PUBLIC

THE PARLIAMENTARY STANDING COMMITTEE ON PUBLIC WORKS MET IN COMMITTEE ROOM 1, PARLIAMENT HOUSE, HOBART ON THURSDAY 1 SEPTEMBER 2022

GLENORCHY AMBULANCE STATION

Mr JON HUGHSON, REGIONAL MANAGER, FACILITIES MANAGEMENT AND ENGINEERING SERVICES (SOUTH), DEPARTMENT OF HEALTH, **Mr ADAM GARRIGAN**, PROJECT MANAGER, INFRASTRUCTURE SERVICES - PROGRAMMING AND DELIVERY, DEPARTMENT OF HEALTH, **Mr DAVID HORSEMAN**, DIRECTOR - OPERATIONS, AMBULANCE TASMANIA, **Mr BRENDAN SMITH**, MANAGER - TECHNICAL SERVICES, AMBULANCE TASMANIA, **Mr JAMES MORRISON**, DIRECTOR, MORRISON AND BREYTENBACH ARCHITECTS AND **Mr DAVID JOHNSTON**, ASSOCIATE, MORRISON AND BREYTENBACH ARCHITECTS WERE CALLED, MADE THE STATUTORY DECLARATION AND WERE EXAMINED.

CHAIR (Mr Valentine) - Thank you, gentleman. I have some information to read to you in relation to hearings such as this. It is important information. We are very pleased to receive your evidence today. As I said before, it is important for us to not only get the onsite view but also examine the report that is before us.

Just before you give that evidence, you just need to be aware of committee proceedings. A committee hearing is a proceeding in parliament. This means it receives the protection of parliamentary privilege. It is an important legal protection that allows individuals giving evidence to a parliamentary committee to speak with complete freedom and without the fear of being sued or questioned in any court or place out of parliament. It applies to ensure that parliament receives the very best information when conducting its inquiries.

It is important to be aware that this protection is not accorded to you if statements that may be defamatory are repeated or referred to by you outside the confines of the parliamentary proceedings.

It is a public hearing. Members of the public and journalists may be present and this means your evidence may be reported. Do you understand? I need a clear 'yes' from each of you.

WITNESSES AGREED.

CHAIR - Thank you. I welcome members of the public who may be watching today's hearing online as well. Would you like to make an opening statement?

Mr JOHNSTON - I want to give an overview of the approach for our design for the station, which has been to use the key principles outlined in the report that's been provided to you, and respond to them in various ways throughout the design process to achieve the goals that have been set out in the client brief.

The building's clear functional layout has been arranged to minimise travel distances through the building to reduce paramedic response times and enable compartmentalisation of various areas for future flexibility and control. An important aspect of this, particularly in response to the recent COVID-19 pandemic, is its strong focus on infection control by developing separate vehicle and paramedic wash down areas, allowing controlled entry to the station for paramedics.

The paramedics' workplace satisfaction is another strong design consideration. We have employed measures for improvement of this, such as large areas of glazing that capture distant views, natural daylight and sun into living areas. The use of materials and a design aesthetic to create a more domestic feel in the internal spaces is important to help the paramedics with unwinding in a calmer environment.

The building form is broken up elements that respond to their function, with primary sculptural forms of the garage and training areas taking prominence, and supported by secondary forms for the other parts of the building, which reduce the scale at ground level. Express structural systems are developed throughout the building to ground the building into the site, create civic presence and sense of permanence, which is important for the local community.

The strategy of generally trying to select natural and unfinished materials to reduce ongoing maintenance will help to allow the building age well for a long-lasting facility into the future.

CHAIR - Thank you. Jon, you wished to make a statement as well?

Mr HUGHSON - Thank you, Mr Chair, if I can also add, funding was originally committed for the new Glenorchy Ambulance Station in the 2018-19 state budget, with additional funds announced in the 2021-22 Budget that set out for expenditure in 2023-24. The Glenorchy station will have a specific focus on state-of-the-art training facilities, including contemporary administration operations and staff amenities, with better garaging of vehicles and parking spaces.

The Department of Health is preparing to go to market for construction toward the end of this year, 2022, with practical completion anticipated by mid-2024. Thank you.

CHAIR - Thank you. No other statements?

Mr HUGHSON - No, thank you.

CHAIR - Thank you very much for that overview. Usually we work our way through each page of the report so that we don't miss anything, so we'll move across to document 'Purpose, objectives, and site selection'.

One thing that I would like to cover right from the word go is that I worked with Health for a number of years. I was quite aware of the emergency services side of things. There was a bit of a culture as to wanting to keep things a bit separate - I won't say protect fiefdoms, but I think it's important to understand whether this is an attempt to separate yourselves from TFS or whether we're seeing a genuine standalone ambulance service site for good reason. I would like that to be addressed.

Mr HORSEMAN - From an Ambulance Tasmania perspective, I think we do come under Health, not DPFEM, so there is that separation between the two organisations from the outset. You saw the space today that we are afforded within that facility, which we believe is vastly under resourced.

To create our own space for training would be in line with our cultural action plan to allow our people more room to rest, recline as required, prepare meals and to do their training and education. It is not a split from the TFS just for the sake of splitting the organisations. We certainly have a good relationship with the TFS and will continue to do so. We share other locations with them throughout the state, and we would look to do those in the future and look for our own location with those as well. It's nothing to do with just separating from the TFS.

CHAIR - It's a tough question but it's one I really wanted to ask. It's important, when you're talking about economies of scale and those sorts of things, that money is being spent wisely. I thank you for that explanation.

Ms BUTLER - My two questions are generalised but they're quite important to have on the record. It might be best to come from Jon or Adam - how would this expansion at this site increase the capacity of Ambulance Tasmania and the presence in the northern suburbs of Hobart?

Mr GARRIGAN - The Glenorchy and Burnie projects were put forward some time ago, as well as six rural stations. Then COVID-19 came upon us, and Ambulance Tasmania thought they needed to look at their stations and their structure and how everything is put together, especially in relation to infection control. A KP Health Report was commissioned and that report identified a standard size of a station was required for growth through to 2035 in Burnie and one for Glenorchy.

At the moment, the station is built to handle those future inflows based on the KP Health Report, and also to meet the infection control measures that we're looking to implement - based on COVID-19 and things like that that have eventuated.

Ms BUTLER - There'll be an increase in the fleet as well, under this project?

Mr HORSEMAN - At the moment, we have three vehicles appointed to Glenorchy. There is capacity for 18 vehicles in total with the proposed site. It just increases our capacity to be able to put some support fleet there. We have our non-emergency fleet that is overflowing in Hobart as well, so it gives us a bit more capacity to be able to move our fleet around and have a supervisor out at the location as well.

Mr GARRIGAN - As you've seen, Glenorchy ambulances are parking outside which makes it hard for them to plug in, to be charging. Those ambulances now will all come inside and under cover and the ambulances will be plugged in and basically ready to go.

Ms BUTLER - The other question I had that might be best for either Brendan or David -

CHAIR - They are allowed to choose who answers. You can't direct who answers.

Ms BUTLER - Okay, sorry. I noted that the current station that you're utilising, I think, was opened in 1989. What are the operational differences that are required for a station to be fit for use in 2022, or when this is - hopefully - finished by the end of 2023? What are the differences between then and now, for the record?

Mr SMITH - Sorry, do you mean the current station at Glenorchy?

Ms BUTLER - Yes.

Mr SMITH - As you saw, it's of the size it is and when that facility was originally designed Tasmania Fire Service had the capacity they needed. The capacity that the Ambulance Tasmania needed was one ambulance based there, and that was really all that was required. As David mentioned, that's now up to three on some shifts. There's just not the capacity in that building to accommodate the number of ambulances we need to put there to optimise that coverage.

The other consideration, if I may suggest, is that our station in Hobart was built of the scale that it is in 1985 and that's also exceeding capacity now. This facility will give us the opportunity to spread our resources between the two and take some pressure off the Hobart station, where there's no capacity for expansion.

Ms BUTLER - A supplementary to that from an operational point of view, are the expectations in practise heightened now? As opposed to back then when that was designed, in so far as being able to make sure certain areas may be sterile compared to other areas or different expectations around cleanliness. How would this new site better suit the needs?

Mr SMITH - The COVID-19 lessons have greatly influenced the design of this facility and our Burnie facility, as Adam touched on. The need to have a logical, sensible flow when a contaminated ambulance and crew return to the station to decontaminate their clothing, themselves and the vehicle has become quite clear. A fair bit of effort has gone into changing the design of this as it stood pre-COVID-19 to allow that to happen.

That's another reason why the shared station with Tasmanian Fire Service just isn't suitable. As you saw this morning, if you imagine an ambulance that's just been to a COVID-19-positive patient driving in, then the fire fighters are potentially exposed. There's nowhere close to the vehicle for the crew to change and shower and they have to conduct their cleaning close to other ambulances and fire appliances.

CHAIR - A very good question and good point. When we were on the site, we talked about proximity of other ambulance stations and the logistics of backing up and those sorts of things. The proposed site for this particular project doesn't present any less of an opportunity for those sorts of things to happen? Or maybe it improves it, because you have more ambulances on site in terms of the logistics of providing ambulance services to that route and to the area?

Mr SMITH - Do you mean the location at Glenorchy?

CHAIR - Yes, this new location, not the old one.

Mr SMITH - That corner of Glenorchy has been an ideal site for an ambulance station for some years now, and that was the reason that we originally established there in the late 1990s. It is roughly halfway between Hobart and Bridgewater, our nearest stations on either side. Importantly, it has very good access to north and south on the Brooker Highway; west back into Glenorchy/ Moonah; and then out towards Rosetta. There is also with good access to the Bowen Bridge to service the central part of the Eastern Shore, and turn left and go towards Bridgewater or back down towards the southern part of the Eastern Shore.

CHAIR - There was a mention made of the capacity of this station. It's obviously a lot higher than where you presently are, and there was mention made of being able to garage extra vehicles. Can you explain that a bit, as to what happens there and why that is necessary?

Mr SMITH - Certainly. I will backtrack for a moment, but Adam mentioned the KP Health Report that looks at the future requirements of ambulance coverage in the area, and that was one of the recommendations for the scale of this project. We've been talking a lot about our emergency ambulance coverage, but we also have our non-emergency patient transport vehicles that need housing. At the moment, they predominantly live in the Hobart station. As we've mentioned, that is over capacity and there is certainly a lot of scope there to house our non-emergency patient transport vehicles.

At the moment, we have ambulances and non-emergency patient transport vehicles parked outside, which - as Adam mentioned - is not ideal. They need to be connected to 240 volts to be charging when they are parked and in a lot of cases we can't achieve that. This development would give us the opportunity to get everything under cover, secure and in a good location.

CHAIR - And provide extra capacity for ambulances that can't be housed centrally. Is that right?

Mr SMITH - Yes.

Mr JOHNSTON - Can I just add to that quickly? Our understanding, Brendan, is that for every ambulance that you see on the road there is another spare vehicle for the night shift or the alternate shift as well as then, in an ideal situation, another spare vehicle for maintenance and transition.

For every ambulance you are talking about up to three vehicles. If you want to house an ambulance service, you are talking about three vehicles. If you have two services operating there are up to five or six vehicles. It's not just the vehicle you see on the road. There are multiple vehicles per service.

CHAIR - Thank you for that.

Mr HORSEMAN - To add to that, we also have specialist vehicles, such as four-wheel drives and bariatric vehicles as well. These are vehicles with specific requirements.

Mr MORRISON - First response vehicles as well.

Mr HORSEMAN - We have some light fleet. They are all parked out the front of Melville Street.

CHAIR - For those who may not be aware and are listening online, can you explain what a bariatric vehicle is?

Mr HORSEMAN - We use bariatric vehicles for patients who might be overweight or are of a certain weight. Our ambulances can only cater for a certain number of kilograms and then we use a specialist vehicle after that.

CHAIR - Thank you, that is very much appreciated. Regarding site selection, traffic management and traffic light control were mentioned. At the moment you have control of the traffic lights and as ambulances are exiting you can activate that and get access through the traffic lights. Is that similar at this location?

Mr JOHNSTON - We have conducted a traffic assessment for the proposal and we worked with Ambulance Tasmania. We've looked at their current facility, which I believe has the ability to control the lights upon exit.

It is in regards to a right-hand turn out of the site, being able to control the lights about 100 metres down the Brooker Highway so the vehicles can turn around and freely come back towards Hobart if and when required.

CHAIR - That is needed because you can't just go straight across the median strip and turn south if you put a road in there. That would be a safety issue.

Mr JOHNSTON - That's correct. It was investigated and it was not a viable option for a lot of reasons. Controlling the traffic lights within a close proximity was definitely the best option.

CHAIR - Thank you.

Mr MORRISON - The other thing you haven't mentioned is that in the other direction on the Brooker Highway there will be warning lights. Once the door of the station is activated, amber lights will be flashing up the road so oncoming traffic realises that there is -

CHAIR - On Sutherland Street?

Mr MORRISON - No, up the Brooker Highway towards Hobart. The traffic coming down will realise there is an emergency vehicle coming out.

CHAIR - So, just to clarify that further, traffic moving north on the Brooker can see there's an emergency vehicle in front of them, there is no need for early warning for them, is that what you are saying and the early warning is on the southbound lanes?

Mr MORRISON - No. If you are heading north out of Hobart and a vehicle is coming out, you will be warned that there is a vehicle coming by some amber lights flashing.

CHAIR - Oh, how far away are they from the site?

Mr JOHNSTON - I think it is between 100 metres and 200 metres.

CHAIR - Okay. For southbound vehicles, they're going to be able to see at the intersection?

Mr JOHNSTON - They will be able to see and they will be also controlled at the lights. The idea is that you'd stop the southbound traffic to allow the ambulance free passage around.

CHAIR - Excellent , thank you. Move over to Timsbury Road.

Ms BUTLER - Which department owns the Timsbury Road site?

Mr GARRIGAN - That site is in the process of compulsory acquisition. It's the Crown's at the moment. There is an evaluation being performed for a settlement with the previous owner.

Ms BUTLER - And how's that going? I know that would be commercial-in-confidence.

Mr GARRIGAN - It is well advanced with Crown lands. I'm not privy to the number yet, that report hasn't come through. There was a previous site on it, different station, it took over three months to get the report, so the report hasn't come in yet.

Ms BUTLER - It doesn't look like it's going to be a problem?

Mr GARRIGAN - It won't be a problem.

Ms BUTLER - Good, thank you.

CHAIR - On 1.2.2 in the report, it says:

> Initially a new station located on the empty plot of land adjacent to the existing station was investigated in considerable detail. However, this site was determined not to be feasible due to influences that were out of the control of the Department of Health.

Can somebody expand on what were those 'influences'?

Mr GARRIGAN - There is a lease on that property. RAS currently has a lease with the Tasmanian Government on that plot of land. Through lengthy negotiations it was deemed to be not an appropriate site to terminate the lease and make them relocate somewhere for the overflow parking for the show and everything else that happens. The TRC also uses that carpark as an overflow area.

CHAIR - Thank you, I appreciate that being clarified. The project budget is $10.465 million. Towards the end of that statement it talks about risk:

> Some of the risk can be mitigated through the early purchases of materials as may be allowed under the conditions of the construction contract, with appropriate bank guarantees put in place by the contractor to limit escalation of the front end of the project.

Can you explain that? Are we talking about the contractor's bank guarantee? That could be with any bank, I presume?

Mr GARRIGAN - It is an approved surety that's approved by the department. We have a normal situation where we engage a contractor and they give us a bank guarantee for the value of the works. We would then put an additional surety to the value of the pre-claimed item. The pre-claimed item is an item of roofing iron they might order at the start of the project, have delivered, so they have proof of invoice, proof of delivery, that's at a better market rate that we perceive now than what would be six months down the track. We're offsetting any future escalation costs. Obviously it's hard for a contractor to price something they don't need for nine or 10 months down the track and assume that that price is going to be the same. You're probably aware of the market at the moment. It's quite hard for builders to do that.

CHAIR - Yes.

Mr GARRIGAN - What we thought of doing was have this in there. They'd give the department a surety for the value that they were going to claim. The superintendent would receive invoices of items bought. As long as it's under that surety and we have proof of evidence of delivery, we're happy. That way, the contractor then will be paid for the product before it goes up. They'll only be paid for the material content of the product and not the installed product.

CHAIR - Not the labour part?

Mr GARRIGAN - Yes.

Ms BUTLER - That will compensate for any potential escalation of pricing. In many of the projects we deal with there is a huge escalation and the contingency is huge. Would this then bring down that contingency level?

Mr GARRIGAN - It helps take a lot of the risk out for the contractors. The contractors are looking at a future price. They're predicting what the price is going to be. In the market previously they never had to do that. You were pretty rock solid of where it was going to be. The fluctuation would be one or two per cent, which they were absorbing and they had enough risk in their pricing profile for that. Now steel, electrical, copper it just goes to the roof. It can be up, it can be down. In a lot of the submissions they were asking for purchase orders by a certain date so they could get surety of product. The last thing the department wants is for their contractors to go broke. We thought, what's the best way of managing it? This seems to be the best way we have come up with at the moment.

Ms BUTLER - Is that verified by the Solicitor-General? It is sensible.

Mr GARRIGAN - We get Crown law advice on that and that is something we are probably looking at reviewing and putting into future contracts.

CHAIR - It sounds like an interesting way forward, doesn't it, compared to hit or miss.

Mr JOHNSTON -Can I just note, it is allowable in the Australian Standard contract that is used by the department. There is a mechanism already in the contract, but it is optional, so the department is choosing to use that one more.

Mr TUCKER - To follow on from that, Chair, with the delivery of the product they mentioned there, what about security of it once it is delivered?

Mr GARRIGAN - It is in a laydown site, using their own yard, so the contractors are still liable for the product. If that product gets damaged or if the contractor has to go into liquidation, we have a surety to cover that product and that cost that we have already put out. So, the materials are still the responsibility for the contractor to manage and maintain until it is installed and signed off, but we have a surety of pre-payment that we are covered from our end.

CHAIR - And the surety of getting the materials from a failed contractor, if that was to happen.

Mr GARRIGAN - Yes, that's right.

On that, if that contractor went into liquidation, those products would stay with the liquidator but the surety enables us to buy other materials to complete the project. That is why the surety is there.

CHAIR - Yes, I am with you now. I had a slightly different understanding of that. Thank you for the clarification.

Onto project scope. So, looking at the top of the next page we have a statement:

> Development is required to meet the primary operational needs of the Ambulance Service, including a safe garage in vehicle storage and provision of medical supplies.

That's interesting. We saw a safe at the current station this morning.

So, are some medical supplies kept in that safe? Or is that safe for some other purpose?

Mr SMITH - The safe is for keeping scheduled S8 medications. That is all we keep in the safe. Other medications are kept under lock and key. What you saw this morning was not our preferred standard. We have had to make compromises in some of our stations due to the limitations of the infrastructure. It is preferable to have the safe in a room that only contains the safe.

CHAIR - And lockable, of course.

Mr SMITH - The safe has electronic access control. Ideally, the door to the room will have electronic access control as well and CCTV in the room that can see all accesses of the safe. Part of the design is to have a room that will just contain medication safes for S8 medications.

CHAIR - Presumably the size of the safe might change for the new site?

Mr SMITH - More likely, we would install an additional safe. At the Hobart station at the moment, there are three safes set side by side, spreading the risk. Larger safes become exponentially more expensive.

CHAIR - I can understand that. What is the fire rating on those?

Mr SMITH - I can take that on notice.

CHAIR - A couple of hours, maybe?

It also talks about facilities to wash and decontaminate vehicles and paramedics. Clearly, what we saw this morning was not all that flash, it would be fair to say. Can you explain what decontamination facilities you are expecting on this new site?

Mr JOHNSTON - What we have done with Ambulance Tasmania is worked through their requirements, and how to keep the wash down and cleaning areas completely separate from the main internal station. As you will see on the plans, it has its own access for vehicles from outside.

Once they're in that zone, there's a full wash-down facility for paramedics. We have storage for items such as scrubbed-up clothing so that the paramedics can get rid of their uniforms and put on something else to get to the locker rooms.

In a full emergency situation, there's complete separation. The paramedics don't necessarily even have to return to their vehicles. If there's cleaning staff there, they'll be able to get the vehicle, move it to clean it and move it back without any cross-contamination. We're not just looking at reducing the first point of contamination but recontamination. So, once the paramedics are out of the vehicle, the vehicle can be cleaned before they have to meet with that vehicle again.

CHAIR - That's an interesting point. What happens overnight? When you have nightshifts on, do you have cleaning staff available to decontaminate?

Mr JOHNSTON - We have spoken through that as well. That was part of the working through it. Yes, ideally you would. In emergency high priority situations that might be brought in specifically. Alternatively, with the additional vehicles, it might be possible that the vehicle is left in the wash bay and the paramedics get another vehicle for use in the interim and then in the morning it gets cleaned out and put back.

It's really for those dire situations but we have accounted for them.

CHAIR - You're not cutting corners. There're enough vehicles to be able to see that occur.

Mr MORRISON - Also the decontamination zone is fully self-contained so even the cleaning staff have their own offices. We supply areas within that space. It's a fully self-contained space. It's probably not going to be used 90 per cent of the time but when there's a pandemic, then you'd probably use those facilities.

CHAIR - I suppose on some of those special occasions where you're attending a location where there's hazardous materials?

Mr MORRISON -Yes.

CHAIR - Similar to the Sorell site we looked at and Burnie.

Ms BUTLER - That was the combined one. That was a huge site.

CHAIR - Yes, it was. It's a similar sort of facility, I guess. It's similar to Burnie. Thank you for that.

Ms BUTLER - In 1.5, it mentions 'landscaped external areas'. Can you run through what that means for landscaping around the site?

Mr MORRISON - If you look at the picture which a photograph from an adjacent site, they are all natives. It's the same consultant who will be doing the landscaping on the new site. Care has been taken to create a nice, pleasant environment. The emphasis is on natives which are low maintenance and obviously have an innate presence of blending with our environment.

CHAIR - It doesn't have to be mowed.

Mr JOHNSTON - It's also part of the paramedic world being from the very entrance of the site. The road ways - we want to have landscaping and soft edges where the paths are. We want to create a facility that's not barren, hard-scaped, that has some softness to it - some green and some natural aspects that will help calm them. It feels better.

Mr MORRISON - I think that's one aspect which we haven't spoken about before. Your initial question wasn't responded to was that the paramedics' rooms is another big issue. They're important, as you would know. They can potentially spend a lot of time in the stations.

As you can see from today, the sort of places where they're hanging out are pretty grim. We were looking at small, cramped spaces. A lot of attention has been paid to make inviting spaces with views, natural light and a pleasant environment.

Part of our initial brief was because it's an issue attracting the paramedics into the profession, one way of helping is by providing a nice environment for them to work in.

Ms BUTLER - Seeing some of the things that paramedics do on a daily basis. I note further on - and I may as well ask the question now about the recreation areas it has alluded to - what would that look like in the new site?

Mr MORRISON - The recreation area or the rest areas are prime so they are given a really good spot. They are north facing, have a view, get lots of nice sunlight, have indoor and outdoor environments, and are in a secure space because at two o'clock in the morning, paramedics need to feel secure.

There's a variety of facilities provided: a communal kitchen area; a communal lounge area; quiet areas within the lounge; study areas; and also rest and recline areas so they can go for a rest. It all has a sort of domestic, comfortable feel to it.

Mr JOHNSTON - We've tried to develop it in a way that offers the most flexibility. The TV room has the recliners, like we saw at the current station today; and there are also individual rooms so people can have a longer sleep or a private sleep if they want to.

There are spaces where people can have lunch or sit. There are multiple spaces for the paramedics, so that when they are onsite they have those options for what they doing there and how they engage with the building.

Mr MORRISON - Another aspect of the project brief is that all the spaces are connected. They don't want all the paramedics to squirrel off into different quarters and not talk to each other. They are private spaces, but also there is a desire to have a little bit of communality about it as well. There is a bit of a balance.

CHAIR - To clarify, when we were onsite we were talking about overnight stays - as in sleeping accommodation or reclining - and we talked about the need for firies to have the sleeping. Isn't that required for the ambulance service, that they sleep onsite?

Mr MORRISON - Yes, they have the possibility to sleep onsite. If you look at the plan, they are slightly away from the communal areas, they are nearer down here, where the orange is; and the reason they are orange is that those are fire walls. Remember I spoke to you about how the building regulations require if you are asleep, you must have at least a 90-minute fire barrier between you and the outside world, especially in this situation.

Mr JOHNSTON - Those nominated quiet rooms may contain a reclining chair or a bed. There will be options for those. The area nominated as living - the TV/lounge space - would have recliners. Different paramedics like to use those spaces in different ways; some like to go and have their own space, some like to just sit in the chair in the lounge room. It varies.

CHAIR - And, no doubt, somewhat bigger than what we saw at the current one?

Mr MORRISON - Yes, more generous.

CHAIR - They seemed to be quite hemmed in there.

Mr SMITH - A growing consideration is the ability for paramedics to stay on at the station after the completion of their shift to sleep before they travel home. There is an increasing view that's something we need. It is not just resting during shifts - it's being able to rest following a shift, before driving home.

CHAIR - I suppose some of the things they see can be quite traumatic and they need some time to sit and probably even debrief with their colleagues. Is that correct?

Mr SMITH - They do.

CHAIR - Thank you for those explanations. Moving over the page, still part of the design approach - regarding the external views from the facility, you talked about light and the like. Where those rest and recreations spaces are, are they getting natural light and view as well?

Mr MORRISON - Yes.

CHAIR - Which direction are we talking about there? That's back, north-west is it?

Mr MORRISON - Yes, it's north-west.

CHAIR - Any further questions on that page? Moving over to 'Project Definition', you talk about 'the project will provide a contemporary and best practice ambulance station facility for the Department of Health and Ambulance Services Tasmania that incorporates effective lifecycle costing'. Could you just expand a little bit on that?

Mr MORRISON - That is about the materials you choose in the construction

CHAIR - How many years are we expecting this building to last? What is it being built to last?

Mr MORRISON - It's built to high standard, it's not a tin shed. It's a big span, a very generous space, and that is for vehicle servicing and things like that. Again, the existing station doesn't allow for bringing the stretcher out of the back of the vehicle and allowing space for it to be washed or whatever it may be. It's a concrete structure with infill walls, but it's high quality materials - concrete structure; timber framing in between; and combinations of blockwork and high-quality cement sheeting and glazing in between.

Mr JOHNSTON - What we are trying to do is minimise serviceable things - you know, paint finishes or applied finishes that need re-applying and painting or start to look pretty dreary after 10 to 20 years. We are aiming to have a station that can last for as long as is required.

Mr MORRISON - The date mentioned the KP Health Report is 2035, but we would expect it to last a lot longer than that.

CHAIR - Did you say out to 2035?

Mr MORRISON - In the KP Health Report, that was the time line that was worked to in terms of the amount of capacity, but in terms of the building longevity, it will last a long way beyond that.

Ms BUTLER - Under 'Primary Objectives' where it states 'incorporates universal accessibility', could you give us a few examples of how the design incorporates universal accessibility?

Mr JOHNSTON - Essentially, there are two components to the station. There is an area for training and administration-type functions, which is fully compliant with AS1428.1, which is the national disability standard. The main operations area of the station has received an exemption from full compliance with that but spatially, it would still be completely accessible, it just means that for those areas we do not have to provide the accessible facilities because it's only ever going to occupied by paramedics, and generally they will need to be able-bodied to do their job. However, it would be fully accessible by someone requiring to access the building, and we have a disability accessible toilet facility in the area that has potential to be publicly accessible.

Ms BUTLER - That dot point also talks about reducing the opportunity for vandalism. Could you run through how design is assisting with reducing those opportunities and also creating a safe environment for the paramedics and people working inside?

Mr JOHNSTON - A big one is passive surveillance. Again, with the large glazed openings, people will be visible inside; the station will be lit; there will be stations coming and going with people visible. That will often be a big deterrent to people, rather than an empty looking station sitting there. In addition to that, we've used very hardy materials to try and minimise the ability to break in. We have created a secure boundary around the station. The station is forming that external boundary, but there are secure areas within that to provide safe access to the building for the paramedics.

Ms BUTLER - Could you run us through the air reticulation system? How will it be heated and cooled?

Mr JOHNSTON - We have a mechanical ventilation system. There are a number of systems within the building, from standard residential-style split unit air conditioning to quite advanced. We have heat recovery units, and distributed air conditioning. There are mechanical systems for exhaust, fresh air circulation through the garage spaces and we've also provided a lot of large, operable windows for natural ventilation. We've designed it in a way to let cross-ventilation work in some areas of the station. We're trying to use natural processes. We have reasonably high ceilings and the edges of the ceilings lift up to allow heat sinks to occur high, then we have windows that will let it out. We have considered throughout the design process how we can create a building that's efficient to run and doesn't rely too heavily on the mechanical systems that for a public facility like this are really unavoidable.

CHAIR - Solar gain?

Mr MORRISON - Yes. The main area of the building that's occupied gets a north-east orientation and gets a solar gain, which is so important in Tasmania.

CHAIR - There was talk recently on the radio about condensation on windows. They were talking about a cardboard box and how heat under a cardboard box can cause the box to get wet from above because of condensation.

Mr MORRISON - We've certainly taken that into consideration. It is double glazed. As soon as you start double glazing and sealing a building for energy efficiency you get condensation problems. To mitigate that is the technology used. It needs to be a breathable structure. You've probably heard of the old sarking, the barrier that goes behind the cladding, we've put a secondary on the inside and they're both breathable. That helps with the flow of the air through the structure and mitigates and prevents that build-up of moisture within the structure that causes mould and condensation.

Ms BUTLER - I also note there's an emergency generator for continuous operation. That would be a requirement of an ambulance station?

Mr MORRISON - Yes. The emergency generator can run the whole station if the power supply stops. It is compulsory for any medical facility these days.

CHAIR - Including UPSs for computers?

Mr MORRISON - Yes. We've also put in conduits for future charging for electric vehicles.

CHAIR - I was going to ask that question. I wondered whether the electrical services to the site had factored in the extra charging that might be required if we get electric vehicles. I could also ask about hydrogen vehicles. How far have you gone with that?

Mr MORRISON - The supply to the site will allow for electric vehicles. Not all the cabling is put in, but the conduits for the cabling have been put in.

Mr JOHNSTON - We have designed the system so that it can retrospectively be put in without having to dig up anything or change the station. We can just feed it in.

CHAIR - You were talking about acoustic treatment for sensitive areas. Is that part of the orange boundaries?

Mr MORRISON - That's creating acoustic barriers so those rooms are quiet. It makes nice quiet rooms for sleeping but there's also acoustic treatment in the living spaces for the paramedics. It's a nice, quiet, calm environment. There's also acoustic treatment in the garage space because vehicles coming and going can be very noisy. That's a workspace for the people who are cleaning the ambulances. There's acoustic treatment to again stop the echoes and noise in the car garage environment.

CHAIR - At the current site there is paucity of space for paramedic training. What's been provided for that?

Mr MORRISON - We have a training/meeting room. It has a very large store room adjacent to it with a big sliding door. The reason for that is that a lot of the training work is done with mannequins, which were heavy. They are difficult to move around.

One of the complaints with the old station was that store rooms were down the passageways and through little doors. Trying to get a mannequin between the training space and the store room space is always a big problem so we have a generous-sized training space and proper back-up in storage.

CHAIR - It says 'paramedic training and research'. What sort of research is going on?

Mr HORSEMAN - We encourage our paramedics as health professionals to perform their own research. We have paramedics undergoing PhDs in their own time. They use any down-time to perform study online and perhaps peer-to-peer work. It's certainly encouraged.

CHAIR - That's well explained, thank you. Can you explain for those who might be listening what a THEO course?

Mr SMITH - It's Tasmanian Health Education Online.

Mr HORSEMAN - It is right across the Department of Health and is accessible for all staff. We put on different clinical training modules that our paramedics require to remain up to date. If we're bringing in new clinical components we use an online module for that. The standard mandatory things across the whole service such as safety, hand hygiene, PPE and all those sorts of things are also all on there.

CHAIR - The exit from the site for ambulances, I've noticed the road that comes out of the main garage has a bit of weave in it. Is it going further up the site for reasons of sightlines?

Mr JOHNSTON - It is for reasons of sightlines. There were some existing items on the highway. There's a giant sign post that indicates the upcoming intersection that we had to avoid. It also scrubs off some of the slope. By having an S-bend in it, we're creating more length in the driveway. That means that the gradient doesn't need to be as steep as if we went straight down to the Brooker Highway.

Mr MORRISON - The site slopes up that way, towards Hobart, so the further you go to that corner, the less floor you have.

Ms BUTLER - A supplement to that, I noticed on the site visit today where the ambulances would be departing the site onto the Brooker Highway, there is an overpass infrastructure where the stairs come down. Is there a need to look into whether that stair structure might impede the vision of oncoming traffic? I am sure that would have been assessed, but if you could run through that.

Mr JOHNSTON - We have had that looked at by the traffic consultants. They have done assessments of the sightlines required. From where we were standing, yes, that does appear to be the case, but where the required sightlines are, it is a number of metres back from the centre line of the closest lane, which ends up being a couple of metres back into the nature reserve. So, it was actually probably five or six metres further towards the Brooker from where we were standing and from that position the sightlines work okay.

Ms BUTLER - On 3.1, on the title it states, 'a multi-resource dispatch facility to provide best practice, high-quality facilities and efficient ambulance response times' can you run through, for the record, how this new site will improve ambulance response times?

Mr JOHNSTON - From the design of the building and the facility point of view, we have designed it with very clear circulation paths for the paramedics within the buildings. You would notice it is quite a lean, L-shaped building, apart from the garage, and within that area, from pretty much room you are in, you are onto the main corridor, which all meet at the ambulance garage. So, there is always a shortcut to the garage. We have designed it with that in mind, as well as the efficiencies of the cleaning process, getting the ambulances and redistributing them back into the garage.

The design of the facility tries to maximise efficiency so the paramedics can always get to the vehicles and go as quickly as possible. In terms of the site, as stated before, it is on the primary access to the Brooker Highway. It is central between the Hobart and Bridgewater facility. It has good, clear access to the north and the south at the traffic lights, and to the west back into Glenorchy itself. It is in a prime location, and then we have designed that facility to be as operationally efficient as possible.

Ms BUTLER - On that, with the additional capacity for having a larger fleet at the site, will that also improve ambulance response times too, because there may be more ambulances available?

Mr HORSEMAN - Yes, that is true. We will be looking at the quantity of people that we have there. As I said before, we have specialist resources. We have our extended care

paramedics, for example, who are single operators who go to our lower acuity cases. They could be located out of that facility as well to service to northern suburbs more than they probably do from a Hobart location. It is about spreading our resources as best we can and as efficiently as we can. But as Dave was saying, the flow, from a paramedic perspective, works really well within the facility itself. To allow smooth transition through and access out is really key for us.

Ms BUTLER - There is also a merging of another current ambulance site in with this site as well. If you could run through that?

Mr HORSEMAN - Claremont station is another shared facility with TFS. We essentially have day-only crews who work out there. It is probably more of a family-friendly roster for them to be able to facilitate that. We would be looking to incorporate them into the Glenorchy station. That has always been the desire, but we just have not had the space to do it. So, there would be at least another crew working out of Glenorchy station in the immediate future.

CHAIR - In the service description it talks generally about Ambulance Tasmania and the types of vehicles that are housed in regional locations and the like. It talks about the Community Emergency Response Team vehicles, CERT vehicles, that operate solely in remote areas and without the requirement for a station. Other than CERT vehicles, all of these vehicles and their crew need to be accommodated within ground stations. Clearly, CERT vehicles aren't going to be housed where you are?

Mr HORSEMAN - Not specifically CERT vehicles. They're more our volunteer vehicles. For areas that don't have an ambulance station and appointed paramedics, we use the CERT model.

CHAIR - Okay. With the talk of the new service - I think it's probably in relation to mental health cases more particularly - is that a service - those vehicles that go out with police and with specialist personnel - do they operate out of your site?

Mr HORSEMAN - Yes, they operate out of Hobart. That's our PACER model, Police and Ambulance as well as a mental health professional registered nurse.

CHAIR - They won't be on this site?

Mr HORSEMAN - It is hard to say at this point, but I think their location at Hobart is quite central, to be able to go south very easily. There's only one vehicle on at any given time. They are quite central there. They're distributed from Hobart.

CHAIR - That fits the operational model with the number of cases you would get where they would be needed. Okay, thank you for that.

Moving on, consultation. A question there. We talked about this onsite but it's good we put this on the record: the exit point is for the ambulance is directly opposite some homes. I'd like you to outline the consultation that's happened with respect to those individuals who live directly opposite and might have ambulance lights going into their bedrooms or their loungerooms and noise and all those sorts of things.

Mr GARRIGAN - We've engaged a stakeholder engagement consultant for this project. All the local residents and all impacted stakeholders have been given a letter and we held a public information day in relation to the site. We had feedback forms in relation to the site and how it was going to interact with the community and everything like that. The site has been fantastically received by the community, I must say. It's been really positive. There was only one concern in relation to the intersection at Howard Road and Timsbury Road about vehicles that are privately leaving, not ambulances that are racing away. That is a busy intersection, but that has been taken care of with the traffic management impact assessment.

CHAIR - I noticed coming out of there today somebody coming out of Bunnings, and quite a few vehicles coming from the Glenorchy end to the Brooker intersection, and then other vehicles coming around the corner, and it can get a bit congested there, but obviously not enough to stop people from turning right. It is comforting to know that ambulances aren't trying to get through that space.

You were talking about control of the traffic lights at that intersection. However, the current control of the next intersection down, is that something that is being retained, so that you actually have control of two sets of traffic lights?

Mr JOHNSTON - There is no intention for the Ambulance Service to have control over the two sets. I don't think there's any need to do that necessarily, but I believe that control will remain in place for the TFS should they need to use it.

CHAIR - Okay, only for them, thank you.

School access. There is a school in that area next to the teacher training facility.

Ms BUTLER - Is it Goodwood Primary?

Mr JOHNSTON - Yes, Goodwood Primary.

CHAIR - Has there been any consultation there? Any concerns raised? Obviously, it's a fair way from the site.

Mr GARRIGAN - As part of the public consultation process, they were notified and also emailed. We have had correspondence with the school. The school doesn't have any concerns about the station going where it is, and they raised again the intersection of Howard Road and Timsbury Road. The school and the community both raised the same concern. They were really happy to have us there, and they were really keen to have the site developed and landscaped with a nice outlook.

They had issues as far as the carpark at the top; was it going to be shared, and things like that. We're not doing anything with that side of the area, so nothing would change and they'd be able to keep that area. It's been pretty well received.

CHAIR - Do the school students and parents access the school from Timsbury Road?

Mr JOHNSTON - No. Timsbury Road is used for access to the Professional Learning Institute next door, which is used on a regular, but not necessarily a daily basis. The Goodwood Primary School is accessed from a different road. They don't use that one at all.

CHAIR - There's no conflict?

Mr JOHNSTON - No.

CHAIR - Anything else on consultation? Governance? We've done community consultation. Design approval?

Just for the record, we were being told this morning that worker vehicles wouldn't be allowed access to the Brooker and that it would all be out through Timsbury Road. Is that correct?

Mr GARRIGAN - Yes.

CHAIR -. Thank you. Addressing the need: any questions on that page? Over that page, it says use of timber for structure and wellbeing purposes and defining a tectonic response. Do you want to tell me what a tectonic response is? We're not talking about earthquakes?

Mr JOHNSTON - Not talking about earthquakes. It is about an architectural response; designing in a way that elicits a human response from the building by using timbers where we can and natural materials, which tend to calm people. It is essentially a design response.

Ms BUTLER - You have there 'clear structural spans for future adaptability'. Could you quickly run through what that might look like?

Mr JOHNSTON - Essentially, we have created an exoskeleton; there are columns around the outside of the building. Obviously, that is needed for the garage; but we've also done it for the administration and training and living areas, so if it needs to be adapted into alternative configurations in the future, it can be. We're not relying too heavily on internal walls for structure and support.

CHAIR - Pages 16 and 17 are about the road at the back towards the learning facility - 'This access way will be shared as it is to the main access to the Professional Learning Institute that is located next door due also to its recent re-zoning as an acquired road'. Can you explain what that is about?

Mr JOHNSTON - That is a reference to the title for the property. The accessway through to the Professional Learning Institute was previously part of the title that is now going to be the ambulance station. At some point, reasonably recently, it has been taken out. so that it is a public access way to that facility. I think it is held by the Crown now.

CHAIR - So, it's a public road?

Mr JOHNSTON - Correct. It just means that the Learning Institute will always have their own access available to them.

CHAIR - That's fine. Thank you. Moving over - most of those questions have been answered. We've dealt with infection control on 5.2.9; we've talked a bit about building form; materials - are there any large walls that are going to encourage graffiti? We've talked about

the possibility of vandalism. It looks to me like it's only the exit of the garage that's possibly the large expanse of wall.

Mr JOHNSTON - It won't be encouraging graffiti. Large areas of wall are unavoidable. We'll probably look at protective coatings at the lower level if we need to but, as I said previously, our surveillance is going to go a long way with this one. Everything is very visible.

Mr MORRISON - It's a 24-hour facility.

CHAIR - There's not a great opportunity for people to be going in there and painting things on walls. I was going to say you might think about -

Ms BUTLER - Anti-graffiti paint.

CHAIR - No, not so much anti-graffiti paint but murals. In my experience, they tend not to muck up murals.

Ms BUTLER - Will there be outdoor surveillance cameras on the site at this stage, or is that more of a finer detail; and outdoor lighting as well?

Mr JOHNSTON - I think there are surveillance cameras externally. I can't confirm that, but it's part of the overall security and design layout. I believe there are. There will be security lighting to the correct standards for both the consideration of not too much light pollution and also not impacting the neighbours, but providing sufficient secure lighting. We're taking all that into account with our consultants.

CHAIR - The exterior colour palette shows some timber. That will be allowed to naturally grey off, will it?

Mr MORRISON - The timber on the left-hand side is the panelling. The ceiling of the admin/living areas is a timber ceiling, again, to give that warmth and natural feel. The only bit of timber that's external is a pergola outside the living space, which is pretty much the other bit of timber you are seeing there. It's not a huge amount. It's probably a little bit over-emphasised in that drawing.

CHAIR - That's fair enough. It will obviously need some maintenance over time.

Mr MORRISON - No, that will have a cover strip on it and it will naturally grey off.

CHAIR - The project schedule and budget - Glenorchy City Council lodgement and development application; July 2022 - did you reach that?

Mr MORRISON - No. The time line was set by the purchase of the land; that was the trigger to start everything because we couldn't put a DA in until we purchased the land. I think we put the DA three weeks after the land was purchased, and now the project is before the council. We are probably about two months behind the schedule and that was created by that purchase of the land being resolved.

CHAIR - That will put the completion date back?

Mr MORRISON - We are still trying to head for the ultimate completion date but at the moment the completion of construction documentation for tender is September 2022. We're probably not quite there - we're going to be in October. But that gives us a little bit of leeway with the three months - October, November and December - to do the tender and getting it signed up.

CHAIR - I was looking for the Joint Select Committee on Public Works to be in the time line; but it doesn't seem to be there.

Mr MORRISON - No building will start in December 2022. This land is still available. Maybe January 2023 but not December 2022.

CHAIR - Project cost - the estimate of the likely cost for the project. Looking at the construction breakdown, there's an escalation of six per cent and a market loading of 13 per cent. Can you describe to me what the difference is? I thought they were the same?

Mr JOHNSTON - Escalation is the increase in material prices.

CHAIR - So, that's material only?

Mr JOHNSTON - Material only. The market conditions. If the construction industry is very busy, contractors say, 'We'll build it, but here's our price'. It's allowing for busy trades. It's not necessarily the head contractors, it tends to be sub-contractors whose prices go up when it's busier. At the moment there's a lot of variance in the market. It's an unknown, so it's providing that allowance to make sure it's covered.

CHAIR - One we had a look at a day or two ago was 20 per cent market loading. It may have been over a longer time frame.

Mr JOHNSTON - It varies week by week, just about, but also based on the knowns and unknowns in the documentation. This one has the benefit that the Burnie station was recently built. There's more detail available to the quantity surveyor.

CHAIR - The $13.6 million construction costs is included right at the top of the next box? Everything else is additional. Consultant's fees are $509 000.

Mr TUCKER - A very good figure, Chair.

CHAIR - Yes, a very good figure.

Mr TUCKER - Best ones we've had for a while.

CHAIR - Post occupancy allowance $110 000. New furniture and all those sorts of things? The art?

Ms BUTLER - Your mural could be the art scheme.

CHAIR - Could be. What are we doing with the art, the government art scheme?

Mr GARRIGAN - Arts Tasmania has been involved. Brendan and myself have had a meeting with them. They will achieve the $80 000 upper limit for this project. We tried to find some other funding sources to increase that budget but drew a blank. There will be some sort of art, whether it's a sculpture or art on the wall, but that's still being developed. The brief is being prepared as we speak.

CHAIR - We have a member who's not with us today, the honourable Tania Rattray, who is always keen to see artwork incorporated in some functional way, whether it be in entrance doors, or some other functional aspect. You are talking about sculptures, something that would sit in the forecourt, is that the idea? Or haven't you resolved that fully?

Mr GARRIGAN - No, it hasn't been resolved. The brief is still being prepared. We're driven by Arts Tasmania about what they see as most beneficial for the longevity of the station. In the rest and recline areas it might be some nice artworks on the wall.

CHAIR - Or a lovely mural?

Mr GARRIGAN - A lovely mural, or something like that.

CHAIR - External, so that it softens the view of the building.

Mr GARRIGAN - Keep in mind that with an external mural we have to factor in weather, and the upkeep is quite costly. It might be more beneficial to have an internal art installation on a wall.

CHAIR - Are any Aboriginal sites identified?

Mr JOHNSTON - We conducted a Dial Before You Dig, which would normally identify any that are on the record. None were identified.

CHAIR - I just wondered whether the site had some relationship to Indigenous habitation.

Mr JOHNSTON - It's been previously developed, as we saw on site, it was very flat across the top and banked down at a very even gradient. Anything that would have been there has been totally disturbed.

CHAIR - Any further questions on the project cost table?

Ms BUTLER - No.

CHAIR - ICT infrastructure at $225 000 incorporates a 20 per cent contingency there. There'd be a fair bit of ICT in this building, I presume?

Mr GARRIGAN - Yes, there is, and they've been consulted with all the way through the project. The design and installation of their computer racks is all in train.

CHAIR - Is that all going to be fibre or is it going to be cable?

Mr GARRIGAN - I would have to take design advice on that. I'm not sure what they have allowed for.

CHAIR - I was just interested.

Mr SMITH - It will be in accordance with the Department of Health cabling standard.

CHAIR - Well stated.

Ms BUTLER - Will it be linked with the GRN? Is Ambulance Tas part of the GRN?

Mr SMITH - Ambulance Tasmania is certainly one of the users of the Tasmanian Government Radio Network. It's not an operational requirement for Ambulance Tasmania to have radio terminals at ambulance stations, but there is capacity to have that installed should we need it.

Ms BUTLER - Good.

CHAIR - The vehicles would be?

Mr SMITH - Yes, the vehicles will be fitted with Tas GRN terminal. As an aside, one of the features of the Tas GRN technology will be wi-fi over the air programming updates for the terminals. If the terminals need a new profile or a new firmware update, they will receive that over the air from wi-fi. For that reason the garage will have wi-fi coverage.

Ms BUTLER - That will then link you in with Taspol, fire, part of the SES. All that information will be there.

Mr SMITH - Yes.

CHAIR - What about gases onsite? Do you have much storage of gases onsite? How is that being catered for?

Mr JOHNSTON - Ambulance Tas is required to store oxygen. We have created a specific room for the storage of oxygen. We will use a propriety gas storage containment cage. Other than that, we are not using gas for any other purposes. No LPG onsite or natural gas connection. We are not using it for cooking or for heating or anything like that.

CHAIR - Any other questions? Thank you for that extensive information. We really appreciate it. Before we conclude the hearing there are five questions we always ask in relation to any project or reference that we get. It is important we have good clear answers on these. The first is does the proposed works meet and identify the need or needs or solve a recognised problem?

Mr HUGHSON - Yes.

Mr JOHNSTON - Yes.

CHAIR - The recognised problem being?

Mr JOHNSTON - The current facility is shared with the fire department, so there is risk of cross-contamination between the departments, there are spatial issues.

CHAIR - The need for more space.

Mr GARRIGAN - The community need into the future.

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

Mr HUGHSON - Yes.

Mr JOHNSTON - Yes.

CHAIR - Are the proposed works fit for purpose?

Mr HUGHSON - Yes.

Mr JOHNSTON - Yes.

CHAIR - We are not going to get three quarters into the build and realise that we have forgotten something very significant?

Mr MORRISON - There has been very clear consultation between the architects and Ambulance Tasmania and the Department of Health.

CHAIR - Do the proposed works provide value for money?

Mr HUGHSON - Yes.

Mr JOHNSTON - Yes.

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

Mr HUGHSON - Yes.

Mr JOHNSTON - Yes.

CHAIR - Thank you, very clear. Before we close, I want to reiterate the statement I made at the beginning with regard to your evidence. What you have said today is protected by parliamentary privilege. Once you leave the table you need to be aware that that privilege does not attach to comments that you may make to anyone, including the media, even if you are just repeating what you said to us today. Do you understand that?

WITNESSES AGREED.

CHAIR - Thank you for your attendance. We will now deliberate.

THE WITNESSES WITHDREW.

The committee adjourned at 3.30 p.m.