2017 (No. 12)

PARLIAMENT OF TASMANIA

PARLIAMENTARY STANDING COMMITTEE ON PUBLIC WORKS

St Helens District Hospital Development

Brought up by Mrs Rylah and ordered by the House of Assembly to be printed.

MEMBERS OF THE COMMITTEE

Legislative Council	House of Assembly
Mr *Farrell*	Mrs *Rylah* (Chair)
Mr *Valentine*	Mr *Llewellyn*
	Mr *Shelton*

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1 INTRODUCTION

The Committee has the honour to report to the House of Assembly in accordance with the provisions of the *Public Works Committee Act 1914* on the -

St Helens District Hospital Development

2 BACKGROUND

2.1 This reference recommended the Committee approve the development of a new St Helens District Hospital on a "Greenfield" site to replace the existing hospital.

2.2 The existing hospital was built in 1975 providing 10 acute beds with an emergency response capacity as well as consulting rooms for visiting health services. It is a required, high priority rural health service in a location 2½ hours from the major regional hospital (Launceston General Hospital). It serves a catchment population of up to 6 500 people with a high aged profile, as well as families. It is also subject to major population influxes during holiday periods of well over 15 000 people.

2.3 There are a number of risks and deficiencies associated with the existing St Helens District Hospital:

- The existing hospital is subject to periodic flooding during 'king' tides and major flooding events experienced in the St Helens area. The hospital has been evacuated on numerous occasions and access to emergency care and paramedic services has been compromised during flooding events. The kitchen has also been affected with food unable to be prepared on site during these events.
- The current facility suffers from a general lack of space, with analysis and comparison with similar facilities indicating the existing hospital has an overall space deficit of a minimum 25%. The lack of space means there is no confidential treatment room space and no space for new visiting services and professionals.
- The design of the existing hospital does not reflect contemporary standards which presents a number of problems:
    - The configuration of ward space does not allow for patient privacy or ensuite bathroom access, with toilet facilities for most patients located in the hallway and shared by all.
    - The existing hospital design creates security issues, such as external doors that present a security hazard for wandering patients.
    - The existing hospital design creates occupational health and safety risks. The design contributes to poor workflow, there are no ceiling lifting frames, and patient lifting devices cannot be easily accommodated within the existing spaces.
- Parking is also very limited with only 4 places on site.

2.4 The new St Helens District Hospital will overcome these issues by providing:

- Greater security of access to health care services for the St Helens and greater East Coast Community.
- Contemporary building design in line with current health facility standards for delivery of both inpatient and outpatient services.
- Increased inpatient privacy and amenities with increased single rooms and access to ensuite bathrooms.
- Improved occupational health and safety outcomes for staff and patients with provision of ceiling lifting systems in inpatient rooms, the Treatment Room and Emergency Bay.
- Improved building security for patients and staff safety, including wandering patients.
- Adequate space for provision of Allied Health services, including increased number of Consult Rooms for visiting professionals.
- Ample dedicated parking on site.

2.5 The proposed facility has been divided into 4 main sectors; Allied Health, Patient Care, Emergency Department and Service Areas. The centralised Reception area will provide a secure portal to each of these zones whilst maintaining current staff levels. Segregation of allied health and patient care areas of the facility will also enable significant portions of the new hospital to be shut down after business hours to simplify operational demands.

2.6 The new facility will maintain existing hospital service levels, with spaces designed to offer flexibility of use for future requirements. Specifically the new hospital will include the following elements:

- 10 Inpatient Ward Beds, comprised of 4 Single Rooms, 2 Double Rooms, 1 Bariatric Room and 1 Palliative Care Suite (with adjoining family area and including a kitchenette and sleeping provision), reflecting contemporary design and practice;
- A flexible Independent Renal Self-Dialysis facility (in one of the Single Inpatient Rooms);
- 4 Emergency Treatment Bays, including one larger Resuscitation Bay and one bay fitted with a ceiling lifting rail;
- A separate Family Room within the public waiting area of the Emergency Department;
- A Community Nursing/Treatment Room, primarily for wound care, with the capability to provide additional Emergency Department capacity if required;
- 4 Consultation Rooms and one Clinical Education Training Room;
- A dedicated Physiotherapy Room, with celling lifting track and equipment storage;
- A Community Activity Room;
- A Radiology facility (X-Ray);
- An Oral Health Dental Suite;

- Parking bay and services for mobile units including Oral Health;
- Clinical Administration areas, Meeting Room and Staff Offices and Amenities;
- A dedicated service zone with its own access driveway, and including a full kitchen, maintenance facilities, bulk goods stores, separate clean and dirty linen stores, waste disposal and housing for building plant and services infrastructure; and
- Visitor and staff parking (car, bicycle and disabled parking).

3 PROJECT COSTS

3.1 Pursuant to the Message from Her Excellency the Governor-in-Council, the estimated cost of the work is $12.1 million.

The following table details the cost estimates for the project:

DESCRIPTION	SUM
Land Purchase and associated costs	300,000
Site Works	200,000
Construction Costs	9,400,000
Construction/Design Contingency	450,000
Post Occupancy Allowance	40,000
Professional Fees and associated costs	950,000
The Tasmanian Government Art Site Scheme	80,000
ICT Infrastructure	80,000
Furniture and Equipment	400,000
Salaries Component	200,000
PROJECT TOTAL	**$12,100,000**

4 EVIDENCE

4.1 The Committee commenced its inquiry on Thursday, 11 May last with an inspection of the existing St Helens District Hospital and the site of the proposed works. The Committee then returned to the Break O'Day Council Chambers, St Helens, whereupon the following witnesses appeared, made the Statutory Declaration and were examined by the Committee in public:-

- Suzanne Ashlin, Project Manager, Asset Management Services, Department of Health and Human Services;
- Tony Purse, Consultant Architect, Loop Architects;
- Paul Cockburn, Consultant Architect, HBV Architects;
- Denise Callister, Director of Nursing, St Helens District Hospital;
- Jannette Cumming, Nurse Unit Manager, St Helens District Hospital; and
- Ian Moyle.

Project Overview

4.2 Ms Ashlin provided an overview of the proposed works:

> *The current St Helens District Hospital was built in 1975 and currently provides 10 acute beds with an emergency response capacity, as well as consulting rooms for visiting health services. It serves a catchment population of up to 6500 people, with a high age profile as well as families. In holiday season it has a major influx of well over 15 000 people. The existing hospital was built in a minor depression on the block and is subject to periodic flooding during king tides, which backs up through the town plumbing system into the hospital's bathrooms and causes sewage overflow into the shower bays and basins. The site itself has also been subject to major flooding in the St Helens area. It has been evacuated on numerous occasions, with patients being transferred to other facilities. The current facility suffers from a general lack of space so there is a deficiency there and parking is very limited with only four spots on site.*
>
> *Following a SERT bid process, which is a state government bid for proposals for government funding, we were successful in receiving money for a new hospital. Through the engagement of architects we did some site analysis. There was an existing site in Tully Street proposed, but council has since purchased a block of land in Annie Street and undertook consultation with the Department of Health about how we might acquire some land and build the hospital on that site. A feasibility study was undertaken to look at that site and determine the capacity and capability of building a hospital on that site. Some issues have been addressed and we have been working with council on that.*
>
> *The new hospital is a like-for-like for services. It is not an increase in the number of inpatient beds. Over the period of nine months or so we have been undertaking some stakeholder meetings with the staff and progressing it to the plans you now have which have been part of the submission.*
>
> *The total project cost is estimated at $12.1 million and funding has been provided in the Tasmanian 2016-17 budget. I believe that the remaining funds are an allocation in the 2017-18 budget, which will allow the project to proceed. Design and tender documents are scheduled for completion in July. We hope to advertise that in July, with construction commencing in November 2017. It is anticipated to be a 12-month construction period, with completion due in December 2018. The people - are they able to make a statement?*

Meeting the Current and Future Needs of the Local Community

4.3 The Committee, in inquiring into any proposed public works, always seeks to address whether the works are fit for purpose and will adequately meet the community's future needs. In his submission to the Committee, Mr Ian Moyle expressed a view that the proposed hospital may not "*fill the short term requirements or the future needs of the community*"[1] and "*There is also an opportunity to review the medical services in the community.*"[2] At the hearing, Mr Moyle stated that:

> *…..I am not quite sure whether the plan we have will meet the community needs until a major health review is done for those four municipalities and the towns within those municipalities.*
>
> *…… Unless you have done a due diligence of the whole area healthwise, I think you are making a mistake to go ahead straightaway.*

4.4 Mr Moyle also suggested in his submission that the size of the proposed site of the new hospital may not be sufficient to cater for future expansion. Mr Moyle noted that the site "*will not be big enough for todays and future expansion*"[3] and "*in future there will be a need to expand this facility and the land that has been selected may not be suitable.*"[4]

4.5 The Committee sought further clarification from the witnesses from the Department on whether the proposed new hospital would adequately cater for both current and future community needs, including whether future expansion of the facility had been considered in the new hospital's design. The Department's witnesses noted that the facility was expected to more than adequately cater for current and future demand, and there was sufficient space on site to allow for expansion to meet growing demand if required:

> ***CHAIR*** *- What projections have been done - to use a colloquial term - to future-proof the hospital for growth in the population, the changing demographic of the population in this area? It is a relatively isolated area and we need to do it well.*
>
> ***Ms ASHLIN*** *- We have undertaken an exercise to ensure there is sufficient land that, rather than build up, we can built out, if we have to, if we need future flexibility. We asked the architects to look at what we could expand to and there is provision for extra consulting rooms. In the plan you will see there are courtyards and more than adequate parking, according to council requirements. So we could use that area if we need to. Denise alluded earlier that there are currently 10 inpatient beds and her capacity is -*
>
> ***Ms CALLISTER*** *- I run at around 46 to 48 per cent inpatient capacity. Most of our activity is actually in our emergency presentations and treatments. We have also looked at the consult rooms. Each consult room has been set up to be flexible and can either act as a video conference room or any visiting person. The same with if we need more consult rooms, the activity room has a partition room that can be divided, and a number of the offices can also be flexed up to be a consult room should we need it for any visiting service.*
>
> *We have made the rooms so that they are flexible. We have a bariatric room, which was mandatory in the standards to be in our plans. That again will be used just as a simple, normal-type room. The same with the palliative care room. That is classed as a bed, so they will be used as normal presentations for inpatients. So whilst we have 10 beds, they are*

[1] Submission from Mr Ian Moyle, page 1.
[2] Ibid, page2.
[3] Ibid, page 2.
[4] Ibid, page 3.

flexed around to be used for all types of presentations we may or may not get. There is one room at this point, consolidated for independent renal dialysis, which has been isolated for that purpose, but should we not have any members in the community who have not been able to do dialysis independently, that room converts to its original state as an inpatient bed.

***CHAIR** - ……I want to be sure that it is fit for purpose and future needs, as we have had submissions concerned about the future capacity of the hospital.*

***Ms ASHLIN -** That is right. The capacity was also raised by the secretary of the Department of Health as well, so again we have had consultations with Denise. Obviously, she has been onsite as the Director of Nursing for a number of years. We believe we have taken that into consideration.*

***Ms CALLISTER** - Considering the way health needs to be going is that they are not necessarily nursed acutely in an inpatient facility. There will be more of a push to push them outside into the community to be treated in their home. We can only predict what the future may or may not be looking like. I envisage 10 beds will be more than ample for our future growth, even if the retiree population that come here are not wanting to be an inpatient but want to be at home. I am comfortable that number of beds is adequate to cope for a very long time.*

***Ms ASHLIN -** And there is sufficient land if we need to redevelop and expand.*

***CHAIR** - Could you explain, on the record, future potential for expansion from the current design?*

***Mr COCKBURN** - From the current design we have allowed a number of spaces to the north of the site. As Sue mentioned earlier to do with expansion, particularly allied health and ward areas, we have identified four additional wards could be installed relatively easily without affecting the existing landscape or car parking. There is scope to grow further if necessary, particularly with allied health. By putting a double corridor in there it would be creating the same number of consult rooms as we have at the moment, so doubling those if necessary.*

Project Budget

4.6 The Committee questioned the Departmental witnesses on the budget for the project, including how the impact of construction risks on the budget would be managed:

***CHAIR** - I would like to ask a couple of questions with regard to the budget. This committee is familiar with seeing a range of figures allowing for a contingency from unexpected issues in construction. ……Can you explain this to me?*

***Ms ASHLIN -** There is a construction/design contingency of $450 000.*

***CHAIR** - Yes, thank you.*

***Mr PURSE -** ……We are having our project contingency monitored by our quantity surveyor to ensure that we stay within these constraints.*

***Mr COCKBURN -** ……Our structural/civil engineer has given the quantity surveyor figures to work from for an up-to-date estimate that we are currently working through. That is factored in.*

***CHAIR** - And you are confident with that?*

***Mr COCKBURN -** Yes.*

***Ms ASHLIN -** In terms of construction, the budget will go through a cost estimate prior to going to tender to make sure that construction figures are still on track. If it looks like it is over, then we will sharpen the pencil and hopefully see where things can be saved without impacting on the service and what we are offering.*

Impact of the Design on Workflow for Staff

4.7 The Committee noted that the floor area of the new hospital would be more than double the existing hospital. Mr Moyle commented that the design of the new hospital created an environment where "*workflow for nursing in the wards and emergency areas are excessive and too disjointed.*"[5] Mr Moyle further noted that "*The work flow of the nursing staff who look after acute patients in emergency as well as undertaking out-patients treatments and ward work is not conducive to efficiency and increased resourcing will be required.*"[6]

4.8 The Committee questioned the Department's witnesses on the concerns raised by Mr Moyle:

> ***CHAIR*** *- Mr Moyle mentioned the distance nurses will have to walk, and therefore time delays because it is a long hospital. Can you talk through those issues?*
>
> ***Ms CALLISTER*** *- From the nurses' point of view it is a distance because the ED area has been expanded on what we currently have. The resuscitation bay has been put at the top of the emergency area because the nurses' station is there. We have to keep in mind we may only have two or three a month triage 1 and 2 patients who would need any type of resuscitation. We have triage 3s that come up, but they're not full-on like retrieval or anything like that…*
>
> *….Yes, there is a bit of a distance from the bottom of the ward, which would be the triage 5s. The triage 1s would be right up next to the station. That is the closest to the ward. My nurses have all been consulted. They do not have any issues with that distance.*
>
> ***CHAIR*** *- Do you believe this matter has been well considered?*
>
> ***Ms CALLISTER*** *- I do.*
>
> ***CHAIR*** *- Well consulted on?*
>
> ***Ms CALLISTER*** *- Yes.*
>
> ***CHAIR*** *- Without limitation in terms of what you need to operate the hospital efficiently?*
>
> ***Ms CALLISTER*** *- Yes. I have consulted with the staff constantly and considerably on what works, what does not work. I am very comfortable and confident they are included in all of the decisions, even around taps. Whatever, what sort of lighting do you want? What sort of space do you want? What cupboards do you want? I have not made those decisions or signed off on those decisions lightly.*
>
> *I have consulted with all that I can possibly consult with, keeping in mind I have not consulted with every single nurse on every single item because of the shift work that is involved. I have certainly consulted and they are very comfortable with the decisions and the design, and they are very excited around it.*
>
> ***Ms ASHLIN*** *- Similarly, the plans have been provided to the executive and directors of nursing within the Launceston General Hospital. They have provided any feedback in terms of data sheets and things, but in terms of general layout, there has been no concern raised.*

Security

4.9 The Committee noted that the Department's submission highlighted an improvement in building security in the proposed new hospital. Mr Moyle, however, suggested in his submission that "*Security for after hours would be a nightmare.*"[7] Mr Moyle further suggested that "*Security to this building would be*

[5] Submission from Mr Ian Moyle, page 1.
[6] Ibid, page 2.
[7] Ibid, page 2.

inefficient due to the length of the building as well as the number of external door [sic]*. If the staffing is similar to today after hours security will be impossible as there are only two or three persons on site after normal 9-5 hours."*[8]

4.10 The Committee questioned the Department's witnesses further on security arrangements for the new hospital:

> ***CHAIR*** *- Could you outline security issues and how this new facility will improve those security issues that clearly exist with the present facility?*
>
> ***Ms CALLISTER -*** *The new facility will enable us to have an excellent security - well, within the capacity of electronics, I suppose - because it is also built into areas. You have the 9 to 5 area, so that can be sealed off completely.*
>
> ***CHAIR*** *- What are the 9 to 5 areas?*
>
> ***Ms CALLISTER -*** *The allied health-type, oral health area and all the offices and consult rooms. After-hours you only have the ED and the ward area to manage from a security point of view, and that is all managed through the electronic coding systems that we have discussed with services engineers. There was that around it.*
>
> *Also, with the new phone systems as well, with DECT phones. If you have one nurse down one end and one up the other end, they can press on those phones to get attention from each other. If you need to get that person on board, from that point, that will provide a lot more security. It is still not going to overcome when we press a duress alarm and we may or may not get anyone to attend. We do have an outside service provider, but again the police have only so many resources, the same as we have.*
>
> ***Ms ASHLIN -*** *In terms of an emergency presentation, if somebody presents to the Emergency Department after hours, there will be a camera. They will press the button and they can speak into an intercom at the end where the nursing staff are. There will be a monitor where they can actually view who is outside to determine what the presence is there, as well as having a camera providing a further shot in case there is one person here and seven people further afield. There will be that ability as well. The staff will be able to talk to the people outside to determine the emergency and then admit them into the Emergency Department waiting area.*
>
> ***CHAIR*** *- In terms of wandering patients in palliative care, or dementia-type patients who might be in hospital for some other minor reason, how will the doors be controlled so that can be certain that your patient is contained? How will that work?*
>
> ***Ms CALLISTER -*** *I believe there is capacity in the electronic system, the security system, to program it around the rooms you want or do not want and the time frames. That is my understanding.*
>
> ***Mr PURSE -*** *The various compartments within the building do have access control points in and out of each department so each individual area can be contained. For instance, the patient ward can be contained so patients cannot wander into the Emergency Department or the Allied Health Department after hours.*
>
> ***Mr COCKBURN -*** *If they exit the building, an alarm will go off at that door.*
>
> ***CHAIR*** *- Which the nurses will be alerted to?*
>
> ***Mr COCKBURN -*** *Correct.*
>
> ***Ms CALLISTER*** *- There will also be capacity to lock down the building. Sometimes there is a need to lock down the building to stop people from coming in. The police may phone and say 'such-and-such' and then you need to lock it down.*
>
> ***CHAIR*** *- The nurses will be able to do that from those phones?*

[8] Submission from Mr Ian Moyle, page 3.

Ms CALLISTER *- Yes.*

Design of the Emergency Department

4.11 Mr Moyle noted that the Emergency Department design was very open and suggested that there was a need to have physical separation between the resuscitation area and the rest of the Emergency Department. Mr Moyle noted:

> *The reason for that is that some of those people in those other beds could be relatives of those patients. A physical barrier allows for other things to happen. It allows for more storage and resuscitation equipment to be handled there. We have retrieval services come within the hospital bounds from outside.*
>
> *……With the ability of being able to separate that emergency department, maybe you don't have to build another theatre, but at least those people can work within the confines of a fairly separated area, and work together without disturbing or making an impact on those other patients.*

4.12 The Committee sought comment from the Department's witnesses on Mr Moyle's concerns. The witnesses noted that the Emergency Department had been specifically designed with openness in mind for staff security and operational purposes:

> ***Ms CALLISTER*** *- It needed to be open so we can see what is going on. It needed to be open so there was not a risk for any staff member behind a cubicle. That has happened to me. Hence what we had here had a cubicle, and I took it down because I got caught in there. That is a risk we cannot afford in a small community, so there is no partition, just curtains. That is why that has occurred. The nurse's station can look straight down at every full bed and see what is going on. They can also look down the ward to see if there are any call bells happening.*
>
> ***Mr PURSE*** *- From day one the importance of that facility to be operated by a limited number of people was a factor, which is why the nurse's station is the hub of the hospital with all the other areas sectioned off from it. It has visual access to both the ward area and the emergency department.*

The Need for a Small Operating Theatre

4.13 Mr Moyle expressed a view that the new hospital should have a small operating theatre and treatment room. Mr Moyle noted in his submission that: "*There is a need for a small theatre as well as a treatment room. Often at present invasive drains and suturing is undertaken in the emergency area on both emergency patients and out patients, a dedicated theatre would allow for a cleaner environment as well as an area away from the immediate emergency patients. On several days a week one or two beds in the emergency area are being used for outpatients treatments and some procedures take over an hour.While the design does incorporate a treatment room, it does not include a theatre.*"[9]

4.14 Ms Callister suggested having a small theatre in the new hospital would not be practical or achievable:

> ***Ms CALLISTER*** *- ……We do have a treatment room in this facility we are building which you could use for minor procedures. To have a theatre in a small hospital like this is irresponsible. I have been a theatre manager for 25 years. You do not have the speciality personnel to deal with it safely. It then can encourage cowboy practices, which we have to*

[9] Submission from Mr Ian Moyle, page 3.

be very succinct around in a small rural area to protect our public from having these types of things take place.

If you are going to have a theatre, you have to have an anaesthetist. My point is they struggle to get them in metropolitan areas, and then you have to have the surgeons or those who have the expertise and the skills to do those minor procedures or whatever they are planning to do. The cost and the maintenance of running a theatre is huge. It would be an absolute travesty to waste the taxpayers' money in providing a theatre for a small rural site. Unfortunately those times have left us. We all used to have little theatres in these small hospitals. There was one here, but you have to have the specialities and the skills to go with that.

Security Measures for Medication

4.15 The Committee noted the security risk that is associated with the storage of medications on site. The Committee sought further information on how the building design ensured that medication would be secured appropriately:

***CHAIR** - The medication you have in the hospital obviously provides a security risk. Can you explain how that is being dealt with in this new facility?*

***Ms CALLISTER -** The data sheets and plans all went through to pharmacy in Launceston for the head pharmacist to review that. There has been considerable consultation around the protection required in that room from - if somebody wants to come in from the ceiling because it is a flat roof, that there is enough protection from the front.*

There has also been a lot of consideration around where the drug safe is to be placed in those rooms, including the one that the ambulance wishes to bring across. They are not right up against an outside wall where someone can drill through or whatever might be. We have had to reconsider all of that. To get to it through into the pharmacy from internal, it is a coded system, a swipe-card system to get into that room.

***CHAIR** - You will have a log of who has entered and who has exited, et cetera?*

***Ms CALLISTER -** Yes, it is on the card.*

ICT

4.16 Given the importance of ICT in modern hospitals, the Committee sought further information on what strategy had been employed in designing the hospitals ICT infrastructure and systems:

***Mr VALENTINE** - Another area is a more technical area with regard to information and communications technology. Can you let us know what sort of consultation has been made with respect to, for instance, wireless services that might be envisaged on site, and whether there are going to be areas of interference that might interfere with other medical equipment or whether the construction is going to prohibit certain operation of those devices?*

***Ms ASHLIN** - At the very commencement of the project we engaged our ICT department. They provided us with their specifications for what is required in a new communications room. They have been consulted. It is an ongoing process. At the time when we need to order equipment and things, we will go through them again. They have reviewed the communication room and they are happy with the layout and the size in terms of air-conditioning and cooling and making sure that equipment is safe.*

***Mr VALENTINE** - And secure?*

***Ms ASHLIN** - And secure, yes, that is right.*

***Mr VALENTINE** - It is a pretty important security item, to secure those items.*

***Ms ASHLIN** - That is right, yes. The specifications obviously are handed to the architect, who takes all that into consideration as part of the design and build. Regarding wireless technology, there is a wireless survey being undertaken at present, which will determine the location of the wireless access points within the hospital. That is being done for voice and data capacity, which is for administration, as well as RTLS, which is the real time location system, I believe, which will accommodate the nurse call system. That survey is in process.*

***Mr VALENTINE** - With regard to the cabling, is that all fibre?*

***Ms ASHLIN -** Yes. It is as per the DHHS specifications. Yes, that is right. We are also putting USB ports in at bedside for the modern technologies these days and mobile devices.*

***Mr VALENTINE** - With respect to server rooms and those sorts of things, you mentioned they would have air-conditioning to make sure they are sufficiently cool.*

***Ms ASHLIN -** That is right. We have consulted with our ICT department.*

Emergency/Backup Power Supply

4.17 Noting the importance to the local community of the services provided by the hospital, the Committee sought further information on what emergency power supply arrangements would be in place at the new hospital to ensure continuity of service delivery:

***CHAIR** - I would like to know about the emergency power situation. How do you deal with that in this hospital?*

***MR PURSE -** We have an emergency generator. We are investigating two generators because we understand the actual power requirement in an emergency does not necessarily warrant the full force of a larger generator. Our consultants are looking at sharing that load between two smaller units in order to cut running costs and provide a more effective solution.*

***CHAIR** - I am not aware of what emergency services you provide, but often emergency services are required when the world is turned up-side down and power is short and all that sort of stuff. Does this hospital have the facility with its emergency power to provide all the services you expect it would need?*

***Ms CALLISTER -** We have a generator at the moment that does provide us with our emergency services. Again, that same system put through to the new hospital although as Tony says, it is exploring two units instead of one. But it will be a brand new unit because the old one is far too noisy and old to warrant a move.*

***CHAIR** - Having two units would give you redundancy.*

***Ms CALLISTER -** It is when the power goes off and our units, the major equipment and areas are all plugged into the emergency powers.*

Flooding Risks

4.18 The Committee noted that the existing hospital had been subject to numerous instances of flooding, which has required evacuation of the facility and relocation of patients, followed by significant clean-up works. The Committee also noted that the risk of flooding was one of the key reasons the Department of Health was proposing that a new hospital be built on an alternative site. The Committee sought to satisfy itself that the proposed location would not be subject to the same flooding issues apparent at the hospital's current site:

***Mr VALENTINE** - Given the problems the current hospital has with elevation, or the lack of, can you give me an exact height above sea level for this facility?*

***Mr PURSE** - We are currently 8.6 metres above sea level in comparison to the existing facility which is in the order of 3.2 metres, so considerably higher.*

***Mr VALENTINE** - The existing facility, with unusually high tides can cause a problem if it is at 3.2 metres. Is that because it backs up through the drainage system rather than inundating the land from the sea?*

***Mr PURSE** - It would be a combination of all those issues.*

***Mr VALENTINE** - So this new site is not going to have any of those issues associated?*

***Mr PURSE** - It would not appear so, no.*

4.19 The Committee also noted that at the highest point of the new site, the hospital floor would be raised 300 mm above ground level, and once this extended over the entire site, would equate to the floor being 1.5 m above the lowest point of the site, requiring significant infill. The Committee sought further details on why this approach was being proposed:

***Mr SHELTON** - ..... It was highlighted to us that the hospital level, the ground floor, will be 300 millimetres above ground level, requiring 1.5 metres of fill in the lower area. The cost of that 300 millimetres all over the site has to be considerable. It has obviously been considered necessary by the engineers. Considering the compaction of that whole area, why is it necessary to raise it an extra 300 millimetres? I can appreciate that everyone is very nervous about flooding issues and so on, but in that particular site I would just like an explanation of why the extra 300 millimetres.*

***Mr PURSE** - ..... The extra 300 millimetres has been advice from our consultants in order to get the building away from natural ground level. Obviously, that comes with the added work of importing some fill to the lower portions of the site. It was everyone's view that it was an unacceptable risk to excavate the site, given the current circumstances of the existing hospital. The cost of undertaking those works has been incorporated within our budgets from day one. The cost of importing some fill to that site would be of far more benefit than the alternative to not getting the building out of the ground.*

Drainage and Runoff

4.20 The Committee was interested in how the new site would deal with water runoff and drainage given there would be a significant amount of sealed surface around the new hospital. The witnesses noted that storm water mains servicing the site would be upgraded as part of the project and would have adequate capacity to cope with the additional storm water generated from the new hospital site:

***Mr VALENTINE** - To follow on from that, is the soil type very porous, or is it likely that large rain events would cause a significant surface flow?*

***Mr PURSE -** Given the amount of sealed surface on that site, overland flow paths are a fairly significant aspect of that design, which our engineers have undertaken. The actual amount of porous run-off surface is limited.*

***CHAIR** - ..... How are you dealing with that additional flow from the bitumen area?*

***Mr COCKBURN -** That is directed into council stormwater mains in Annie Street. The site is contained in terms of stormwater. It is collected through various bits on-site and discharged into council stormwater mains.*

***CHAIR** - They meet the standards for one in 100 years?*

***Mr COCKBURN -** That is correct. We are looking at upsizing the main stormwater main to deal with the one-in-100-year flood, which is 20 per cent over.*

***Mr VALENTINE** - That is being upgraded did you say?*

Mr COCKBURN - *Yes. The existing drainage easement that runs through the property is being relocated and upgraded to discharge into Annie Street.*

CHAIR *- That will be available before the hospital is built?*

Mr COCKBURN - *That is correct.*

CHAIR *- Or as it is built?*

Mr COCKBURN - *It forms part of the contract, yes.*

Mr VALENTINE *- With respect to that, the council believes that the present stormwater main can cope with that extra run-off successfully? You are upgrading it on site -*

Mr COCKBURN - *We are upgrading everything.*

Mr VALENTINE *- Does the main itself have any issues?*

Mr PURSE - *To clarify, there is only a portion of our site that will be draining into the existing stormwater mains that continues past our property on the internal portion of the property. About 75 per cent of our rainwater run-off will be directed towards a new mains in Annie Street being supplied by council.*

Ms ASHLIN - *That new mains will be sufficient in capacity to handle that one-in-100-year event. Council has confirmed that.*

Ownership of Land

4.21 The Committee was aware that the land the new hospital would be built on was owned by the Break O'Day Council. The Committee sought further advice on what arrangements were being negotiated with the Council regarding the land the new hospital would occupy:

CHAIR *- I have a question regarding the land ownership. I note that it is recorded in here that it is council land. What is the arrangement with the government building a hospital on the site and council land?*

Ms ASHLIN - *We are purchasing a portion of land -*

CHAIR *- Marked on that map?*

Ms ASHLIN - *Yes. We are purchasing that from the council at an agreed price. It has been valued by the Valuer-General. Council has created a title for that now, within the last week, and we are going through the process at the moment. Council has seen a draft contract of sale and that is now with the Minister for Lands to progress that sale. It has been going through the Crown Solicitor process as well.*

Consultation

4.22 The Committee sought further information on what community consultation had been undertaken and the level of community support for the new hospital:

Mr VALENTINE *- …… That brings me to page 6 of the submission, where the feasibility report identified a number of recommendations for Break O'Day Council to manage, including a public survey of neighbours to engage the level of support for the development of a new hospital, implement planning scheme members, et cetera.*

Consultation of the broader community as opposed to just the neighbours, can you for the record say what went on there and what the feedback was like in broad terms?

Ms ASHLIN *- Prior to going through this, a community consultation was held with a representative from the department and the general manager, who I acknowledge is present here today, and obviously neighbours. The property has residents, so they have been consulted and informed throughout the process. With the lodgement of the development*

application just recently, we have held a further community consultation forum. It ran for three hours, and we had probably over 50 people pass through the doors during that time.

***Mr VALENTINE** - General feeling?*

***Ms ASHLIN** - Very positive. Having been able to see the plans - they like to see something visual - and when asked about the dates and time lines and things, they were pleased we could give them a date to when construction is expected to start. It is something that has been in the pipeline with them for quite a while. The general manager was at that session too, and it was good to have the council there to support the development of the hospital.*

4.23 The Committee was also interested in how involved the staff of the hospital had been in the planning and design process. The Department's witnesses noted that staff consultation and involvement had been a key driver in the design and layout of the new hospital:

***Ms CALLISTER** - Yes. I have consulted with the staff constantly and considerably on what works, what does not work. I am very comfortable and confident they are included in all of the decisions, even around taps. Whatever, what sort of lighting do you want? What sort of space do you want? What cupboards do you want? I have not made those decisions or signed off on those decisions lightly.*

I have consulted with all that I can possibly consult with, keeping in mind I have not consulted with every single nurse on every single item because of the shift work that is involved. I have certainly consulted and they are very comfortable with the decisions and the design, and they are very excited around it.

***Mr COCKBURN** - ……Through the design process we worked with the staff. We ran them through a number of scenarios that may or may not eventuate and tried to work out what would happen if a door was left open or that sort of thing, in order to get to a decision in terms of the planning of this building, to make sure it mitigates all those risks.*

***CHAIR** - You are satisfied?*

***Mr COCKBURN** - Yes, I am satisfied because I am working with the staff to come to a solution.*

***Ms ASHLIN** - …… as we have previously reiterated, the staff have been fully consulted and I believe we have addressed all their concerns. They have been involved in the process from the beginning. The proposal, the plan put forward, is acceptable to the staff, as I have said.*

4.24 The witnesses also noted that significant consultation had been undertaken within the Department to ensure the design was appropriate for service delivery, that staff needs would be met, and that relevant standards would be complied with:

***Mr VALENTINE** - ……Can you run us through those sorts of areas that have had external approval from various authorities that are needed for this hospital?*

***Ms ASHLIN** - We have consulted as part of the consultation process - we have consulted with radiology for their requirement for that area. They have had quite a fair bit of input. They will need to certify it, so we are going through a process of having them certify the compliance of that room. It is going through that process now.*

***Mr VALENTINE** - Are there any other specialist areas that need to be ticked off, like radiation? Are there any other aspects of the hospital's operations that needs a third party to look?*

***Ms ASHLIN** - Again, as part of that consultation, we have had the Launceston General Hospital. As they are the larger teaching hospital, they have reviewed the floor plans and the room data sheets to make sure that what has been designed and proposed works for them and that they are familiar and comfortable with it. While Denise operates the facility at a*

local level, we just want to make sure that everyone at that level has been consulted and is across what is proposed.

***Mr VALENTINE** - Say with the ambulance service coming into the site, are the roof heights at the right height? They are not going to cause a problem for the height of ambulances and things like this?*

***Ms ASHLIN** - That is right. Both Tony and I have met with Lynden Ferguson who is one of the managers at the Launceston Ambulance Station. I have met with him, had a review of the plans and have gone through that process. The site does have the capacity for Ambulance Tasmania to be present on site in future.*

***Mr VALENTINE** - The individual rooms were mentioned during our tour. Just for the record, you have checked that out with the Launceston General Hospital as to the design of those rooms?*

***Ms ASHLIN** - That is right, through the Director of Nursing. We have provided her with the information and she has passed that to the appropriate emergency department or the appropriate areas for them to consult those rooms.*

Impact on Neighbouring Properties

4.25 The Committee noted that the new hospital site was set amongst residential properties. The Committee questioned the Department's witnesses on how the potential impact on these neighbouring properties would be mitigated:

***Mr VALENTINE** - You have a significant number of car parks and you also have external air-conditioning systems and neighbours to the north. Can you explain for the record how you are mitigating against noise intrusion to those suburban areas?*

***Mr PURSE** - With the car park, we are introducing an earth mound along the northern perimeter of the car park and using the car park as a buffer in itself between the residential homes and the facility. The earth mound will be landscaped in such a way it will provide visual and acoustic privacy between the residences and the hospital entrance. The services to the building are on the southern side of the building and all contained within either acoustically-treated barriers or located in portions of the building which are protected by other parts of the building. We will not have plant exposed on any of the boundaries.*

***Mr VALENTINE** - So the noise will go up rather than out? Obviously you need ventilation, otherwise you will not get proper cooling.*

***Mr PURSE** - Correct.*

***Mr SHELTON** - Rob and I are both out of local government and these planning issues around neighbours and so on are to the forefront. Those properties on the northern side of the new development, did residents of those properties come along to the public consultation phase of the process? Did any of them have any major issues with what was going on?*

***Mr PURSE** - The main concern we had from one of the residents was loss of land to agist her horses. There do not seem to be any significant issues with the facility being there and our explanation of the project and the ways we were looking at mitigating any potential nuisance was sufficient to allay any concerns, if there were any.*

eHealth

4.26 Noting that St Helens was quite remote and access to specialists was limited, the Committee sought to understand if eHealth would be facilitated in the new hospital:

***Mr SHELTON -** We are talking about like in an ehealth circumstance, you have the capacity to run ehealth, not just for training, but to external specialists if need be, those sorts of things?*

Ms CALLISTER - *Yes, we have three portable video conference units that will come across. There are some in the education room which are not portable, but there is capacity in each of those consulting rooms and emergency to have that PC put in should we need it. That gives a lot of flexibility of where those points are. There are lots of data points in every conceivable room we could find to put in, in case we need a PC down the track. That is the way it will head.*

Mr SHELTON *- On the electronic side and video streaming, it is not necessarily part of the new hospital design, but how much is the issue of community members needing specialist follow up? You go to a specialist, you have something done and they say, come back in a month's time. Rather than travelling to Launceston, are specialists using the facility and say go to the local hospital this is your time, we will book you in and have the consultation over the internet? Does that happen much?*

Ms CALLISTER - *We certainly have that capacity. It is available to the community. It is not being utilised a huge amount…… but we certainly have the capacity here to promote anything or to offer that to any community member.*

Mr SHELTON *- That capacity is here now?*

Ms CALLISTER - *Yes, and will certainly be increased in the new facility because we will have more rooms to have that capacity in.*

Disposal of Existing Hospital Site

4.27 The Committee was interested to learn what plans the Department had for the existing hospital site once the new hospital was built. The Department's witnesses indicated that unless the site was required by another government agency it would be offered for sale:

CHAIR *- What is happening with the existing site?*

Ms ASHLIN *- That has not been decided yet. Medea Park has shown interest in purchasing it from the government.*

Ms CALLISTER *- Medea Park is a 62-bed aged-care facility and is outgrowing its space. There has been community recognition that there's a gap in housing or share housing facilities for more disabled or less competent people under the age of 65 in St Helens. If they are that severe, they end up having to be admitted into an aged-care facility when they are still only young. The chair of the board of Medea Park and the manager of Medea Park came for a site visit the other day, to have a look around and see if it was at all suitable. They wanted to get a feel for whether it was a project that may be worth exploring.*

Ms ASHLIN *- Part of our process is that once the hospital is relocated, we would ask through government if other government agencies have a need for the hospital. If they don't, it becomes surplus to our needs. We will have the Valuer-General undertake a valuation and it is placed, through Treasury, with a real estate agent and put on the market for sale.*

Mr VALENTINE *- Understanding the issues the site has.*

Ms ASHLIN *- Yes.*

CHAIR *- So demolition isn't part of this cost?*

Ms ASHLIN *- No.*

5 DOCUMENTS TAKEN INTO EVIDENCE

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

- St Helens District Hospital - Department of Health and Human Services - Submission to the Parliamentary Standing Committee on Public Works - April 2017.
- Submission from Mr Ian Moyle, dated 25 April 2017.

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 deliver a fit-for purpose facility on a new site, built in line with contemporary health facility standards, with the capacity to cater for the current and future needs of the St Helens and greater East Coast Community. The new hospital will also provide greater security of access to health care services by eliminating the risk of flooding events that are experienced on the current hospital site.

6.2 Accordingly, the Committee recommends the St Helens District Hospital Development, at a cost of $12.1 million, in accordance with the documentation submitted.

Parliament House
Hobart
9 June 2017

Joan Rylah MP
Chair