2025 (No. 14)

PARLIAMENT OF TASMANIA

PARLIAMENTARY STANDING COMMITTEE ON PUBLIC WORKS

Royal Hobart Hospital Diagnostic Breast Imaging

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

MEMBERS OF THE COMMITTEE

Legislative Council	House of Assembly
Ms *Rattray (Chair)*	Ms *Butler (Deputy Chair)*
Mr *Harriss*	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:-

Royal Hobart Hospital Diagnostic Breast Imaging

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 construction of a new Diagnostic Breast Imaging Clinic on Level 6, Liverpool Street Clinics, 59-63 Liverpool Street, to facilitate expanded capacity and services for the co-located Diagnostic Breast Imaging (DBI) service and BreastScreen Tasmania.

2.2 BreastScreen Tasmania offers free mammograms to Tasmanians over the age of 40 every two years to screen for breast cancer, including in those without symptoms. This increases opportunities for early detection and resulting improved medical outcomes.[1]

2.3 DBI serves patients for whom issues have been clinically identified and require further management and treatment.[2] This had previously only been available privately, resulting in cost barriers for accessing this service.

2.4 A new public DBI service was established in March 2023. It has been operating at 25 Argyle Street, sharing existing space and resources with BreastScreen Tasmania, including staff and medical equipment.

2.5 Due to limited space, DBI can currently only operate three clinics per month. BreastScreen Tasmania has also been unable to expand services to meet nationwide targets for BreastScreen participation rates. Both services have at times offered services on weekends to relieve the pressure on available resources but this was not a sustainable long term solution.

2.6 In further response to pressure on space at the Argyle Street site, BreastScreen Tasmania has established additional facilities at 70 Collins Street, utilised for two mammography screening rooms. The combined Argyle Street and Collins Street facilities are not sufficient for current or future demand.

[1] https://www.health.tas.gov.au/health-topics/cancer-screening/breast-screening/breastscreen-tasmania
[2] https://www.health.tas.gov.au/hospitals/outpatients/clinic-directory/diagnostic-breast-imaging

2.7 Clinical rooms at the Argyle Street site are small. The cramped conditions risk harm to staff completing repetitive tasks and do not adhere to the Australasian Health Facility Guidelines.

2.8 BreastScreen Tasmania has a satellite location in Rosny and two mobile units operating in regional areas, which will continue operating during and following the development of the new site.

2.9 In seeking to establish new facilities for these services, options including sites in Kingston and Glenorchy were considered, but a centralised location was selected.

2.10 The relocation of the existing Argyle and Collins Street facilities to Liverpool Street as outlined in the proposed works is in line with the Department of Health's Hobart CBD Accommodation Plan and will enable the vacated space on 25 Argyle Street to be used for administrative offices.

2.11 Initial planning focused on constructing the Clinic on Level 8 in the Liverpool Street Clinics building. Early availability of Level 6 combined with advantages in construction impacts and costs, and existing data and ICT infrastructure, contributed to Level 6 being selected as the site of the Clinic.

2.12 The proposed works will accommodate the Population Screening and Cancer Prevention Directorate services, which incorporates the following programs:

- BreastScreen Tasmania
- Tasmanian Bowel Cancer Prevention Program
- Tasmanian Cervical Cancer Prevention Program
- Diagnostic Breast Imaging
- Screening Recruitment and Cancer Prevention.

2.13 The proposed works also allocate space for the future co-location of other complementary health services.

2.14 The ongoing co-location of these services enables collaboration and efficiency for staff and resources, and ease of access for patients.

2.15 Staff from these services were consulted to ensure the proposed facilities addressed the issues found in the current location. Consumer reference groups also provided feedback on the needs of patients.

2.16 The proposed works will provide:

- Additional clinical rooms
- Expanded consultation spaces
- Waiting areas designed for specific patient cohorts
- Facilities for patients including a kitchenette and parenting room
- Staff and administrative facilities
- Dedicated storage areas
- Space for co-location of further medical services.

3 PROJECT COSTS

3.1 Pursuant to the Message from Her Excellency the Governor-in-Council, the estimated cost of the work is $15 million.

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

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

4 EVIDENCE

4.1 The Committee commenced its inquiry on Tuesday, 18 March last with an inspection of the current site of the Population Screening and Cancer Prevention Directorate services and the site of the proposed works. The Committee then returned to Committee Room 1, Parliament House, whereupon the following witnesses appeared, made the Statutory Declaration and were examined by the Committee in public:-

- Remy Boyer, Project Manager, Programming and Delivery, Infrastructure Services, Department of Health;
- Jon Hughson, A/Director, Programming and Delivery, Infrastructure Services, Department of Health;
- Matthew Arnold, A/Director, Population Screening and Cancer Prevention, Department of Health;
- Lyn Gibson, State Manager BreastScreen Clinical Services, Population Screening and Cancer Prevention, Department of Health; and
- Hanz Lee, Director, Jaws 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.

Overview

4.2 Mr Hughson provided an overview of the proposed works:

> ***Mr HUGHSON*** *- … In the 2024-25 Budget, the government committed $15 million in funding to deliver a new public diagnostic breast care centre in Hobart. The new centre will include the co-location of BreastScreen Tasmania and will facilitate an increase in capacity for services to align with the growing demand for the service.*
>
> *…*
>
> ***Mr HUGHSON*** *- The clinics are physically relocating to a larger footprint so that we can co-locate services that are currently splintered. With the larger footprint, we also provide for an increase in capacity of services. It also aligns with the Hobart CBD accommodation plan currently sitting with the Department of Health.*

4.3 The proposed works will house a number of services and associated specialists:

> ***Ms GIBSON*** *… The population screening cancer prevention, the cervical screening program, the bowel screening program, breast screening and the diagnostic breast imaging.*
>
> *…*
>
> ***Ms BURNET*** *- … what type of clinicians work in this space, for the record?*

Ms GIBSON *- We have medical specialists in surgeons, breast surgeons specifically, and radiologists who specialise in breast radiology. We also have radiographers who are the allied health clinicians who perform the mammograms, and sonographers who perform breast ultrasound. These are all specialised fields of their particular disciplines.*

We also have qualified counsellors, so psychologists and social workers, who also work in the clinic, and we have nurses - breast care nurses in particular.

Importance of the public DBI service

4.4 The Committee heard evidence about the importance of the public DBI service:

Ms GIBSON - *... so the breast diagnostic imaging, mammography and ultrasound, are not provided in the public system, so either the hospital has to pay to outsource that or the cost is borne by the patient.*

Ms BURNET *- So, where do people go now for those services?*

Ms GIBSON - *Either nowhere and stay at home -*

CHAIR *- Did you say 'nowhere'?*

Ms GIBSON - *What I mean by that is - that is why this project is so important - some people, because of the cost, will choose to stay home if they have a breast symptom and eventually end up in the emergency department with - it sounds like, it is an awful term - a fungating breast, and that is what these lesions end up becoming. They progress. So, this is a really urgent need because, I think, with only the exception of one other state, to the best of my knowledge, Tasmania has not had a public diagnostic breast imaging service. So, if you have a breast cancer and your surveillance - if you have your surgery in the public hospital, your recommended surveillance is annual mammography and ultrasound for five years - they have to either pay that themselves and even if you are on a pension, you still have to pay a gap. There is no -*

CHAIR *- Nothing that fully covers the cost.*

Ms GIBSON - *No bulk billing and in some cases the hospital has paid for that imaging, but not for the full five years. So, there are lot of deficiencies, deficits, and that is why it is really important and we have that within this service that we are proposing.*

Ms BURNET *- Where do people go currently for that service?*

Ms GIBSON - *Okay, so, for the last couple of years we have been providing that surveillance service to the public patients, only the public patients who have had their surgery through the hospital and that is through those three clinics a week, or they go privately, or they don't go anywhere at all. They stay home and don't have surveillance to see if they've got a recurrence, or they don't have their symptom investigated, because of the cost.*

Increased capacity

4.5 The Committee had received evidence that the existing facilities were stretched to accommodate current demand. They sought confirmation of current numbers for breast screening services and information regarding expected growth in demand for both BreastScreen Tasmania and DBI services:

Mr HARRISS *- ... Do we have numbers or something that that will look like, as from current to the increased demand? Do we know what that demand will be?*

Ms GIBSON *- This is for extra capacity for breast screening, so the importance of screening is that early detection before they get to a symptom. Our current participation rate is 59 per cent of the eligible population, and we're looking to be able to increase that participation. That's a voluntary cohort.*

... At the moment, with our five clinics a fortnight, that capacity is about 10 per cent of the population, and we're looking at increasing that to about 50 per cent. That's on MBF data.

...

CHAIR *- ... currently there are 37,000 per annum bookings...?*

Ms GIBSON *- ... That's for screening, and it's important to note that we have a biennial screening cycle, so we have double that on our books. Yes, 37,000 people screen, but that's still only a small number. It's still only 59 per cent of the eligible population of people aged between 50 and 74.*

CHAIR *- And that includes the mobile service, as well? That 37,000?*

Ms GIBSON *- Yes. That's how many we screen each year, but in terms of the client group, if you like, it's double that - because one year, 37,000 screen, and the following year, a different 37,000 screen.*

CHAIR *- Right. You said 59 percent of the population that is eligible, if you like?*

Ms GIBSON *- Fifty-nine percent participation rates...Of the people who are eligible to screen - you're eligible to screen from age 40, but there is a particular focus on people aged 50 to 74, because they are higher-risk postmenopausal women, because of the higher risk. There's 100 per cent of people 50 to 74, but only 59 per cent of that group actually screen. So, there's another 41 per cent of people out there who are growing a possible breast cancer.*

Ms BURNET *- That's huge, isn't it?*

Ms GIBSON *- It is, so it's really important -*

CHAIR *- Is there a target like an initial target to increase from 59 per cent to, I mean a hundred's aspirational -*

Ms GIBSON *- Absolutely, 70 per cent is the aspirational target and that's a national target set by the Breast Screen program, that's a national organisation. It's funded by the Commonwealth and the state. So yes, there's an aspirational target of 70 per cent. Tasmania, I proudly say, has the highest participation rate in the country so we do have really good participation, but it's still, we say not good enough.*

4.6 The witnesses noted the DBI service was a new service, which has not historically been offered through the public health system in Tasmania. This creates an additional, and difficult to anticipate, cohort of clients:

Ms GIBSON *- In terms of the forecasted clinics - because we have to differentiate again - we're talking about something that's entirely new that hasn't been done before for the state, which is a diagnostic public clinic, in addition to extra capacity for screening the world population, and diagnosis of the people who've come through the screening program who don't have a*

symptom, but we've found something minute in there and it's going to improve their chances of survival.

4.7 The witnesses also indicated demand for DBI services was expected to grow as pathways for referral were expanded:

> ***Mr ARNOLD*** *- … we're expecting an increase in demand once the diagnostic breast imaging service becomes available for referrals from GPs. As Lyn said earlier, currently clients are coming only from the hospital after they've received surgery, so once GPs start referring into the diagnostic breast immune service, we will receive an increase in demand, plus the team will undertake more promotion to encourage GPs and women to seek a referral for diagnostic breast imaging. There will be an increased demand, because this is new in Tasmania we don't have the data to make a projection on that beyond what we know of demand for breast screen services.*

Location

4.8 The Committee inquired about the reasoning behind the choice of location:

> ***Mr WOOD*** *- … What was the main drive to choose to move to that particular site in Liverpool Street, bearing in mind, that the CBD is hectic?*
>
> ***Mr HUGHSON*** *… the Department of Health has a drive to those Liverpool St clinics to eventually populate more and more of that building as a secondary centre to the Wellington Centre that's currently opposite the RHH. That's the main drive.*

4.9 The Department's submission included a comparison of Level 6 and Level 8 of the Liverpool Street Clinics as the location for the proposed works. The Committee sought further details regarding the choice of Level 6:

> ***CHAIR*** *- … Do you want to just walk me through what that actually means?*
>
> ***Mr BOYER*** *- The table in page 7 compares the options of a relocation to level 8 and a relocation to level 6 against scope, quality and time criteria. We visited level 6. Basically, initially the location of the project was on level 8. We assessed the relocation, and specifically that part, because level 7 is currently an operating outpatient clinic. To fit out the new space, we need to drill - to core - through the concrete slab from one floor to the one underneath it to install plumbing equipment, which would have had pretty -*
>
> ***CHAIR*** *- Significant costs.*
>
> ***Mr BOYER*** *- and significant consequences on both floors, which is not the case in level 6, where we are completing the fit-out above a carpark space, which will be much, much easier to work on.*
>
> ***CHAIR*** *- That was really the comparison table, and the relocation to level 6 came out cost effective and didn't need as much work.*
>
> ***Mr BOYER*** *- Correct. Time effective, and quality as well.*

4.10 The Committee also sought to understand the timeframe for which the Clinic was likely to be housed in the Liverpool Street Clinics building. Following the hearing, the Department advised that:

> *The lease for Level 6 is a 12-year lease, with an option to extend for an additional 10 years.*

The lease commenced on 1 January 2025.[3]

Choice of services to be co-located

4.11 The Department's submission described the Clinic as acting as "intended to be a "one-stop shop" providing a multi-disciplinary team approach to breast cancer diagnosis", with the selection of interrelated services to be co-located contributing to better patient care.[4]

4.12 The Committee further heard that, despite the current limitations in space, BreastScreen and diagnostic services were a natural fit for co-location due to the overlap in the human and medical resources required:

> ***Ms GIBSON*** *- ...as I said earlier today, that was part of the rationale for acquiring the BreastScreen services, to extend to provide the diagnostic breast imaging, because we have the staffing, we have the technology. It's very specific.*

Future services

4.13 Part of the proposed floor plan is listed for "Future Services." The Committee inquired regarding the intentions for this area:

> ***CHAIR*** *- ... There is some additional space that won't be utilised under this proposal. Is there any discussion about what might potentially go into that future services area?*
>
> ***Mr HUGHSON*** *- We have had some discussion about other outpatient clinics and we're reviewing what sort of patient cohorts might be appropriate to co-locate with the BreastScreen clinic. We haven't quite landed what that might be.*

4.14 While the eventual use for this space has not been finalised, the witnesses outlined how potential services would contribute to the holistic nature of the Clinic:

> ***Ms GIBSON*** *- ... I know that there are a couple of services that are keen to join that space, and that is the genetics counselling service, which is an allied service to what we provide. We have a lot of interaction with that service and also the surgical outpatients clinic from the Royal.*
>
> *So, people who are consulting with their surgeons pre and post-surgery are also looking at what they can do because, ultimately, there is this vision, I suppose, in terms of a centre for excellence for a breast care centre - thinking about all of the other sort of allied services that would be like a one stop shop. So, I think that is being hoped for, but it is probably outside the scope of this project. But just to answer the question, those are certainly some discussions that are happening outside and I am not sure how far that has gone with infrastructure, but that would be something.*
>
> ***CHAIR*** *- So, Lyn, do you see, in particular, those two allied health services fitting quite well, adjacent to what is being proposed here?*
>
> ***Ms GIBSON*** *- I do, but to be fair, I have not really - it is just a bit of - that discussion, it is not as if it is sort of like it is a blank bit of space that has been left in the corner and forgotten about.*

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[3] *Parliamentary Standing Committee on Public Works Hearing – Royal Hobart Hospital Diagnostic Breast Imaging – Questions on Notice,* Department of Health response to PWC request for additional information, 11 April 2025, p 1.

[4] *Public Diagnostic Breast Care Centre*, Submission to the Parliamentary Standing Committee on Public Works, 21 February 2025, Department of Health, p 10.

There are actually some discussions going on with other service providers who we have a relationship with, to see if they can piggyback and try to put up a case to join the services that we provide.

4.15 The Committee asked about the anticipated timeline for the use of the Future Services space:

***CHAIR** - Is that something that you anticipate those discussions will happen fairly readily or is it something that might be two or three budgets away? ...*

***Mr HUGHSON** - I couldn't provide advice on the number of budgets away that it may be, but it would certainly be subject to additional funding for more fit-out of that space.*

Consultation

4.16 The Committee heard that the proposed works had been informed by consultation with staff:

***Ms BURNET** - Given it's a large area, were there any sort of difficulties getting services or functions co-located or located closely. I am sure Hanz would have done a fantastic job, but how did it go, were there any problems with that?*

***Ms GIBSON** - I said on our site visit to the Vodafone that we started with not quite a blank canvas but a proposal and, to Hanz and Remy's credit, they were very open and at times I felt that the rigour that we were applying was probably holding the project up, but they were very open to make sure we got it right, including the consultation with the consumer reference group and a specific consumer who is on the hospital consumer group as well, so I do feel that a significant amount of consultative rigour was applied to this final design…*

Mr LEE - ... *The design they presented to you was informed by an approved functional design brief, which is where the clinicians went through extensive internal consultation with the team to see, based on the staffing models, the numbers. A very detailed room requirement was presented to us before we started the design process, overlaid by the health facility guidelines.*

4.17 Community and client groups were also involved in the process, with the needs of clients a priority under the guidelines for health facilities:

***Ms BURNET** - It's a clinical space that integrates clinical care as well as patient-influenced design as well?*

***Ms GIBSON** - Yes, definitely we did that. We have a number of community champions, I guess you could say, the Claremont Cricket and Racing Club for example, who are very invested in our service and we've consulted them. They've been consumers themselves and we've talked to them about their experience. I think I said to you, Helen, we are very strongly and tightly governed by the national accreditation standards, which has a very large focus on client focus for the acceptability and accessibility of the service and their experience. We have a number of ways of consulting with their actual experience at the time as well as this future state as well. We have been very engaging and we recognise too that people who work for us are also part of our client group, so we use every resource available to us.*

***Mr LEE** - If I may add to that, we also had a consumer reference group workshop, talked to the consumers and showed them concept design plans and the look and feel and the feedback received was very positive. One feedback that we did receive and make an amendment to is to the removal of some of the fixed seating and substitute it with a lot more comfortable chairs and cater for different needs and length of stay in the diagnostic waiting area.*

Design standards and guidelines

4.18 The Committee heard that the new facilities will be designed in accordance with specific standards for best practice in healthcare settings:

> ***CHAIR - ...*** *It's important that we confirm that the size of the rooms meet the Australian standards. I think we were looking to see that they were going to be a little bigger than the spaces that are currently being used by people, particularly in shared spaces. There was a particular standard that you spoke of, Hanz?*
>
> ***Mr LEE -*** *It is called Australasian Health Facility Guidelines... For instance, the minimum size of mammography rooms are around 20m², so that will be the minimum size. It has to be designed accordingly to put in a new floor space, to answer your questions.*

4.19 The Department's submission also noted that the proposed works adhered to Australian Standard AS1428.-1-Design for access and mobility, and to the BreastScreen Australia National Accreditation Standards.[5]

Increased floor space

4.20 The Committee was given a comparison of the existing space available for the service to that which will house it under the proposed works:

> ***Mr LEE*** *- The current 25 Argyle Street that you went to this morning, the approximate floor area is 860m² and the temporary BreastScreen clinic on Collins Street is 110m². The available floor space on level 6 is approximately 1800m².*
>
> *...*
>
> ***CHAIR*** *- Does that include the future services space?*
>
> ***Mr LEE*** *- Yes, that's the whole floor plate. The functional design brief for the project was developed by the clinician team user group, which states that the desired requirements to carry out the service came in around about 1300m². That's the functional design brief. The finalised floor plan that you have in front of you, the floor areas that will be occupied by the Population Screening and Cancer Prevention Directorate is 1350m².*

4.21 The Committee had noted limited space for staff meeting rooms at the current site, and sought confirmation that this would be addressed through the increased footprint:

> ***CHAIR*** *- ... We heard this morning that the current meeting room at the facility is only fit for about 18 people, maximum. The new proposed floor plan will have two meeting rooms and there will be one that will hold 25 to 30 people comfortably. The smaller meeting room - that doesn't have a bifold door, and you can tell us why it doesn't - is for approximately 10 to 15 people. Having that on the public record would be useful as well...*
>
> ***Mr LEE -*** *The reason for not having a bifold door was discussed during the design meeting with the clinicians. There was an option tabled or suggested by the team. I think we went through a few design workshops with them to evaluate the pros and cons of a bifold door of being hard to operate, heavy, and if we want to achieve a very optimal sound separation result, it will be very costly. The team was informed and agreed that they'd rather have two different-sized meeting rooms to cater for different needs, and supplemented by the video conferencing capability, so there's no need for a bigger meeting room.*

[5] *Ibid*, pages 11, 12.

4.22 The Committee similarly inquired about the provision of additional space for staff break areas:

> ***Mr WOOD*** *- I have a question about the existing staff rooms. Obviously, they're pretty tight on space. How much larger will the proposed new staff room be to provide a better amenity for the good people who work there?*
>
> ***...***
>
> ***Mr LEE*** *-... the new facility has a staff room of a size of around 48 m², plus there's a courtyard on the ground floor if you walk in. Yes, there's a cafe. I think that's a good value-add to this facility that we have a cafe on the ground floor that you can, you know, go and get some fresh air, if you like...I would say it's larger, yes.*

4.23 The Committee also asked whether the new site would address the storage issues encountered at the present facility:

> ***CHAIR*** *... Can we have some understanding that the current facility in the proposed floorplan will accommodate all of those wayward bins that are sitting around - even in the staffroom.*
>
> ***Mr LEE*** *- ...I can say that after design consultation with the team, that everyone feels comfortable that the amount of clean storage, waste storage, cleaner rooms and utilities will be sufficient to meet the demands of waste storage and handling.*

Noise management

4.24 The Committee was aware of the importance of acoustic separation for staff and patients, and was interested to understand how suitable sound control between rooms would be achieved:

> ***CHAIR*** *- The other area that I think would be worth putting on the record is around the sound control. The really important acoustic separation aspect, because, as I've already said, people are working fairly closely even though there are some walls up because currently you can hear what's happening in another room side by side and if you're on a teleconference or even making some of those important phone calls to clients, there needs to be some sort of sound separation. Can you talk us through that?*
>
> ***Mr LEE*** *- Sure, concern around acoustic separation was definitely raised by the user group and my first comment to them is, do not use your current facility as a given because it's not a purpose-built facility. The new facility will follow the Australasian Health Facility Guidelines acoustic recommendation. It has three tiers - high, medium and low - using that as a starting point, overlayed by some of the concerns received by the user group and then we went away and did a design development based on that feedback.*
>
> *We also have acoustic engineers helping us to develop that appropriate system to mitigate that risk. At the completion of the project, the acoustic engineer will undertake a site inspection to verify the installation was carried out accurately and appropriately.*

Design

4.25 The Committee heard that the design process has been able to build on experience from the Rosny BreastScreen Clinic:

> ***CHAIR*** *- ... Architectural statement. Do you want to tell us what that is, that's just your vision for the project. Is that right, Hanz?*

***Mr LEE** - Yes, it's our design statement for the project and where it started and how we come to the final design look and feel. It actually started with talking with the staff and asking how they would like to see the centre. We did a breast screening project, we just started Rosny last year… Everyone was so pleased about the look and feel of their clinic, and we sort of extend that concept into here, hence the flower and petals.*

4.26 Focus has been given in the design to supporting the different patient groups who will be accessing the clinic, as outlined in the Department's submission:

> *To enhance patient experience and streamline operations, the facility incorporates dedicated waiting areas for these two patient groups* [Screening Clients and Diagnostic Clients]*. This separation not only ensures a more comfortable and tailored environment for each cohort but also addresses the specific emotional and practical needs associated with their visits.*
>
> *The strategic separation of these zones reduces bottlenecks and confusion within the clinic, ensuring that patient flow is intuitive and uninterrupted.*
>
> *This layout minimizes unnecessary interactions between cohorts, fostering a sense of privacy and dignity for all patients…*
>
> ***4.2.2.1 Screening Clients***
> *Patients attending routine screenings typically require minimal time at the facility and experience lower emotional stress. The waiting zone for this group is designed to be bright, open, and calming, with features that promote ease and efficiency. Quick access to screening rooms and a streamlined flow minimises their waiting time and provides a smooth, positive experience.*
>
> ***4.2.2.2 Diagnostic Clients***
> *Patients undergoing diagnostic procedures often face heightened anxiety and require more time in the facility due to the nature of their visit. The diagnostic waiting area is thoughtfully designed to provide a quieter, more private environment with access to supportive resources. Comfortable seating, subdued lighting, and access to information or counselling services are integrated to address their emotional and psychological needs.* [6]

Support for clients to attend the Clinic

4.27 The Committee heard evidence about the guidance and support that will be provided to clients prior to attending their appointments:

> ***Mr WOOD** - … what's being done to make it easy for people to find their way …?*
>
> ***… Ms GIBSON** - You can talk about the design, if you like, in terms of the wayfinding and then I can talk about how we assist people who are having to travel to Hobart.*
>
> ***Mr LEE** - Yes. In terms of the design, there will be signage on the main entrance, which is at Liverpool Street. Subject to landlord approval, additional signage could be provided.*
>
> ***CHAIR** - What about council approval?…*
>
> ***Mr LEE** - Within the building, probably not. Above the footpath or the awning sign, yes, they will need council approval. My understanding is the business unit will put out a very simple instruction to find a way and then relying on, and then some queue and additional signage to find a way to the clinic.*
>
> ***Ms GIBSON** - Yes, and we're about to go through an accreditation in June, where we have national surveyors attend, and part of the acceptability, if you like, of the service and*

[6] *Ibid*, p 11.

accessibility is all about signage so that when you're driving by you can see, 'Oh, there it is'. They have that pop-up clinic at the moment, where we put a sign coming out of the - is it called the awning, soffit, or the verandah? Yes, signage is huge for us. My hope is that we can have some partnerships with the various businesses that are part of that walkway as well, just like where we are currently, we engage the support of the gynaecological service on one side and the Hobart Heart Centre on the other, where they agreed to have signage on their windows that face the street. I am hoping to have some partnerships there, and welcoming, if you like.

The other way that we support people attending those investigation clinics is that they have that phone call with the counsellor to book them in, we send them a lot of information, including a map, which is a modified map, a simplified map, with signage. We talk to them about where food's available, parking, et cetera, as well as our phone number, so they can call us even while they are driving around thinking 'Where am I?' in the one-way streets.

Transition to the new facility

4.28 The Committee asked how the relocation to the new site will be handled and disruption to clients minimised:

***CHAIR** - … To move the current medical equipment from one facility to another, will that be over a January period… as the transition? Given the 37,000 clients per year, large numbers of people coming through the door needing those services.*

***Mr ARNOLD** - We have a separate project that will focus on the transition, the decanting from one site to the next. That's being worked out in a lot of detail to minimise client disruption.*

…

***Ms GIBSON** - We have the bus, we have the Rosny site, we have the screening site in Collins Street here. We have a number of services that we can continue with.*

***CHAIR** - … It won't be a complete shutdown?*

***Ms GIBSON** - No. It will be a staged approach. The biggest thing will be offices and people. The machinery. There's not that much to move, actually.*

…

***Mr HARRISS** - The medical equipment from Collins Street will come across as well eventually, though?*

***Ms GIBSON** - Yes.*

***CHAIR** - When you've got that one fully operational, then that one will possibly shut down. But Rosny's not going anywhere?*

***Ms GIBSON** - Rosny's not going anywhere, no. But we've got capacity there, you see, so we can continue screening, and we can manage the way people attend for the diagnostic side of things. We will have contingencies, yes.*

***Mr LEE** - We'll maintain communication with the team once we have a contractor on board and work through the decanting and relocation strategies in detail*

Division of the project into two packages

4.29 The Committee noted that the proposed works were being presented in two packages and sought to understand the reasoning behind this:

Mr HARRISS *- … why was it decided to split the works package?*

Mr BOYER - *It came from a requirement from the landlord and guarantee and liability issues. The landlord notified us that they wouldn't accept to hold any guarantees on liability on services they haven't modified themselves on the base building. Nominally, mechanical services, dry fire, wet fire and coring of the concrete slab - for them to accept a guarantee, they wanted to do the works themselves. Hence the split of the packages.*

In other terms, if the Department of Health was to complete the works under the fit-out package, the Department will have to wear the guarantee of, for example, mechanical services that are connected to the base building mechanical services. That creates major guarantees issues because where is the limit and what service completed for level 6 impacts the overall base building service?
…

Mr LEE - *If I may add to that, why the landlord is in a better place to do the work, is just the nature of this project. It has a higher demand in terms of mechanical services, so each mammography room is required to maintain a very specific temperature. The current mechanical system on the floor wasn't designed to cater for that, so any additional load created will need to go back to the central energy plan, which is not part of our liability. I think it's just the base building being able to look after their central energy plan and ensure the ongoing maintenance of the units. It has a value for money aspect to it as well.*

4.30 The Committee asked how the tendering process would work for this first package:

Mr HARRISS *- Is the landlord tendering out that works package 1, the demolition?*

Mr BOYER - *Currently, commercial services and Crown law are working on an agreement between the landlord and the Crown so the landlord can complete those services and claim a reimbursement and invoice that back to the Crown.*

Mr HARRISS *- Right, so the landlord can do their own demolition and coring work and then charge it back to the Department?*

Mr BOYER - *Correct.*

4.31 The Committee was provided with evidence regarding how any risks associated with this process will be handled:

CHAIR *- Do you see that as a risk? There's no risk attached to this? It's almost that we're at the mercy of the landlord.*

Mr BOYER *- Again, the mercy of the landlord, that's a risk that is currently managed, the Crown lawyers are currently working on to mitigate that risk and make sure the agreement is fair for both parties. The fit-out tender itself carries, if anything, probably a lower level of risk because the fit-out contractor will not interfere with the base building. There will be potentially some complexities in the management of the interface between the two works packages, which has been flagged in the tender and which we consider carefully between the landlord, the contractor and ourselves.*

…

Mr LEE *- If I may add to that process, the quantity surveyor will get involved and validate the costs are fair and reasonable.*

Mr BOYER *- The details of the agreement will include a cost review and acceptance by both parties using an independent quantity surveyor, mostly.*

Timeline

4.32 The Committee was aware the tender for the project has been issued and inquired about its current status:

> ***CHAIR*** *... where are we in the process and when's it likely to close…?*
>
> ***Mr BOYER*** *- The tender has been issued on 8 February and will close on 9 April. In terms of documents issued, a first preliminary set has been issued on the 8th and the full tender set of documents, 100 per cent design documents, was issued on 24 February. Because we are under this Committee's scrutiny, it has been made clear to the tenderers that the tender was conducted pending approval of the Committee.*

4.33 The Committee sought confirmation of the anticipated timeline for the project as it continues:

> ***CHAIR*** *- … You don't see any issue with meeting the projected timelines, given that the development agreement is still in draft?*
>
> ***Mr BOYER*** *- At this point in time, we're on track.*
>
> ***…***
>
> ***Mr HARRISS*** *- Do we know… when will the first works package need to be finalised to stick to completion end of 2025?*
>
> ***Mr BOYER*** *- The objective is to have the first works package to be completed in early June, so that the fit-out contractor can get in and start their part of the work. There is a bit of program contingency, for one, the time it will take. The start of works is the start of works under contract, which includes ordering of materials and site possession, which gives us a bit of leeway before the fit-out contractor will actually put the tools on the floor or start drilling on the floor.*
>
> *The other level of contingency in that program is that we have a possibility to stage the handover from the first works package to the second works package, which allows us a delayed start and gives a bit more contingency, in terms of planning.*

Budget

4.34 The Committee confirmed that the presented budget had been determined to be appropriate:

> ***CHAIR*** *- The quantity surveyor says that this project can be delivered for $15 million?*
>
> ***Mr BOYER*** *- Correct.*

4.35 The witnesses explained how the allocation for contingency is responsive to the current Tasmanian construction context:

> ***Mr HARRISS*** *- That's nearly 23 per cent, isn't it, of the base project cost? That seems pretty high. Is that to get to the 15?*
>
> ***Mr HUGHSON*** *- In this instance, it is a healthy contingency, but the market in Tasmania over the last couple of years has been quite hot in the construction industry, and we've experienced some tenders coming back well over the quantity surveyor estimate. We've also experienced some tenders coming back in within or slightly under the quantity surveyor's estimates. It is a*

healthy contingency, but nevertheless we still think that the quantity surveyor's estimate, being only less than six months old, is a fairly good estimate of what it should cost.

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

4.36 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? ...*
>
> ***Ms GIBSON -*** *Yes.*
>
> ***CHAIR*** *- Are the proposed works the best solution to meet identified needs or solve a recognised problem within the allocated budget?*
>
> ***Mr BOYER -*** *Yes.*
>
> ***CHAIR*** *- Are the proposed works fit for purpose?*
>
> ***Mr HUGHSON -*** *Yes, they are.*
>
> ***CHAIR*** *- Do the proposed works provide value for money?*
>
> ***Mr LEE -*** *Yes, they do.*
>
> ***CHAIR*** *- Are the proposed works a good use of public funds?*
>
> ***Mr HUGHSON -*** *Yes.*
>
> ***CHAIR*** *- You can all answer yes to that one.*
>
> ***WITNESSES -*** *Yes.*

5 DOCUMENTS TAKEN INTO EVIDENCE

5.1 The following documents were taken into evidence and considered by the Committee:

- *Public Diagnostic Breast Care Centre*, submission to the Parliamentary Standing Committee on Public Works, Department of Health, 21 February 2025
- *Parliamentary Standing Committee on Public Works Hearing – Royal Hobart Hospital Diagnostic Breast Imaging – Questions on Notice,* Department of Health response to PWC request for additional information, 11 April 2025.

6 CONCLUSION AND RECOMMENDATION

6.1 The Committee is satisfied that the need for the proposed works has been established. Once completed, the proposed works will replace the current oversubscribed space with a new, fit-for-purpose facility specifically designed for the services to be housed there and their clients.

6.2 The proposed works will enable the expansion of Diagnostic Breast Imaging and BreastScreen services, as well as facilitate the work of other screening and diagnostic services through the provision of an expanded footprint.

6.3 As well as increased space for the provision of services, new patient and clinical spaces will be designed to meet standards of best practice, creating an improved work environment for staff and a more supportive and tailored experience for patients.

6.4 Increased capacity for screening, diagnostic and supportive services will support improved health outcomes for Tasmanians through opportunities for early detection and ongoing engagement following detection.

6.5 Accordingly, the Committee recommends the Royal Hobart Hospital- Diagnostic Breast Imaging, at an estimated cost of $15 million, in accordance with the documentation submitted.

Parliament House
Hobart
13 May 2025

Hon Tania Rattray MLC
Chair