

# Launceston Hospice

Submission to the Parliamentary Standing Committee  
on Public Works

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# 1 Introduction

## 1.1 Project Name

Launceston Hospice

## 1.2 Project Summary

The Launceston Hospice (the hospice) project aims to enhance the capacity for hospice and palliative care in the north of Tasmania, addressing the gap in services since the closure of Phillip Oakden House. It will ensure the availability of dedicated public hospice beds, complementing existing services provided by the Tasmanian Health Service and Calvary Health Care.

Delivery of this project will also play a key role in the implementation of the *Tasmanian Palliative and End of Life Care Policy Framework 2022-27*, supporting the delivery of high-quality care for individuals with life-limiting conditions.

The project is being supported by the Department of Health's Health Planning Unit, who partnered with KP Health to create a comprehensive service and care model for the hospice. The report, completed in December 2023, details the essential site and infrastructure requirements for the hospice.

Following delivery of the hospice's service plan and model of care, the Allambi building at 33-39 Howick Street, South Launceston was selected as the preferred site for the hospice.

The Allambi building is located within the Launceston General Hospital (LGH) precinct and provides an opportunity to leverage off existing arrangements for public transport, staff parking and ancillary hospital services.

The hospice will include 12 inpatient rooms, three day rooms, a shared lounge room, a centrally located nurses' station and accompanying space for offices and clinical services to support the operation of the hospice.

The existing Allambi building was built in 1921 as an Infectious Diseases Hospital. The heritage listing of this building references the exterior of the building, including the courtyards, the surrounding garden setting, and the gates on the north-western corner of Mulgrave and Howick Streets. The interior of the building, however, has been significantly altered and is therefore not included within the heritage listing.

The design for the hospice has been informed by specialist health planning and consultation with key stakeholders through the establishment of a Project Reference Group (PRG). This group includes representatives from the Friends of the Northern Hospice, Palliative Care Tasmania and the Northern Consumer and Community Engagement Council, as well as internal Department of Health stakeholders.

Alternative accommodation has been secured for the existing occupants and services currently provided from the Allambi building to allow refurbishment to occur.



## 1.3 Background

The closure of Phillip Oakden House in 2007 left Launceston without a dedicated public palliative care hospice facility, leading to community concerns about limited access to contemporary palliative and end-of-life care. Since this closure, the only dedicated public palliative care beds in the north of Tasmania are offered through a contractual arrangement between the Tasmanian Health Service (THS) and Calvary Health Care for four beds at the Melwood Unit, at St Luke's Hospital.

During the 2022 Federal Election, a commitment to improve hospice and palliative care in the region was made by both major political parties. This commitment resulted in a total of \$20 million of Australian Government funding being confirmed within the 2022-2023 Federal budget to enable construction of the Launceston Hospice – a dedicated hospice and hospice respite care facility for people with life-limiting conditions and their families and carers.

## 1.4 Site Selection

The original Federal Election Commitment detailed that the hospice and hospice respite care facility was to be located within the LGH precinct. Early investigations into the feasibility of housing the hospice in either the Allambi building located at 33-39 Howick Street, South Launceston or the 'Old Nurses Home' located at 37 Frankland Street, Launceston were initially undertaken. Both buildings are owned by the Department of Health. The findings of this investigation resulted in the Old Nurses Home being determined as unsuitable for refurbishment and repurposing as a hospice care facility. These investigations determined the Allambi building to be a suitable site, however, it was considered prudent that a greenfield site should be explored outside of the LGH precinct in case a more suitable site could be found.

Five other sites were identified as potentially suitable at the time including:

- Techno Park - Private Lot located at Lot 2 Techno Park Drive, Kings Meadows
- Techno Park - Possible collaboration with the Homes Tasmania residential subdivision development located at Lot 3 Techno Park Drive, Kings Meadows
- Mowbray Indoor Sport & Skate Centre located at 1C George Town Road, Newnham
- 35-37 Watchorn Street, South Launceston
- 6-68 Country Club Avenue, Prospect

In parallel with the above site investigations, the Department's Health Planning Unit commissioned KP Health to develop a service plan and model of care for the hospice.

Within the final deliverables of the model of care report, details were included pertaining to site and infrastructure requirements for the hospice. Accordingly, the following criteria and requirements for the site were established:

- Locality:
  - the hospice should be located within close proximity to the LGH to facilitate patient and staff movement and leverage existing clinical, hospitality and maintenance services of the LGH
  - the site should be located within a neighbourhood environment that is in harmony with the aims of a palliative care setting.
- Size:
  - the land in which the hospice is located must be of sufficient size to accommodate a single storey building
  - a multistorey building could be considered provided that all patient spaces (inpatient and outpatient) are accommodated on the ground floor with direct access to gardens
  - space for future expansion of the hospice should also be considered.
- Accessibility:
  - the site should be frequented by public transport
  - the site shall accommodate car parking for visitors, volunteers, and staff
  - the hospice site should be suitable for access by people with reduced mobility.

The identified sites were analysed through the above criteria. The Allambi building was selected as the preferred option for the following key characteristics:

- located within the LGH precinct
- the environment is considered suitable for a palliative care setting
- complied with the requirement of the funding agreement to provide capacity for a minimum of 10 beds.
- can leverage off existing arrangements for public transport, parking and existing LGH services
- the existing courtyards that promote access to gardens can be incorporated into the design
- the Allambi building is already owned by the Department, allowing a greater portion of the funds to be allocated to the refurbishment rather than the purchase of a site.

The preferred site was then approved through the Chief Executive Hospitals North and the Hospitals North Capital Steering Committee before final approval by the then Minister for Health.

## 1.5 Project Location

The hospice is to be located at the Department of Health's Allambi building at 33-39 Howick Street, South Launceston.



Project Site Location

## 1.6 Progress to Date

The Launceston Hospice Project is being delivered in alignment with the Department's Capital Investment Program Project Management Framework.

To date the following milestones have been achieved:

- successful execution of the Federation Funding Agreement with the Australian Government providing \$20 million to construct the hospice
- appointment of a project manager to lead the project
- award of the contract for a lead design consultant (architect)
- award of the contract for a quantity surveyor
- award of the contract for a strategic communications and stakeholder engagement consultant
- development of a Stakeholder and Community Engagement Plan (SCEP)
- completion of a concept design
- approval of the project scoping report

- approval of the schematic design
- planning approval was obtained by the City of Launceston for the project's Development Application
- commencement of the detailed design for tender issue
- preparation of an approach to the construction market for the procurement of a principal contractor to undertake the works
- tender advertisement published for the principal contractor
- tender response evaluation undertaken.

## 1.7 Related Projects and Strategic Context

The hospice will support the implementation of the *Tasmanian Palliative and End of Life Care Policy Framework 2022-27* and the *Long-Term Plan for Healthcare in Tasmania 2040*.

## 2 Project Scope

### 2.1 Problem / Opportunity Statement

The closure of Phillip Oakden House in 2007 left Launceston without a dedicated public palliative care hospice facility, leading to community concerns about limited access to contemporary palliative and end-of-life care.

The objective of this project is to create a high-quality, holistic hospice facility in northern Tasmania that provides integrated palliative care services. The facility will align with the Tasmanian Government's commitment to improving palliative care by fostering collaboration with primary care, social care organisations, community groups, and acute services to enhance care coordination and patient outcomes. The hospice will implement a flexible, stepped care approach, focused on person-centred, quality care and support for carers and families. The delivery of this project will strengthen palliative care services in northern Tasmania, contribute to the *Long-Term Plan for Healthcare in Tasmania 2040* and increase palliative care delivery in community settings.

### 2.2 Scope of Project

The project aims to develop a hospice based on the model of care prepared by KP Health, translated into a Functional Design Brief and Schedule of Accommodation.

After a series of design workshops with the PRG and the conclusion of the planning and scoping phase, a 12-bed functional diagram was developed for the hospice, with room for future expansion at the rear of the existing building. The hospice will include spaces for staff, clinical services, and inpatient care. However, outpatient facilities have been excluded due to space constraints within the existing building footprint.

#### 2.2.1 Key Site Constraints

- brownfield site
- building accessibility
- heritage listed façade
- heritage listed trees.

## **2.2.2 Key Deliverables**

- delivery of a standalone hospice facility
- inpatient zone – nine general inpatient rooms, one isolation room and two bariatric rooms, providing a total capacity of 12 inpatient beds
- staff zone – staff and allied health services
- shared guest facilities, including day rooms, calm spaces, and shared lounge room with kitchenette
- new compliant accessible entry
- discrete new service entry
- garden access - landscaped community hospice garden, and landscaped internal courtyards
- staff and visitor car parking.

## **2.2.3 Attributes of the hospice**

The hospice is designed with a focus on prioritising the experience and wellbeing of patients, while ensuring it is fit for its intended purpose. The physical design encourages social interactions and creates a homely atmosphere for inpatients, as well as an inviting and friendly environment for families, carers, and visitors.

A pleasant workspace has been designed for staff and volunteers, and the hospice will foster a strong connection to the garden, landscape, and outdoor spaces. At the same time, the character of the existing heritage building, and significant trees will be respected. The hospice will be organised into two primary zones: the inpatient zone and the staff zone.



## 2.3 The Design

A suite of design drawings is provided at Appendix A, capturing the hospice's floor plan, elevations and landscape design. The following visual design views have been developed to further communicate the hospice's design and its key features.



Figure 1: Design View 01 - Bedroom



Figure 2: Design View 02 – Bedroom



Figure 3: Design View 03 - Bedroom



Figure 4: Design View 04 – Corridor





Figure 5: Design View 05 - Corridor



Figure 6: Design View 06 – Lounge





Figure 7: Design View 07 – Day Room



Figure 8: Design View 08 – External



Figure 9: Design View 09 - External

## 3 Project Cost

### 3.1 Overall Project Cost Estimate

WT Partnership were engaged as Quantity Surveyors for the project. This cost estimate is based on the Issue for Tender Design suite of documents. WT Partnership has significant experience and expertise in providing cost estimates for healthcare facilities, having completed several reviews on current medium to large scale facilities.

### 3.2 Overall Project Cost Estimate Summary Table

The project costs presented in the table below are based on the estimate provided by the Quantity Surveyor at pre-tender stage.

	Cost Estimate (\$)
Base Project Cost Estimate (Construction plus Consultants and Design costs)	14 647 824
Design and Construction Contingency	2 197 174
<b>Design and Construction Sub-Total</b>	<b>16 844 998</b>
Professional and Authority Fees (inc. project management, contract management etc.)	1 267 110
ICT Infrastructure and Equipment	345 751
ICT Contingency	51 863
Furniture, Fittings and Equipment (FFE)	685 946
FFE Contingency	102 892
Art in Public Buildings	80 000
Post Occupancy Cost Allowance	137 189
<b>Client Cost and Fees Sub Total</b>	<b>2 670 751</b>
General Project Contingency	484 251
<b>Total Project Cost Estimate</b>	<b>20 000 000</b>



## 4 Project Benefits

### 4.1 Expected Positive Outcomes and Benefits to be Delivered by the Project

The expected outcome of the project is a purpose-built 12-bed hospice and hospice respite facility, for people with life-limiting conditions and their families and carers.

The hospice will consist of the following:

- 12 new inpatient rooms (including one isolation room and two bariatric rooms), all with ensuites and private verandahs.
- Two day rooms, a lounge / kitchen area, two chill out / seating areas and two courtyards (one public and one private / family space), with associated landscaping.
- Medical / food storage areas and staff facilities, a central nurse's station, reception area, treatment room and medical offices, training / meeting rooms, office space (for social/bereavement counselling), and associated service areas.

The establishment of a hospice in northern Tasmania will also provide an opportunity to strengthen the local palliative care service system by:

- Increasing education, system navigation, and support for community-based palliative care providers, carers, family, and patients.
- Providing out-of-hours support for community-based patients and their carers.
- Strengthening outreach services for patients receiving end-of-life care in community aged care, rural multipurpose centres, and district hospitals.
- Providing inpatient and respite services in a purpose-built palliative care facility that supports contemporary care.

### 4.2 Design Statement

The hospice aims to provide compassionate, patient-centred care for community members with life-limiting conditions, ensuring their comfort and dignity while also supporting their families and carers. This project is deeply rooted in honouring the heritage of the historic Allambi building, which first opened its doors in 1921 as an Infectious Diseases Hospital. The building stands as a testament to the evolution of healthcare in Tasmania throughout the twentieth century, and the proposed hospice seeks to build upon and continue this legacy.

The hospice thoughtfully integrates the rich historical significance of the existing Allambi building with the modern needs of a hospice. Preserving the existing heritage features of the building and its landscape, whilst enhancing the functionality to meet contemporary care requirements, has been a key item throughout the design process. Respecting, acknowledging, and retaining the existing external heritage fabric, has been a key focus of the design, resulting in minor additions which lightly touch, and are informed by the existing Allambi building.

The design of the hospice is aimed at replicating a home-like environment, and will promote dignity, access and connectivity to the existing established garden and courtyards that are unique to the Allambi building. Reinstating historical areas of landscape is aimed at encouraging patients, staff, family, carers, and the local community to utilise and engage with the existing historic landscape and new landscape of the site.

Patient rooms will have natural light, soothing warm colours, space for family members to stay overnight, and access to private verandahs with views out to the natural landscape.

Family areas will have comfortable furniture, views to the landscape, and kitchen and dining facilities where families can prepare meals and relax.

Zoning the hospice into public, private (inpatient bedrooms), and staff areas assists in the functional flow during the day and night.

The hospice will be a sanctuary for patients, their families, and carers, by providing a supportive, compassionate environment where end-of-life care is delivered with the utmost respect and dignity - all within an existing, historical setting.

## **4.3 Health Planning and Clinical Design Principles**

The design and delivery of the hospice has been guided by the core principles of the model of care, ensuring person-centred, high-quality care, supporting carers and families, integrating care seamlessly, and delivering care by a skilled and competent workforce. The design prioritises a holistic and flexible approach, ensuring dignity, comfort, and emotional wellbeing for patients while fostering an environment that supports carers and families.

### **4.3.1 Connection to Landscape**

Early in the project, the importance of a strong connection to the landscape was identified as a key element of the hospice's environment. A series of design exercises were conducted to explore the site's opportunities and constraints, ensuring the hospice is integrated with its natural surroundings.

### **4.3.2 Site Analysis and Design Iterations**

Various design exercises were undertaken to identify the most effective way to integrate the building with the site and heritage constraints. Multiple options for room numbers and sizes were established, with the final design developed to ensure comfort, operational efficiency, heritage and existing structural constraints, and alignment with the project's goals.

### **4.3.3 Stakeholder Engagement and Feedback**

The proposed design options were presented and discussed with stakeholders, including healthcare professionals, staff, and community representatives. All feedback was considered to ensure the design aligns with the needs of patients, their families, and staff.

#### **4.3.4 Collaborative Approach**

Our design approach is guided by a collaborative, phased methodology to ensure smooth project execution within budget and in-line with stakeholder expectations. Open communication has been maintained throughout the process, allowing for flexibility and the integration of feedback as the design evolves.

#### **4.3.5 Evidence-Based Design Approach**

The design process has been informed by industry best practices and collaboration with an experienced health planner, to ensure the hospice meets the highest standards of infection control, safety, and functionality.

#### **4.3.6 Cost Management and Value Engineering**

Budget management is a key priority. In the planning and scoping phase, the design team explored different iterations of the floor plan with varying bed numbers to ensure the project remains within budget. An independent Quantity Surveyor was appointed to the project at the commencement of the project's design phase to develop project cost estimates and facilitate value management through the design process. Value engineering workshops were held ahead of key milestones in the project design to identify cost-saving opportunities, without compromising on quality, functionality, or patient experience.

Transparent financial reporting will be maintained to ensure alignment with the project's budget.

#### **4.3.7 Risk Management**

The hospice's design complies with all relevant statutory requirements, including healthcare, building, and heritage regulations. A risk management plan is being maintained to address known and potential challenges during design and construction, particularly in relation to the heritage building's exterior modifications and regulatory compliance. A proactive approach will be taken to mitigate any risks associated with the existing structure and the construction process.

## 5 Finance and Procurement

### 5.1 Preferred Procurement Method for the Project

A procurement plan was developed for the project which informed the adopted procurement method of a Public Open Tender to secure the services of a principal contractor for the construction of the hospice. Tenders were advertised on 10 May 2025.

Tenders closed on 23 July 2025 and evaluation of the submissions has commenced. The contract will not be executed until approval of this submission is received by the Parliamentary Standing Committee on Public Works.

### 5.2 Project Timelines

The project is not dependent on other projects. However, commencement of construction is dependent upon the decanting of staff and services currently located within the Allambi building.

Activity	Target Date	Achievement Date
Project brief		08/05/2023
Service Planning & model of care		22/11/2023
Design consultant appointment		23/02/2024
Scoping report approval		17/10/2024
Planning application submitted		18/12/2024
Briefing and schematic design completion		07/03/2025
Start of consultation on concept design		20/03/2025
Planning permit obtained		30/04/2025
Construction request for tender advertised		10/05/2025
Construction contractor appointment	12/11/2025	
Construction commencement	19/01/2026	
Construction finish	12/02/2027	
Construction practical completion	12/02/2027	
Operational readiness	26/02/2027	



## **6 Risks and Sustainability**

### **6.1 Major Risks and Proposed Mitigation Strategies**

The project risks were identified by the PRG and rated using the Department's risk register template.

The project risk register is reviewed and updated on a regular basis by the PRG.

### **6.2 Key Project Risks**

#### **6.2.1 Australasian Health Facility Guidelines Compliance**

Compliance with the Australasian Health Facility Guidelines (AusHFG) is mandatory for all projects delivered by the Department of Health. However, a 'Health Planning Unit' AusHFG is not available for palliative care or hospice services. This presents a risk that the design of the hospice will not represent contemporary best practice.

To control this, the project team is developing the functional design brief with input from clinical experts and professional health planners to ensure the hospice is fit-for-purpose.

Furthermore, a member of the project team was actively involved in a review of the existing Rehabilitation Health Planning Unit (which is proposed to include palliative and hospice services) with the Australasian Health Infrastructure Alliance and has provided regular updates to the project team during this process. This will ensure alignment with the AusHFG is achieved wherever possible.

#### **6.2.2 Stakeholder Interest**

The project team is addressing long held community concerns around limited access to palliative and end-of-life care in this region, with community groups actively lobbying for its construction for some time. Due to the significant community interest in the delivery of the project, there is a risk that the delivered hospice does not align with pre-established expectations.

To control this the project team has actively engaged members of the Friends of the Northern Hospice, the Consumer and Community Engagement Council, and Palliative Care Tasmania in the PRG to ensure the community, through this group, is able to provide input into the hospice where appropriate. The PRG has been established with members appointed to the group under a Terms of Reference.

Where expectations may be mis-aligned, the PRG provides a forum to resolve the misalignment in an orderly manner.

Stakeholders outside of the PRG will be managed as per the developed SCEP as described in Section 7 of this document.

### 6.2.3 Decanting of the Allambi Building

The Allambi building currently facilitates several services that will need to be relocated to suitable premises to allow refurbishment to occur.

The Department worked with the Department of Treasury and Finance to secure appropriate alternative accommodation at Cimitiere House (113 Cimitiere Street) for the existing occupants and services provided at the Allambi building.

Plans to meet the functional requirements of the relocating teams are currently being finalised following key stakeholder involvement. With only minor refurbishment works likely to be required to the new premises, there should be minimal impact to target dates associated with the construction phase of the hospice.

Change management assistance will also be provided to support staff and minimise service disruption caused by the move.

## 6.3 Sustainability Strategies that will be Adopted

The Tasmanian Government has set an energy consumption reduction target of 60 per cent across all Departments by 2050. The project has been designed to incorporate integrated low energy consumption and sustainable features to support this aim. Incorporating environmentally sustainable design elements in a heritage building requires a thoughtful approach that respects the building's historic integrity while optimising energy efficiency and minimising environmental impact.

### 6.3.1 Energy Efficiency

**Upgrade insulation:** Improve insulation in walls, floors, and ceilings to enhance thermal performance without compromising the building's character and bringing it to code.

**Energy-efficient windows:** Replace or retrofit existing single pane windows with building code compliant glass to reduce heat loss and improve thermal comfort.

**LED lighting:** Implement energy-efficient LED lighting throughout the hospice to reduce energy consumption, paired with motion sensors in less-frequented areas to minimise unnecessary usage.

Upgrade energy-efficient heating, ventilation, and air conditioning (HVAC) systems with smart controls that adjust the temperature based on occupancy, ensuring comfort while minimising energy use.

### 6.3.2 Water Conservation

**Low-flow fixtures:** Install water-efficient faucets, showers, and toilets to reduce water consumption while maintaining comfort.

**Water-efficient landscaping:** Create water-efficient gardens using drought-tolerant native plants and incorporate irrigation systems that reduce water wastage.

### 6.3.3 Heritage Conservation

**Adaptive reuse:** Preserve key architectural elements of the heritage building while modifying interior spaces for modern use, ensuring the building's character is maintained while improving functionality for hospice care.

**Sustainable restoration:** Use environmentally friendly methods and materials for any necessary restoration or conservation work, such as natural stone cleaning techniques and eco-friendly sealants.

### 6.3.4 Natural Ventilation

Leverage natural ventilation where possible, by incorporating operable windows, vents, and skylights to reduce the reliance on mechanical cooling systems and improve indoor air quality.

### 6.3.5 Indoor Air Quality

Use materials and finishes with low to zero volatile organic compounds (VOCs) to ensure a healthier indoor environment for patients, staff, and visitors.

Incorporate air filtration systems that improve the building's air quality and provide comfort for patients with respiratory conditions.

## 7 Stakeholder Engagement

Stakeholder Engagement is managed by an active Stakeholder and Community Engagement Plan (SCEP).

### 7.1 Public and Stakeholder Participation and Consultation

Public and stakeholder participation and consultation was developed as part of the SCEP using the Public Participation Spectrum developed by the International Association for Public Participation (IAP2).


The IAP2 Spectrum demonstrates the possible types of engagement with stakeholders and communities and shows the increasing level of public impact as engagement progresses from 'inform' through to 'empower'.

With a commitment to effective community engagement as part of Department of Health's core business through project planning, development, design, construction and completion, the engagement strategies and supporting documentation will reflect the spectrum below and the engagement levels nominated.

#### IAP2 Spectrum of Public Participation



IAP2's Spectrum of Public Participation was designed to assist with the selection of the level of participation that defines the public's role in any public participation process. The Spectrum is used internationally, and it is found in public participation plans around the world.

INCREASING IMPACT ON THE DECISION 					
	INFORM	CONSULT	INVOLVE	COLLABORATE	EMPOWER
PUBLIC PARTICIPATION GOAL	To provide the public with balanced and objective information to assist them in understanding the problem, alternatives, opportunities and/or solutions.	To obtain public feedback on analysis, alternatives and/or decisions.	To work directly with the public throughout the process to ensure that public concerns and aspirations are consistently understood and considered.	To partner with the public in each aspect of the decision including the development of alternatives and the identification of the preferred solution.	To place final decision making in the hands of the public.
PROMISE TO THE PUBLIC	We will keep you informed.	We will keep you informed, listen to and acknowledge concerns and aspirations, and provide feedback on how public input influenced the decision.	We will work with you to ensure that your concerns and aspirations are directly reflected in the alternatives developed and provide feedback on how public input influenced the decision.	We will look to you for advice and innovation in formulating solutions and incorporate your advice and recommendations into the decisions to the maximum extent possible.	We will implement what you decide.

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In September 2023, an independent stakeholder engagement consultant was engaged to assist in the management and consultation of stakeholders. Following this engagement, a comprehensive SCEP was developed to support the project.

Critical stakeholders (such as Friends of Northern Hospice, Palliative Care Tasmania, and the Northern Consumer and Community Engagement Council) have been directly engaged in the development of the design of the hospice through participation in the PRG. Stakeholders identified who are outside of the PRG have been, and will continue to be, engaged in accordance with the SCEP as the project progresses.

Early in the development of the project's model of care for the hospice, it was acknowledged that palliative care must be sensitive to people's diverse backgrounds and experiences. This has been a key focus area as part the Department's engagement with stakeholders. Through this engagement, the hospice has been designed in a way that provides a facility that incorporates flexibility and respects different cultures and traditions. An example of this is the inclusion space within the hospice that offers a peaceful quiet place for reflection while other areas in the hospice provide space for larger gatherings.

The Department hosted two community drop-in sessions in Launceston on 12 March 2025 and 14 March 2025. The timing of these sessions aligned with the City of Launceston's advertising period of the project's Development Application to provide an opportunity for interested parties to meet the project team, ask questions and find out more about the project.

A report summarising feedback received on the community engagement activities has been prepared and is intended to be published on the Department's website. A copy of this report is provided in Appendix B of this submission.

Stakeholder consultation and engagement will be maintained throughout the project in accordance with the SCEP, with strategic communications planned to align with key project milestones.

## 7.2 Project Reference Group

The PRG plays a critical role in discussing the project design requirements with key stakeholders and collaborating with the project manager to resolve any design-related issues. Their involvement ensures that the project remains on track and that all relevant aspects are addressed throughout its lifecycle.

The primary responsibility of the PRG is to provide expert advice on matters related to the planning and delivery of the project, to ensure that the project's objectives are successfully met.

The PRG:

- ensures that the project scope aligns with the approved budget
- manages changes to the project scope to ensure that it remains under control
- ensures resources are appropriately allocated to meet project goals
- provides guidance to individuals directly involved in the project

- actively addresses any issues that arise, especially those that may have significant implications for the project's progress and success, and
- reconciles differing opinions and approaches, resolving disputes to maintain project momentum and alignment.

### **7.2.1 PRG Membership**

- Chief Executive, Hospitals North
- Medical Director, Palliative Care
- Nursing Director, Primary Health North
- Assistant Director of Nursing, Primary Health North
- Two representatives, Friends of Northern Hospice
- One representative, Northern Consumer and Community Engagement Council
- Chief Executive Officer, Palliative Care Tasmania
- Director, Health Planning Unit
- Service Innovation Manager, General Practice and Primary Care
- Director, Asset Management

## 8 Compliance

### 8.1 List Commonwealth or State Legislation Triggered by the Project

The legislation triggered by the project is limited to the Building Code of Australia.

### 8.2 Noise

Noise during construction works may have some impact to neighbouring health services in the John L Grove and the Lindsay Miller buildings. Similarly, noise may impact nearby residents on Mulgrave and Gavin Streets.

The requirement to mitigate noise disruption to neighbouring services and nearby residents has been documented within the tender documentation as an obligation of the principal contractor.

The principal contractor will be required to provide specific details of noise mitigation measures as a part of construction preliminaries and planning submitted to the Department for approval, prior to commencing on-site.

### 8.3 Heritage (Aboriginal and Historic)

The exterior of the Allambi building, including the courtyards, the surrounding garden setting, and the gates on the north-western corner of Mulgrave and Howick Streets are covered by a heritage listing. The design for the hospice has undergone a heritage impact assessment by specialist heritage consultant, Praxis Environment. This report was developed to support the development application of the project for assessment by the City of Launceston and by referral to the Tasmanian Heritage Council.

The City of Launceston and Tasmanian Heritage Council have since found the design to be acceptable from a heritage conservation perspective, as demonstrated through the issuing of a planning permit.

Furthermore, a focused assessment of the Allambi building site's landscape heritage significance was undertaken early within the design phase by landscape architects, Playstreet. This assessment identified both heritage listed trees and trees of significant importance to the historical streetscape of the site, the landscape amenity, and sense of place and character, which are to be retained and protected during the project's construction phase.



## 8.4 Traffic Management and Parking

Existing parking associated with the Allambi building is provided in two locations. One car park is accessed from Howick Street and extends around the north-western corner of the building, providing up to 26 spaces. The other car park is accessed from Mulgrave Street and provides nine spaces.

Due to the introduction of a community garden as part of the redevelopment, there will be a reduction in the number of on-site parking spaces.

A total of 14 parking spaces will be provided to service the hospice, including one accessible parking space. Parking spaces will be split between two separately accessed car parks. Visitor parking will be accessed off Howick Street while staff parking will be accessed off Mulgrave Street.

Further long-term parking provisions will be available through the establishment of a new multistorey car park on the corner of Howick and Charles Streets, located 100 metres away from the hospice. During its construction, a temporary car park consisting of 174 parking spaces will be established across the road from the Allambi building, which is due to be constructed by the end of 2025.

The hospice will support approximately 19 employees, representing a significant reduction in staff compared to the existing use, which supports up to 115 employees. Given the reduction in staff numbers, this proposed reduction of parking spaces was recommended as part of the project planning assessment. The City of Launceston approved this recommendation through the issuing of a planning permit.

## 8.5 Structural Considerations

Upon design commencement, a structural inspection took place on the existing Allambi building to confirm its suitability for the project given its age. This inspection found that generally the building was in good condition with no major defects identified, confirming that the existing structure will be mostly utilised as part of the proposed refurbishment works.

## 8.6 Service Engineering Considerations

In addition to the above-mentioned structural inspection, a further inspection of the existing building was undertaken by service engineers, Engineering Solutions Tasmania. This inspection reviewed the suitability of the existing building in relation to the project's required scope of works associated with hydraulic, wet fire, mechanical and electrical infrastructure. The findings from this report have been used to inform the scope of works.

Of note, the hospice will include the installation and commissioning of new HVAC infrastructure with incorporated functionality to individually control the temperature of each bedroom to allow temperatures to be tailored for the patient's comfort.



## 8.7 Planning Approvals

A planning permit was received from the City of Launceston on 30 April 2025. Conditions applied to the development within this permit have been reviewed against the design to ensure compliance is achieved.

Subsequently, a building permit application will be made to the City of Launceston as the project progresses towards commencement of works.

# Appendix A: Schematic Design (Architecture)





SITE INFORMATION		
Land Title Reference	147820/1	
Wind Classification	N3	Site Classification to AS 4055-2006
Soil Classification	TBC	Site Classification to AS 2875-2011
Climate Zone	7	(www.abcb.gov.au map)
BAL Level	N / A	No areas of bushfire prone vegetation >1ha within 100m of the building
Alpine Area	NO	BCA Figure 3.7.5.2
Corrosion Environment	NO	For steel subject to the influence of salt water, breaking surf or heavy industrial areas, refer to BCA section 3.4.2.2 & BCA Table 3.4.2.2. Cladding and fixings to manufacturer's recommendations
Other Hazards	N/A	High wind, earthquake, flooding, landslip, dispersive soils, sand dunes, mine subsidence, landfill, snow & ice or other relevant factors
Total Subject Site Area	8,597m2 (approx)	
Existing Building Area	1,640m2	
Proposed Additions Area	100m2	

ACCREDITED DESIGNER		
Designer	HANZ LEE	
Accreditation Number	682220660	

ARCHITECTURAL		
DA-01	COVER PAGE + DRAWING SCHEDULE	04
DA-02	HERITAGE REFERENCES	03
DA-03	SITE PLAN - EXISTING / DEMOLITION	04
DA-04	BASEMENT PLAN - DEMOLITION	04
DA-05	GROUND FLOOR PLAN - DEMOLITION	04
DA-06	SITE PLAN / LOWER GROUND FLOOR	04
DA-07	GROUND FLOOR PLAN - PROPOSED	04
DA-08	ROOF PLAN - PROPOSED	04
DA-09	ELEVATIONS - PROPOSED	04
DA-10	ELEVATIONS - PROPOSED	03
DA-11	DOOR & WINDOW TREATMENT	03

## DESIGN STATEMENT

The proposed new Launceston Hospice aims to provide compassionate, patient-centered care for community members with life-limiting conditions, ensuring their comfort and dignity while also supporting their families and carers. The Launceston community has been without a dedicated public palliative care hospice facility since the closure of Phillip Oakden House in 2007. The new facility will be located at 33 - 39 Howick Street, South Launceston, within the existing 'Allambi' building, which is listed on the Tasmanian Heritage Register.

The existing Allambi building is the preferred site for the proposed new Launceston Hospice, due to its proximity to the Launceston General Hospital, parking and public transport. This project is deeply rooted in honouring the heritage of the historic Allambi building, which first opened its doors in 1921 as an Infectious Disease Hospital. The building stands as a testament to the evolution of health care in Tasmania throughout the twentieth century, and the proposed new Launceston Hospice seeks to build upon and continue this legacy.

The new Launceston Hospice thoughtfully integrates the rich historical significance of the existing Allambi building with the modern needs of a hospice facility. Preserving the existing heritage features of the building and its landscape, whilst enhancing the functionality to meet contemporary care requirements, has been a key item throughout the design process. Respecting, acknowledging and retaining the existing, external heritage fabric, has been a key focus of the design, resulting in minor additions which lightly touch, and are informed by the existing Allambi building.

The design of the new facility is aimed at replicating a home-like environment, and will promote dignity, access and connectivity to the existing established garden and courtyards that are unique to the Allambi site. Re-instating historical areas of landscape is aimed at encouraging patients, staff, family, carers and the local community to utilise and engage with the existing historic landscape and new landscape of the site.

The new hospice facility will incorporate a minimum of 10 inpatient bedrooms with ensuites, day rooms, calm spaces, family areas and staff areas. Patient rooms will have natural light, soothing / warm colours, space for family members to stay overnight and access to private verandah's with views out to the natural landscape. Family areas will have comfortable furniture, views to the landscape, kitchen and dining facilities where families can prepare meals and relax. Zoning the new facility into public, private (inpatient bedrooms) and staff areas, assists in the functional flow during the day and night.

The new hospice facility will be a sanctuary for patients, their families and carers, providing a supportive, compassionate environment where end-of-life care is delivered with the utmost respect and dignity, all within an existing, historical setting.

## EXISTING CONTEXT



**MATERIALITY & DETAILING:** STUCCO, TERRACOTTA TILES, TIMBER DETAILING, RED BRICK, CURVED / ARCHED WINDOW. COLUMNS



**MATERIALITY & FORM:** FOUR 'TURRETS' ARE PLACED AT THE FOUR CORNERS OF THE BUILDING, ANCHORING IT IN THE LANDSCAPE. THESE TURRETS ORIGINALLY ACTED AS SUN / DAY ROOMS. RENDERED BRICK, WEATHERBOARDS, CORRUGATED IRON ROOF.



**GEOMETRY:** THE FACETED BREAK-OUT SPACE AND LOWER ROOF FORM IS A DEPARTURE FROM THE GEOMETRIC & LINEAR FORM OF THE BUILDING.



**LANDSCAPE ENTRY:** THE EXISTING HERITAGE LISTED ENTRY GATES, ENTRY PATH & SIGNIFICANT TREES ON THE CORNER OF HOWICK ST & MULGRAVE ST



**LANDSCAPE SETTING:** THE EXISTING LANDSCAPE SURROUNDING THE BUILDING EVOKES A CALMING ARRIVAL INTO AND AROUND THE SITE. EXTENSIVE GLAZING & VERANDAH'S AROUND THE BUILDING ALLOW THE OCCUPANTS WITHIN THE BUILDING TO EXPERIENCE & CONNECT TO THE LANDSCAPE.



**DEMOLITION - GENERAL NOTES**

DEMOLITION PLAN TO BE READ IN CONJUNCTION WITH CIVIL, HYDRAULICS, LANDSCAPE AND ELECTRICAL DRAWINGS. IN THE EVENT OF ANY DUPLICATION OR CONTRADICTION, THE CONTRACTOR IS TO SEEK CLARIFICATION FROM THE ARCHITECT PRIOR TO PROCEEDING.

CONTRACTOR TO UNDERTAKE AND SUBMIT A DETAILED DILAPIDATION SURVEY OF EXISTING STRUCTURES TO REMAIN ON SITE. STRUCTURES ON ADJACENT SITES AND LOCAL AUTHORITY INFRASTRUCTURE ON OR ADJACENT TO THE SITE.

IN THE EVENT OF THE DISCOVERY OF ANY UNKNOWN ASBESTOS, REMOVAL OF ASBESTOS IS TO BE IN ACCORDANCE WITH WORKPLACE STANDARDS CODE OF PRACTICE AND SAFETYWORK AUSTRALIA HOW TO REMOVE ASBESTOS' CODE OF PRACTICE.

ALL ITEMS SHOWN DASHED OR NOTED FOR DEMOLITION ARE TO BE COMPLETELY REMOVED. THIS INCLUDES ALL ASSOCIATED STRUCTURE BELOW GROUND.

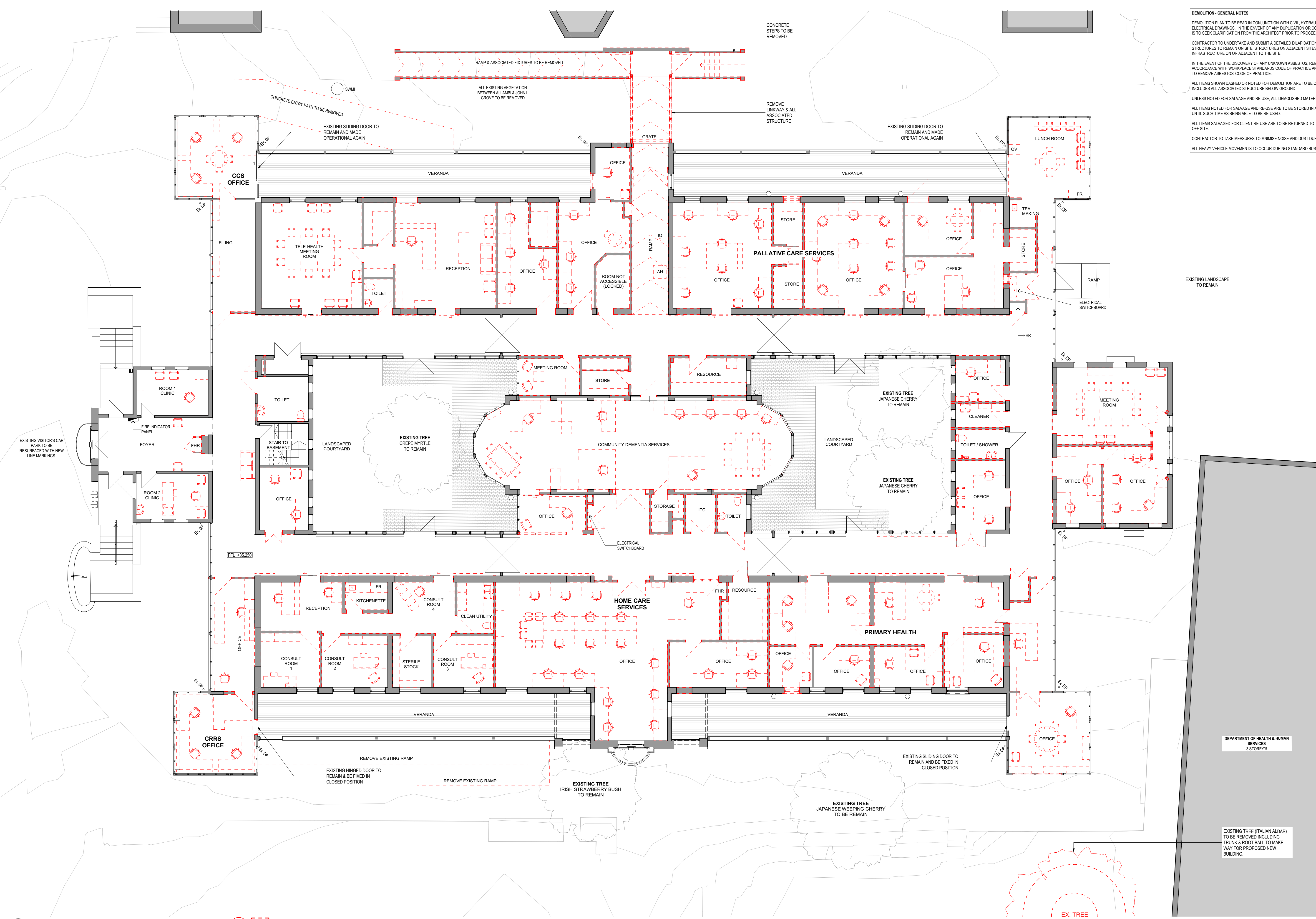
UNLESS NOTED FOR SALVAGE AND RE-USE, ALL DEMOLISHED MATERIAL IS TO BE REMOVED FROM SITE.

ALL ITEMS NOTED FOR SALVAGE AND RE-USE ARE TO BE STORED IN A SECURE LOCATION ON SITE UNTIL SUCH TIME AS BEING ABLE TO BE RE-USED.

ALL ITEMS SALVAGED FOR CLIENT RE-USE ARE TO BE RETURNED TO THE CLIENTS FOR THEIR STORAGE OFF SITE.

CONTRACTOR TO TAKE MEASURES TO MINIMISE NOISE AND DUST DURING DEMOLITION WORK.

ALL HEAVY VEHICLE MOVEMENTS TO OCCUR DURING STANDARD BUSINESS WORKING DAY HOURS.



**1 GROUND FLOOR - DEMOLITION**  
Scale 1:100

DEPARTMENT OF HEALTH & HUMAN SERVICES  
3 STOREYS

EXISTING TREE (ITALIAN ALDAR)  
TO BE REMOVED INCLUDING  
TRUNK & ROOT BALL TO MAKE  
WAY FOR PROPOSED NEW  
BUILDING.

EX. TREE

**JAWSARCHITECTS**

JACOB ALLOM MADE PTY LTD  
10/100 BATTERY ROAD  
THE GRANGE STORE  
21 GASTON BRIDGE  
BATTERY POINT TASMANIA  
AUSTRALIA 7004

DO NOT SCALE DRAWINGS. VERIFY DIMENSIONS ON SITE. ALL DIMENSIONS ARE IN MILLIMETRES UNLESS NOTED OTHERWISE. ALL DIMENSIONS SHALL BE VERIFIED ON SITE BEFORE PROCEEDING WITH THE WORK. JAWD SHALL BE NOTIFIED IN WRITING OF ANY DISCREPANCIES. THIS DRAWING MUST BE READ IN CONJUNCTION WITH ALL RELEVANT CONTRACTS, SPECIFICATIONS, REPORTS AND DRAWINGS.

NOTES:  
1. INFORMATION OF OTHER SERVICES INDICATED ON PLANS IS INDICATIVE ONLY FOR GENERAL COORDINATION. FINAL LOCATION OF ALL SERVICES & FIXTURES ARE TO BE COORDINATED AND VERIFIED BY THE CONTRACTOR ON SITE.  
2. PRIOR TO THE WORK, THE CONTRACTOR MUST OBTAIN ALL NECESSARY PERMITS AND CARRY OUT ALL NECESSARY WORK.  
3. RESPONSIBILITY OF ANY WORK WILL BE ACCEPTED IN CASE BLACK AND WHITE OR GREYSCALE PRINT OUTS ARE USED INSTEAD.

**PROJECT**  
**LAUNCESTON HOSPICE**  
33-39 Howick St, South Launceston TAS  
For  
**Department of Health**  
Tasmanian Government

**DRAWING**  
STATUS **FOR DA LODGEMENT**

REVISION	DESCRIPTION	DATE
04	FOR DA LODGEMENT	18/12/2024
03	CONSULTANT ISSUE	17/12/2024
02	FOR CLIENT APPROVAL	17/12/2024
01	FOR CLIENT APPROVAL	11/12/2024

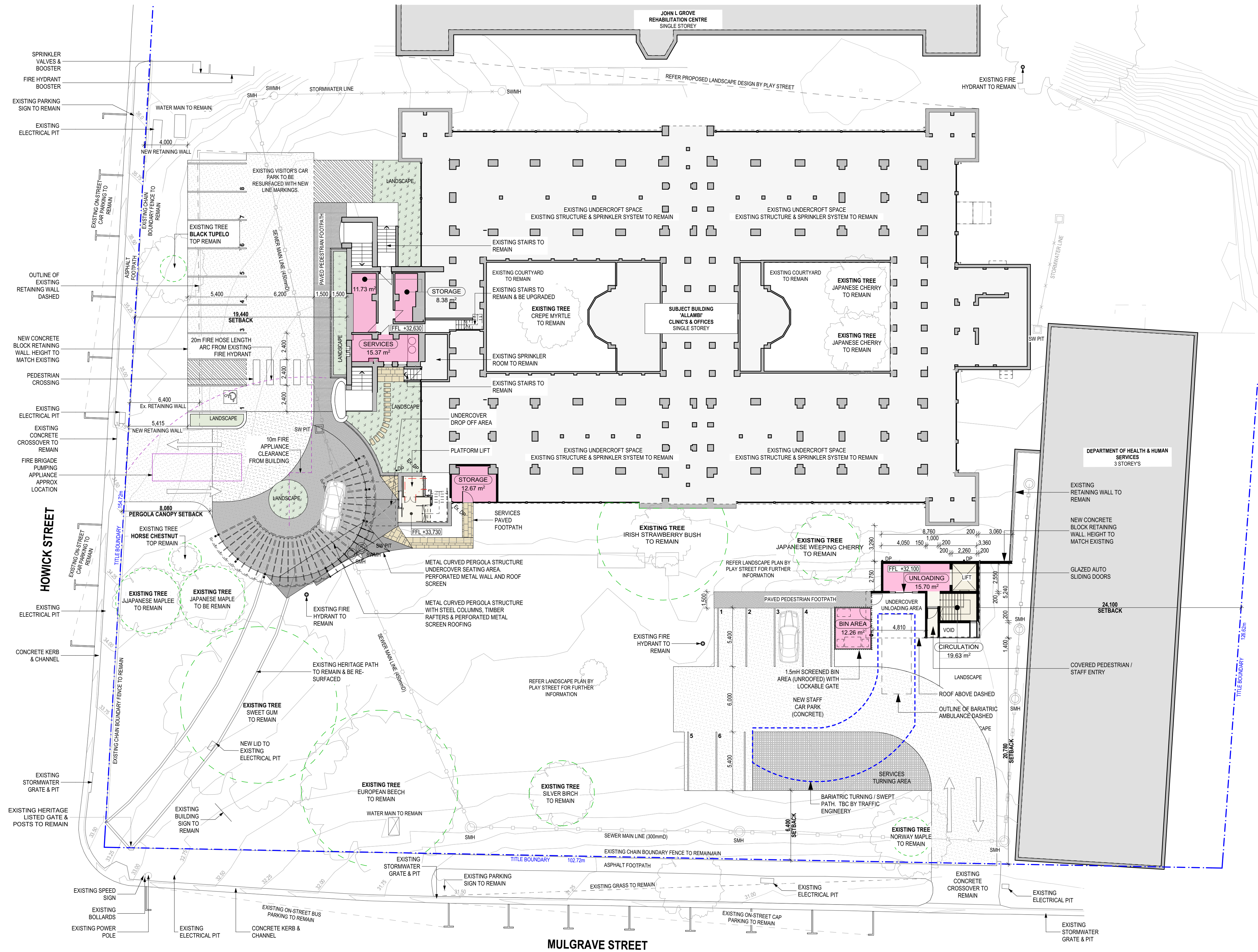
**DEVELOPMENT APPLICATION**  
DRAWING NAME **GROUND FLOOR PLAN - DEMOLITION**

SCALE	DATE	AS SHOWN @ A1
DATE	18/12/2024	18/12/2024
ACCREDITED DESIGNER	Hans Leo	18/12/2024
ACCREDITED NUMBER	18/220880	18/12/2024
DRAWN	MG / BW	18/12/2024
CHECKED	HL	18/12/2024

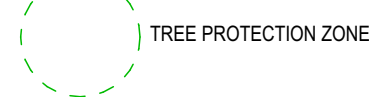
**P24074\_DA-05**

Copyright Jacob Alлом Pty Ltd

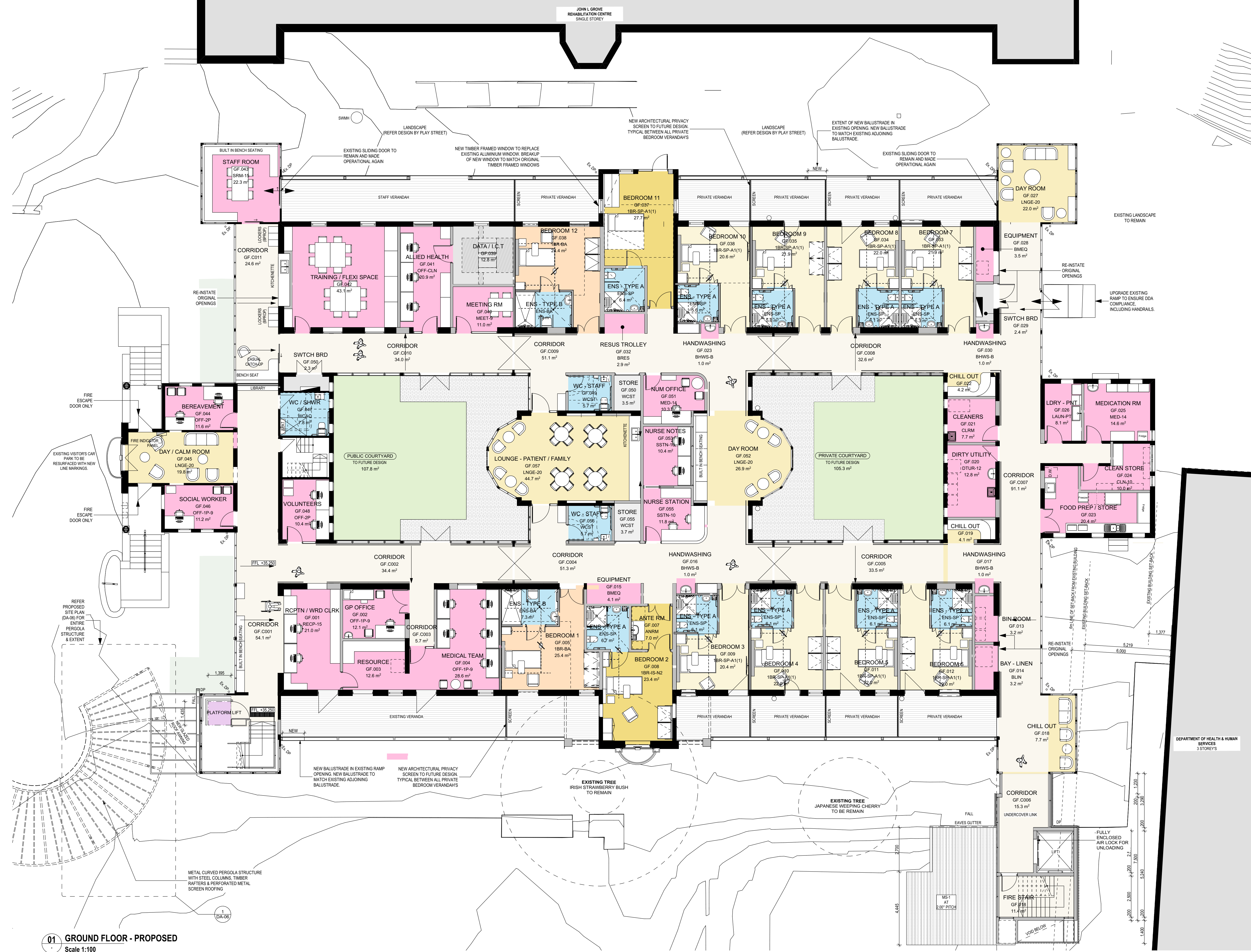




1 SITE PLAN / LOWER GROUND FLOOR - PROPOSED  
Scale 1:200















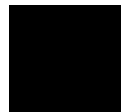
NOTE: ALL EXTERNAL WINDOWS & DOORS WITH 'BLUE' GLAZING ARE NEW, ALUMINIUM FRAMED WINDOWS OR DOORS

11




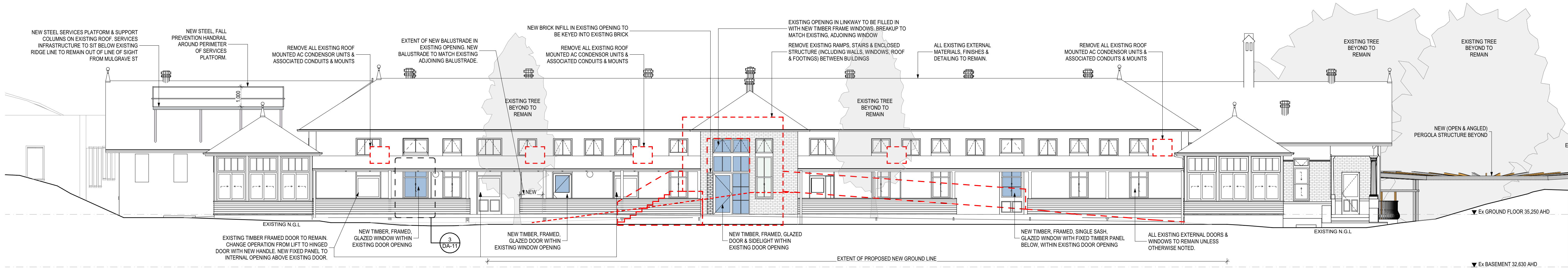
© Copyright, Jacob Allen Media Inc. Ltd.



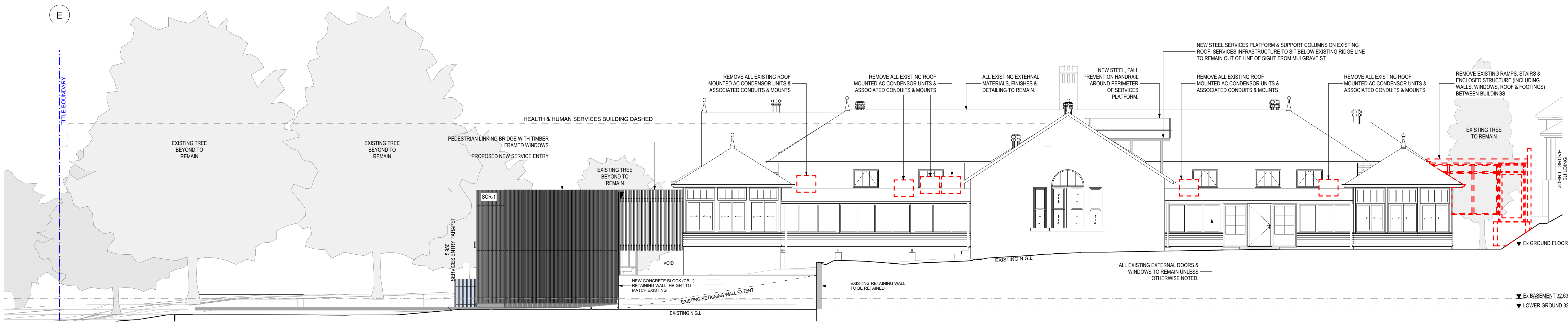
MATERIALS SCHEDULE			
	SCR-1 TIMBER BATTEN SCREEN WITH CLOSE SPACING		MS-1 METAL SHEET ROOFING (LIGHT COLOUR)
	SCR-2 TIMBER BATTEN SCREEN WITH WIDER SPACING		CB-1 CONCRETE BLOCKWORK (LIGHT COLOUR RENDER FINISH)
	FC-1 FIBRE CEMENT SHEET, VERTICAL GROOVE (OR SIMILAR)		MET-1 POWDERCOATED METAL
	FC-2 FIBRE CEMENT SHEET, ALTERNATIVE COLOUR		

NOTE: ALL EXTERNAL WINDOWS & DOORS WITH 'BLUE' GLAZING ARE NEW, ALUMINIUM FRAMED WINDOWS OR DOORS

 TO BE REMOVED / DEMOLISHED



1 NE ELEVATION  
Scale 1:100



2 SE ELEVATION  
Scale 1:100





- 1 PRIVATE GARDENS**  
Gardens designed as a beautiful outlook and to enable beds to come out into them for immersion in the garden with a central services panel
- 2 STAFF COURTYARD**  
Raised deck area for staff breakout surrounded by beautiful gardens
- 3 COURTYARD GARDENS**  
Internal courtyard gardens designed to reflect heritage aspect of the building utilising the existing trees while adding paving and furniture. The public courtyard to have a small toddler play area and BBQ facilities
- 4 KITCHEN GARDEN**  
Raised beds for pottering and growing veggies or flowers. Designed for all accessibility needs. Shade umbrella adjacent for relief from the sun
- 5 FLOWER COVERED ARBOUR**  
Entry to garden by a beautiful flowering vine covered arbour leading from building
- 6 SEATING NOOKS**  
A variety of seating nooks around the garden to cater for small groups or individuals. Designed so as to be immersed in the garden. Plants to be selected for their scent, movement in the wind, seasonal colour, ability to attract birds, size and textures of leaves to play with light.
- 7 CHILDREN'S GARDEN**  
Natural playspace for children with carved stones and timber trunks for water and sand play. Fun elements inlaid into surface such as animal prints disappearing into the garden
- 8 PICNIC AREA**  
BBQ and tables for eating under a permanent wind rated shade umbrella
- 9 RAISED LAWN**  
Lawn area with adjacent hoist to enable enjoyment of lawn. Trees planted for shade and seasonal colour
- 10 GARDEN RELAXING NODES**  
Raised garden beds to wrap around and provide space for a bed to be wheeled in and surrounded by sensory beautiful planting at bed height, so person can be immersed in the garden. Overhead structures for planted vines and flowers to provide shade and a lovely outlook. Flexible reading tables to swing around and carved stones as mini water features for white noise. Space for a seat and shaped in a way to enable privacy. (Outlines of beds shown dashed on plan)
- 11 ENTRY GARDEN**  
Formal seating area with spiral water feature and flowers surrounded by hedge for privacy. Water feature used as a focal point in line with entry
- 12 SCREENED COURTYARD**  
Screen around circular level garden area to aid in privacy yet be of a transparency to allow in light and garden glimpses, timber or steel battens
- 13 HERITAGE ENTRY**  
Retain existing entry gates, historic path connection and specimen trees





# Appendix B: Project Consultation Summary Report

JULY 2025

# Launceston Hospice

## Stakeholder and Community Engagement Summary



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# Introduction

This report provides a summary of the stakeholder and community engagement activities completed during the design phase for the new Launceston Hospice facility in Launceston, Tasmania.

Engagement activities for the new Launceston Hospice were carried out from the release of the concept design in December 2024 and public consultation that occurred in March 2025. This activity included:

- regular meetings with the Project Reference Group during the design phase
- two community drop-in sessions
- providing project information and offering opportunities for feedback and queries via an email address and phone number.

Future engagement activities are planned to occur from construction tender award through to project completion.

## Project background

The closure of Phillip Oakden House in 2007 left Launceston without a dedicated public palliative care hospice facility, leading to community concerns about limited access to contemporary palliative care and end-of-life care.

In 2022 the Australian Government committed \$20 million to improve hospice and palliative care in northern Tasmania. The Launceston Hospice project aims to construct a dedicated hospice and hospice respite care facility in Launceston. The facility will cater to people with life-limiting conditions, along with their families and carers, to provide increased capacity to help meet future demand for palliative and hospice care. As the Tasmanian population ages and more people develop chronic multiple comorbidities this is an essential service. The hospice will also support the implementation of the *Tasmanian Palliative and End of Life Care Policy Framework 2022-27* and the *Long-Term Plan for Healthcare in Tasmania 2040*.

The Department of Health's Allambi Building at 33-39 Howick Street in South Launceston was selected as the location for the new hospice facility. Existing services at the Allambi Building will be relocated to a new location prior to construction works for the new Hospice.

The key project objectives and design requirements that were considered are outlined below.

- Site located near the Launceston General Hospital (LGH) and other service providers.
- Facility is easily accessible to the community and close to public transport.
- Purpose built facility which enables all specialist palliative care services to be co-located.
- Ability to provide a minimum of 10 beds.
- Homelike setting with 24-hour health care, medical, and nursing expertise in end-of-life care.
- Natural setting with rooms overlooking gardens that are readily accessible.
- Facilitates 'whole family' visitation.
- The facility should have suitable loading dock facilities to support deliveries and patient transport.

- Dedicated public car parking, with readily accessible parking for visiting medical professionals, specialist nursing and other staff.

The design has also been informed by a service Model of Care.

## Project benefits

The establishment of a hospice in Northern Tasmania provides an opportunity to strengthen the local palliative care service system by:

- increasing education, system navigation, and support for community-based palliative care providers, carers, family and patients
- providing out-of-hours support to community-based patients and their carers
- strengthening outreach services to patients receiving end-of-life care in community aged care, rural multi-purpose centres and district hospitals
- providing inpatient and respite care in a purpose-built palliative care facility that supports contemporary practices
- supporting care integration and workforce cohesion through co-location of the public palliative care workforce (staff and volunteers).

## Engagement objectives

The purpose of engaging with stakeholders and the community during the Design Phase for Launceston Hospice was as follows.

- Consult and involve key stakeholders and gather feedback about the development of the design of the Launceston Hospice.
- Raise community awareness about the project and ensure that stakeholders have a clear understanding of the project and feedback mechanisms in place.
- Provide regular updates to key stakeholders about project progress, benefits, issues, and impacts.
- Build trust and credibility through early engagement strategies and consistent communication.
- Promote the positives of a new hospice facility, through communicating the overall goals of delivering compassionate care, and that these objectives will assist in recruiting and retaining qualified medical professionals.

## Consultation summary

In December 2024 the concept design for the Launceston Hospice was released and information was provided to Department of Health staff, nearby residents and businesses, and the general public about the project and contact mechanisms for feedback to be submitted. In February 2025, these stakeholder groups were invited to Community Drop-in Sessions that were held during March 2025.



## Communication methods

### Department of Health website

Project information was published on the Department of Health's website including artist's impressions, Frequently Asked Questions, information about Community Drop-in Sessions, and contact mechanisms for community members to find out further information or provide feedback.

### Advertising

Community Drop-in Sessions were advertised in The Examiner newspaper, via a letter box drop notification to nearby residents and businesses, and internal news article to Department of Health staff. The Community Drop-in Sessions were also promoted in a Media Release by the Minister for Health on Monday, 10 March 2025.

### Internal communication

Internal communication with Department of Health staff to provide:

- project information, including artist's impressions, and opportunities to engage with project team members promoted via internal news articles
- targeted information sheets to existing Allambi Building team members informing of progress towards moving these teams to a new location.

### Targeted external communication

Project notification/update emails, and letterbox flyers provided:

- project information, including artist's impressions
- an invitation to community drop-in sessions
- details about how to seek further information from the project team.

## Engagement methods

The following engagement methods were used during the design phase of the project.

### Project Reference Group

A Project Reference Group (PRG) was set up at project inception. The PRG formally meets every second month in which members are provided with an update on project progress, upcoming tasks, key risks and opportunity for members to raise discussion topics. The PRG includes members from the following organisations:

- Department of Health
- Launceston General Hospital including Consumer and Community Engagement Council
- Palliative Care Tasmania
- Friends of the Northern Hospice Group
- Primary Health North.

Through the design phase of the project, the PRG attended additional design workshops which sought targeted feedback and input on key aspects of the new hospice design to draw on the experience and knowledge of hospice care from PRG members.

## **Community drop-in sessions**

Two community drop-in sessions were held. One each at Café on Frankland at the Launceston General Hospital and at Civic Square in Launceston on Wednesday, 12 March 2025 and Friday, 14 March 2025, respectively. The sessions were held from 10.00 am to 2.00 pm to allow time for community members to visit, ask questions, and provide feedback.

The community drop-in sessions provided an overview of the project, posters with the artist's impressions, a brochure, and physical comments form.

## **Engagement outcomes**

The section below provides an outline of the participant profiles for each engagement activity, key feedback themes collected and how they engaged in the process.

Feedback was sought on the new Launceston Hospice facility from stakeholders and the community through a variety of engagement activities. A total of 20 engagements with the PRG have occurred through the design phase of the project, with a further 25 individuals providing feedback using four available methods of interaction, as detailed below:

- PRG engagements – 20
- letters – 2
- community drop-in sessions - 16
- email enquiries – 4
- phone enquiries – 3.

## **Project Reference Group**

Throughout the design phase of the project, the PRG met formally a total of 16 times and engaged in 4 dedicated design workshops. These workshops were intermittently held from an early concept design phase through to detailed design phase. Key aspects workshopped included:

- lessons learnt from recent similar projects
- key inpatient and visitor features incorporated within the facilities design
- facility layout option analysis
- in-patient room layout
- architectural material palette

Through the workshop sessions, systematic feedback was gathered to refine the design. Feedback was implemented to ensure the design aligns with the needs of end users - patients, families, and staff.

## Website

Data from the Department of Health website shows:

- the link to view the artist's impressions was clicked through 311 times by 210 unique visitors
- the FAQ document link was clicked through 90 times by 62 unique visitors.

There was a peak in visitation to the artist's impressions link in December 2024 when the concept designs were publicly released and a peak to the FAQ link in March 2025 which coincided with the community drop-in sessions held on 12 and 14 March 2025.

## Community drop-in sessions

A total of 16 participants actively engaged with the project team at the community drop-in sessions across the two days. A larger number of people passed by the community drop-in session display areas, but did not actively engage with the project team.

## Email and phone number

A further four general enquiries were made via the email address during the design phase for the project. Three phone calls were received to the project's community phone number.

## Key themes

Feedback received throughout the design phase of the project demonstrated four key topic areas of interest to stakeholders and the community as follows: connection to landscape, home-like environment, the overall need for the hospice and parking.

As well as receiving feedback about the hospice facility, enquiries were also received from suppliers seeking opportunities to provide services within the hospice once operational. These expressions of interest were passed on to Tasmanian Health Service Primary Health Management for consideration when implementing service plans.

## Connection to Landscape

Early in the project, the importance of a strong connection to the landscape was identified as a key element of the healing environment. This was reiterated in the community drop-in sessions. A series of design exercises were conducted to explore site opportunities and constraints, ensuring the hospice is integrated with its natural surroundings.

## Home Like Environment

Another theme identified early in the project, and further supported during community drop-in sessions, is the design intent to promote a home-like environment in the new hospice facility. The design has accordingly been developed to replicate a home-like environment, and will promote dignity, access and connectivity to the existing established garden and courtyards that are unique to the Allambi site. Patient rooms will have natural light, soothing / warm colours, space for family members to stay overnight and access to private verandas with views out to the natural landscape.

Family areas will have comfortable furniture, views to the landscape, kitchen and dining facilities where families can prepare meals and relax.

## Need for the Launceston Hospice

A number of community members who actively engaged with the project team and the Community drop-in sessions were appreciative of the urgent need for the project, with some relaying personal stories that demonstrated this.

## Car Parking

On site carparking was raised as a concern and, in response, the project team made reference to the planned LGH Multistorey Carpark to meet parking demand across the LGH precinct. Visitation to the new hospice facility will be further supported through the provision of onsite guest car parking and a new turning circle with a dedicated undercover drop off zone.

## Conclusion and next steps

Overall, stakeholder and community feedback about the Launceston Hospice project across all engagement activities were generally positive. Feedback demonstrated that stakeholders and the community welcome the development and perceive that there is a need to establish a Launceston Hospice.

Key themes raised through the consultation process included the importance of facilities connection to landscape, home-like environment, consideration for visitor and staff parking.

Feedback was received from a range of stakeholders across the available methods of interaction. All feedback received has been considered by the project team and where appropriate has influenced the design in order to ensure the new Launceston Hospice meets the palliative care needs of the community in northern Tasmania.

In response to the key themes identified in the feedback received, the design includes private access to verandas from all in-patient rooms and direct access across corridors to landscaped courtyards. The facility further features the establishment of a new hospice garden external to the building allowing patients to connect to the landscape and community in a supported environment. Fixtures and furnishings through the facility are also tailored to achieve a homelike feel as opposed to what would typically be observed in a clinical hospital setting. Other facilities within the new hospice include day rooms, a shared dining room and several quiet nooks which further support facilities homelike feel and welcomes patients and their guests to interact beyond their allocated bedroom.

The construction tender for the Launceston Hospice was advertised on 10 May 2025. Subject to the project receiving approval from the Parliamentary Standing Committee for Public Works, a construction contract is expected to be awarded in late 2025 and work is due to be complete in late-2026.