second pole up on Howick St and then also underground to Charles St. Runs along the same side of the building as Charles St in some existing conduits that are partially there, not the whole way. Then we crossover and connect into another underground connection on the east side of Charles St.

***CHAIR** - There is some significant works to be undertaken by TasNetworks. Are you confident about the lead time and the amount of notice that has been flagged with TasNetworks to have the work undertaken?*

***Mr RONEY** - There has been engagement with TasNetworks for a long time now, since October last year when we formally engaged with them to get the functional brief designed. The Department is engaging TasNetworks independently of the head contract with the ambition we would have already had them lowered. It is still a bit of an elongated process.*

Nevertheless, the department, we are engaging directly to have the lines lowered and out of the way prior to the construction starting. The overlap between having that done and the contract to start on site, there is still time to get that carried out, but we are at the mercy of Tas Networks also. Once we have the invoice for the works paid in full, they will schedule the works. I will have a date from them then, but until then they actually won't schedule the work. It is a final approval sign off from my hierarchy. Then I will be able to get the invoice paid and have the work scheduled and put it on the calendar.

***CHAIR** - The invoice, that will be the final cost to TasNetworks? You indicated that there has been - what I call - significant price increase in undertaking those works from the time it first had the conversation with TasNetworks to more recent conversations. Are you confident that*

once that invoice is paid that that's the entire amount of costs that TasNetworks will be looking for and, given that they don't provide a community service obligation component at all, that that will be the final figure?

***Mr RONEY** - As confident as I can be, but I believe the figure we have is very generous for the work. In the functional design specification that TasNetworks produced, they also gave a cost estimate initially. This was probably some eight to 10 months ago that indicated $250,000 to $500,000 worth of work. We've used the preliminary figure in our initial cost estimates of $500,000 to account for work. Once the design was refined, TasNetworks had come back with a final cost of $870,000. It's a significant increase there. I've interrogated that to no end and tried to negotiate some sort of a contribution from a number of angles, but I was unsuccessful. The response was that the works were being initiated by the developer and we had to pay that out of the project in full. I was unsuccessful in getting in relief there.*

There's nothing on my radar that should pose risk of budget with TasNetworks at this point. I would be absolutely gobsmacked if they come back with anything there. Within their engagement though, there is a clause for variation, so if there were unforeseen laying conditions in the ground, there is that ability that they could come back at me.

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

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

***CHAIR** - ... Does the proposed works meet an identified need or needs, or solve a recognised problem?*

***Mr RONEY** - Yes.*

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

***Mr RONEY** - Yes.*

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

***Mr RONEY** - Yes, they sure are.*

***CHAIR** - And do the proposed works provide value for money and are the proposed works of good use of public funds?*

***Mr RONEY** - Yes, they are.*

5 DOCUMENTS TAKEN INTO EVIDENCE

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

- *Launceston General Hospital, Proposed New Multi-storey Carpark*, submission to the Parliamentary Standing Committee on Public Works, Department of Health, 10 December 2024.

6 CONCLUSION AND RECOMMENDATION

6.1 The Committee is satisfied that the need for the proposed works has been established. Once completed, the new Launceston General Hospital Charles and Howick Street Multistorey Car Park will improve parking availability for patients, staff and visitors.

6.2 The proposed works will provide a new multistorey car park on the site of the existing ground level car park, providing approximately an additional 475 parking spaces to meet current and future demand. The car park will include designated accessible parking spaces, access compliant pathways proving direct entry into the hospital, bicycle and motorcycle parking, and external electric vehicle charging stations.

6.3 Accordingly, the Committee recommends Launceston General Hospital Charles and Howick Street Multistorey Car Park, at an estimated cost of $36.8203 million, in accordance with the documentation submitted.

Parliament House
Hobart
18 February 2025

Hon Tania Rattray MLC
Chair