THE PARLIAMENTARY STANDING COMMITTEE ON PUBLIC WORKS MET AT HENTY HOUSE, LEVEL 4, CHARLES STREET, LAUNCESTON ON THURSDAY, 31 AUGUST 2017

LAUNCESTON GENERAL HOSPITAL - PAEDIATRIC AND MENTAL HEALTH PAEDIATRIC INPATIENT UNIT (WARD 4K)

Ms SUZANNE ASHLIN, PROJECT MANAGER, ASSET MANAGEMENT SERVICES, DEPARTMENT OF HEALTH AND HUMAN SERVICES; **Mr ANDREW FLOYD**, CONSULTANT ARCHITECT AND **Mr ANTHONY DALGLEISH**, CONSULTANT ARCHITECT, PHILIP LIGHTON ARCHITECTS; **Ms JANETTE TONKS**, NURSING DIRECTOR, WOMEN'S AND CHILDREN'S SERVICES, **Dr CHRIS BAILEY**, STAFF SPECIALIST, **Ms ULLA JONSSON**, SPECIALIST MEDICAL PRACTITIONER, CHILD AND ADOLESCENT MENTAL HEALTH SERVICES AND **Mr CAMERON MATTHEWS**, DIRECTOR, CORPORATE AND SUPPORT SERVICES, LAUNCESTON GENERAL HOSPITAL WERE CALLED, MADE THE STATUTORY DECLARATION AND WERE EXAMINED.

CHAIR (Mrs Rylah) - Thank you for appearing before the committee. The committee is pleased to hear your evidence today. Before you begin giving your evidence, I would like to inform you of some of the important aspects of committee proceedings.

A committee hearing is a proceeding of the parliament, which means it receives the protection of parliamentary privilege. This is an important legal protection that allows individuals giving evidence to a parliamentary committee to speak with complete freedom without the fear of being sued or questioned in any court or place out of parliament. It applies to ensure parliament receives the very best information when conducting its inquiries. It is important to be aware this protection is not accorded to you if statements that may be defamatory are repeated or referred to by you outside the confines of the parliamentary proceedings. This is a public hearing, members of the public and journalists may be present and this means your evidence may be reported.

Do you understand? Could you please give a verbal yes or no?

Ms ASHLIN, Ms TONKS, Ms JONSSON, Dr BAILEY, and Messrs MATTHEWS, DALGLEISH and FLOYD - Yes.

CHAIR - Thank you very much. Who would like to make an opening statement? Could we have a clarification in regard to the budgeted figure?

Ms TONKS - Thank you very much for allowing us the opportunity to provide this presentation for you. The paediatric inpatients services Ward 4K is part of the Women's and Children's Services - known as WACS - and is located on the fourth floor of the Launceston General Hospital, adjacent to the neonatal and obstetric wards.

The paediatric unit was relocated to its current site in 1996, and only very minor infrastructure changes have occurred since that time. The LGH paediatric service provides an inpatient service to the northern Midlands, north and north-east of Tasmania, and is the referral hospital for patients

from the north-west paediatric unit. It currently has 28 inpatient beds and approximately 2900 annual separations.

The ward accommodates a broad spectrum of paediatric cases, including specialised areas of paediatric surgery; ear, nose and throat - ENT; child and adolescent psychiatry; cystic fibrosis; paediatric oncology; sleep medicine; and general paediatrics. Age groups within the paediatric inpatient unit are mixed and include babies and adolescents in varying ratios at any given time.

In addition LGH is a teaching facility and Ward 4K provides ward round teaching and weekly registrar training sessions to medical and nursing students. Teaching sessions require access to teleconference facilities and meeting rooms.

Paediatric mental health services: LGH does not currently have adequate facilities to provide acute mental healthcare services to inpatients under the age of 18 years. The ward has one single room modified to provide a safer environment for adolescent mental health patients. It does not meet the needs when multiple mental health patients are in the ward. The current Ward 4K does not comply with Australian standards - the rooms are small, bathroom facilities do not comply, there are limited family facilities and the ward lacks single rooms.

The inpatient facility will increase bed numbers from 28 to 36. Six beds will be designated to meet accommodation requirements for adolescent mental health patients, but can be used for other adolescent patients should this be required. The layout is designed to provide separate pods to meet the requirements of the varied age group of patients. The adolescent patients will be co-located within the mental health pod and share facilities such as activity room, lounge room and school facilities. There is also a designated outdoor courtyard for those patients.

Younger medical paediatric patients will be in another pod with an indoor and a separate outdoor play area more conducive to their age group. The new inpatient facility will provide close observation rooms with greater visibility for staff and there will be improved family facilities and staff meeting rooms for education, handover and family conferences.

Consultation in the development of this building has been varied through a number of stakeholders and groups, and consisted of consumer engagement from our current consumer families' 4K auxiliary which has provided support to the ward over many years; mental health services - in particular child and adolescent mental health services; allied health; LGH catering; and LGH house services and capital works. We are delighted to be part of this project to provide the families and children of northern Tasmania with this facility. Thank you.

CHAIR - Thank you very much, Janette. Suzanne, would you please explain to us the difference in the numbers?

Ms ASHLIN - Yes. A budget allocation of $7.85 million was provided for this project. That was across the financial years 2016-17 to 2018-20. Some investigation has revealed infrastructure issues that need to be addressed. We have actually had funds allocated from the Statewide Hospital Critical Facility Upgrades and an infrastructure fund that have allowed necessary infrastructure works important for the project. Those infrastructure works are a substation upgrade and an emergency generator. That increases the budget to the $9.64 million.

CHAIR - Are we seeking to approve $9.64 million?

Ms ASHLIN - Yes. At the time we put the ExCo minute in, it was $7.85 million. Obviously, we have still been progressing the plan in the interim time frame, which has then revealed the issue with the infrastructure which needs to be addressed. In between the time of putting that paperwork in and now, it has come to the $9.64 million, so I apologise for that.

CHAIR - Thank you very much. I will open it up to committee questions.

Mr VALENTINE - With respect to that extra month, is there any complication with the Government's statement and this being more? Is there going to be an issue later on there as well?

MALE UNIDENTIFIED SPEAKER - As long as it is explained to the committee's satisfaction.

Mr VALENTINE - Okay, thanks. On page 5 of the submission, under 'Paediatric mental health', it clearly states -

> Currently challenges are experienced when more than one mental health patient is admitted to the ward as physical space is limited to only one modified room.

We saw that. How does the intended provision under this development meet the Australian standard for the head of population you are servicing? Are you going to have enough of these units to cope with general demand?

Ms TONKS - You are referring just to the mental health patients?

Mr VALENTINE - Yes. In terms of adolescent mental health in particular as we are being told it might be on the increase.

Ms TONKS - Absolutely. Our plans are for fitting out six adolescent mental health beds - single rooms. At any given time our average number of mental health patients over a given year is about 2.4. We rarely go above four. We have had maybe half a dozen spikes throughout the last 12-month period, where we have had more than four patients at any given time. We are working on having at least four bedrooms available for those patients, with the ability to have up to six in those accommodation requirements. Obviously, there may be a few occasions during the year where we have more than that, but we do have other single rooms as well. At any given time those patients will be at different levels of their recovery and it might be they are able to co-share one of the double rooms in the adolescent wing. We feel that we have allowed for future growth with what we are currently looking at.

Mr VALENTINE - The nature of the rooms - they are safe rooms in terms of hanging points and things like that? That is to an Australian or an international standard? Do you have an international standard you follow in that regard?

Ms TONKS - We have an Australian standard which we have followed. There are no hanging points; there is safety glass; even the locks on the doors and so on are so they are not able to harm themselves at all.

Mr VALENTINE - Are there special beds for those sorts of rooms?

Ms TONKS - Yes, there will be special beds for those rooms. We have looked at a lot of the work Mental Health Services has already done in the revision of Northside, which is the adult facility, and researched a lot of its work and infrastructure it has put into place. We have taken a lot of that into consideration.

Mr VALENTINE - In the room we looked at I noticed hinges coming out from the wall. Is that sort of thing fixed in the new facility?

Mr DALGLEISH - Certainly, the new development will be of a much greater standard than what it is currently. The current room is more of an ad hoc fix to the problem as opposed to starting from afresh.

Mr VALENTINE - A special design?

Mr DALGLEISH -Special design, correct; a purpose-built design.

Mr VALENTINE - Has there been full consultation with psychiatrists and the staff using those facilities about the design of the rooms? Has that all been approved by staff?

Ms TONKS - Yes.

Mr VALENTINE - Are there any outstanding issues of concern?

Ms TONKS - No, we have worked quite closely with Mental Health Services and particularly with Child and Adolescent Mental Health Services right from day one. They have been included in all our consultations and meetings, and we have been working together as a team.

This is the first time we have had two distinct areas coming into one facility. We have never had an adolescent or child inpatient psychiatric or mental health facility before. This is the first time we have done it. Working closely alongside our colleagues is very important to make sure we get the facility that we need.

Going right back to day one, we have looked at how many beds we need and what our future growth will be. We have been sharing data and statistics to come to that figure.

Mr VALENTINE - Thank you. I have other questions, but I will ask them later.

Mr SHELTON - Along the same line of questioning, recommendation 7 indicates the project control group and the project team. From our perspective, we are just politicians looking after the taxpayers' money - that is what our role is - and assessing the projects put in front of us.

It gives me great heart to see so many of you sitting around the table who have been involved in the project. Had we one person sitting there, we would have had to question how much consultation there has been, how many groups have you talked to and so on.

Ms Tonks, in your opening address you mentioned there had been consultation with a number of groups. We have so many people around the table that indicates to me there has been substantial communication between the groups.

Would any of you like to comment about the process and whether anything is missing? If the control group and project team have thoroughly looked at it, I suggest there probably is not, but this is an opportunity for people to comment on that. Is everybody very happy with the team's thorough consultation process? All the witnesses are shaking their heads and saying yes. That is very good.

Now to specifics. The LGH, for everybody in the north - and the Meander Valley was not mentioned, but it is in the north - is our hospital. It has always had issues with parking. I will come back to that.

My children were born at the QV but then my grandchildren, the next generation, were all born at the LGH. I have not spent any time, thankfully, in the children's ward. The eldest one is 11 and the youngest one is about to turn 12. Hopefully they will not end up there, but we need the facilities.

Parking for those people who come to the LGH has always been an issue. As part of this process I asked about it in the workshop but because it is recorded on *Hansard*, we need to put the question again: how many fewer car parks will there be at the end of the development? How are we coping with that? During the development, what were the thoughts on the car parking issue?

Mr FLOYD - We understand 844 car spaces are available at the LGH at the moment. In the car park where we are looking at doing the development there are 149 spaces. This development will reduce that by 15 spaces, we understand. Through the construction we may lose another 12 or 14 spaces temporarily. As part of those works, we are changing the access to the car park onto Howick Street, which will, from our traffic impact assessment, provide better access to and egress from the site. It will also bring the car park up to an Australian standard in terms of the slope of the car park. The works we are looking at will have the opportunity to provide additional car spaces into the future in other developments.

Mr FARRELL - Coming back to the paediatric mental health area, is there currently just the one room?

Ms TONKS - Correct.

Mr FARRELL - What effect does that have with your staff if you need to send a patient into the Northside unit? Do you then have to move staff from the paediatric ward across to that unit or are they cared for by the staff in the Northside ward?

Ms TONKS - If a patient is moved from the paediatric ward to the adult Northside ward, they are cared for by the Northside staff, the adult mental health staff.

Mr FARRELL - Does that create any particular issues as far as patient care goes?

Ms TONKS - I guess we would ask patients to go to Northside for a variety of reasons and a lot of things are taken into consideration before that decision is made. One of them is whether they have adequate staff to take the patient. Do they have an adequate room to take the patient? All of that is considered before that decision is made because it is really about providing the best care for that particular patient in the best place. That is what our goal is always to be.

The negotiations would be between the nurse unit managers of both areas about the particular requirements for that patient. Similarly, if we have adolescent mental health patients in the paediatric ward, we seek assistance from our colleagues from the mental health team about specific

requirements - that is, paediatric nurses - that we need to be mindful of and undertake in order to care for that particular patient. We work very much as a multidisciplinary team in supporting each other to provide the best care.

Mr FARRELL - What are some of the current issues with the one room you have? It has obviously been designed for something else and you have had to convert it. How will you address that in the new wing?

Ms TONKS - One of the issues with that room is its position. That room was designed to be close to the nurses' station and within clear visibility. We have planned to relocate mental health patients to a different pod away from the general paediatric patients. Sometimes mental health patients can become quite loud, aggressive and quite distressing to the other patients and families in the ward. We have had instances where we have had complaints from other consumers about how frightened they are by a mental health patient who becomes quite unstable and difficult to manage.

Our new facility will have a separate area a little way away. That area is actually designed so it can even be locked off or shut down so that if we have a child who is behaving badly or is particularly unwell, we can feel we can better protect the rest of our patients in the ward as well as manage those patients in more of a secured area.

Mr FARRELL - The other issue I noticed was the lack of storage, which must be fairly frustrating for everyone. What in the new building will address this issue? In the entrance you have had to store beds and all sorts of things, which must be a bit of hazard as well as a bit of a nuisance.

Ms TONKS - Absolutely. Storage has been an issue of ours for quite some time. A lot of that comes about from having to have a variety of different-sized beds and cots for our patients. Depending on the age of the child and their sleeping requirements, we are having to move bedding around to meet those requirements, which is why the storage has always been an issue for us.

That was one of our top priorities in the redesign of this area - that we have sufficient storage for our beds and cots and other equipment that goes along with the treatment of these children.

Allied health plays a big role in the recovery of our children and their recuperation. They come with a lot of equipment as well. We have a designated area for the allied health team to store some of their equipment as well as do some of their treatment.

Mr FARRELL - Finally, the other thing that became apparent when we looked through the ward was that a lot of parents prefer to spend time with their children in the ward. Is that being catered for with the extensions?

Ms TONKS - Yes, that is right. One of the other requirements we discussed very early on with the architect team was to have a sleeping facility for a parent beside every patient bed. The bedding might vary. We might have a variety of different arrangements for that to occur. The beds we currently have next to the patients for parents are a day-seating arrangement that can be pulled out into a bed for night use. We will have some other arrangements in some of the other rooms.

What was also particularly important for us is to have a family breakout room so that they can go somewhere else apart from sitting beside their child 24/7 to have some refreshments or a shower.

There will also be a couple of beds in that area because you might have both parents wishing to stay. You might have a younger sibling as well who requires sleeping overnight. We have tried to cater for all those different scenarios as best we can.

It is important for those families to have somewhere a little bit nicer than what we currently provide for them. It is a little bit clinical at the moment, a bit sterile. These families come in; they are very anxious as parents of sick children. We want to make something a bit nicer and more comfortable for their needs as well.

Mr FARRELL - Thank you.

CHAIR - I would like to go back to the issue of storage. I am trying to identify how much additional storage there is. It is hard to read the drawings. I have identified two but I guess a lot more than two rooms of storage is being provided under the new build.

Ms ASHLIN - That is the decanting plan you are looking at.

CHAIR - It is even tinier.

Members laughing.

Mr FLOYD - The major bed store is the store up through here. There is another sterile store here and an equipment store here. They are the principal store spaces. On some of the corridors, there are equipment spaces.

CHAIR - So they are colour-coded, the bits in green?

Mr FLOYD - Yes. There are a couple of white ones there as well.

CHAIR - Are there? Okay. You believe it is adequate?

Mr FLOYD - We have done a bit of a test and in one of the tests, we got the size of various elements and placed them in the room and demonstrated that they fitted.

CHAIR - Excellent, that is what we want to hear. With regard to the outside space for teenagers, I noted during in our walk through that there is no teenage outside space. Can you talk me through what is being provided? I see a number of outside spaces, but I am not quite sure what they are.

Ms TONKS - In the new section, which is more of the adolescent mental health section, there is an outdoor area here, which will be specifically for the older children. We found it is really important, particularly for our mental health patients who might spend a number of days or weeks in the facility, for them to get outside, get some fresh air and sunshine. They like to pace around. At the moment there is nowhere for them to go at all. That is why we felt it was really important to have that outdoor area, as well as this activity area here which will be multipurpose. We would like to have some nice tables and chairs for dining for patients who are eating together as a group or as a family, but also some other activities they can do in that space.

The adolescent lounge, which is this section here, is more of a quiet area for them. If they want to do some listening to music or reading, something away from the bedroom area, they have another

area to go to. The dual purpose of that room is for their schoolroom as well. You would have noticed that when we first came in we had a teacher there with the patients. They will be able to relocate and do that work in that room during their school hours, which is 9 to 12, Monday to Friday. At other times the room can be used for other quiet activities. We tried to break it up a little bit so that they have enough to keep them occupied and help facilitate their stay.

CHAIR - It sounds like a substantial increase in space and the facility they have available.

Ms TONKS - Absolutely. It is a huge improvement on what we currently have available.

Mr SHELTON - I have a question on the staging and the time frame. I may have missed it. What is the duration of the build?

Mr FLOYD - Looking at the document, it is about 12 months.

Mr SHELTON - The staging - I can only assume that the new build is the first stage. When it comes to the transition between the two, will a separate entrance be used? I imagine the new build will be isolated from the old section initially, with transfer of patients, and that will operate while the old section is revamped. So the adolescent section will actually be the whole ward for a period of time, and then everything will be transferred through and set up how it is on the plan.

My main issue with that is: where will the front door of the new building be when you do not have to walk through the hospital and through the old department to the new one? There is a new front entrance for a period of time?

Mr FLOYD - For a very short period of time, there will be space shared with the builder and the public. In the past, we have done that by hoarding down the middle of the corridor. The arrangements we have in place are very similar to what you have suggested, Mark: we are going to build all the blue area at the left-hand end first of all and then we are going to come onto the green area. If you look between the green, the purple and the orange, you will see that is halfway down one of those corridors.

The green will extend to the back of the corridor wall it is adjacent to, which will allow us to take the first corridor where all the staff toilets and things are that we saw this morning, refurbish all of that area, and then swing onto the orange area and then the purple zone. It is a progressive way of working ourselves out. The challenge with that is to bring all the services from the existing part of the hospital all the way through to zone 1 while keeping everything else running as we go and then come back. As we extend those services, we will put stop valves and taps and blank ends in air conditioning ducts so that the service can continue to be delivered.

Mr SHELTON - My main point is that, yes, all this has been considered and that service has to be delivered while the build is going on, but that can bring significant issues with it.

Mr FLOYD - That has, in part, been addressed by the number of beds provided in stage 1 to allow that to happen.

Mr VALENTINE - Going back to the issues we were talking about before in terms of mental health, we briefly discussed postnatal depression. For the record, can you fill us in as to how someone with postnatal depression is dealt with - the young child, themselves, they are is struggling

to cope. How is that dealt with in the context of what is being built here? Is that taken into account or is it handled somewhere else in the hospital?

Ms TONKS - Postnatal depression is not part of this build at all. It is an adult condition of the mother. It is generally managed in the adult facility at Northside. If the patient is unwell enough to need hospitalisation and treatment, we prefer babies not to be part of that admission because it is not necessarily a safe area for babies. We have on occasions had short-term stay postnatal women with their babies in the maternity ward in order to meet their requirements, but again it is a person by person -

Mr VALENTINE - Case-by-case basis?

Ms TONKS - A case-by-case situation, looking at all the options best provided for that particular patient and her baby.

Mr VALENTINE - With the teaching facilities you were talking about - you were saying teachers come to do classes - is there any provision for those teachers in terms of storage space for their needs, seeing as this happens on a regular basis? Do they have specific facilities under this rebuild or not?

Ms TONKS - Yes. There will be storage made available for the teachers to keep their education equipment.

Mr VALENTINE - Who organises that? Do you work with the Education Department or is it a service you provide yourself?

Ms TONKS - No, that is done with the Education Department.

Mr VALENTINE - Mr Matthews, with respect to ICT facilities, can you tell us what sort of consultation happened in regard to facilities required. Is wireless being used? Were there dead spots or any issues conflicting with equipment being used? Could you perhaps talk us through some of that?

Mr MATTHEWS - I will pass over to Suzanne to answer.

Ms ASHLIN - As part of any capital works project we consult with the ICT department. They have been given a set of plans. They have looked at the area provided for a communications room and they will scope that accordingly and provide us with what's required to go in there in terms of wireless access points. Similarly a survey done through Telstra will give us an indication of where the wireless access points are required. That will become part of the construction work.

Mr VALENTINE - As far as you are aware, there should not be any major issues with the provision of those sorts of services?

Ms ASHLIN - No, and as part of the budget we provide an allocation of funds to cover the ICT.

Mr VALENTINE - The issue of security in terms of access to cable trays: is that well and truly secured?

Mr DALGLEISH - There is very good access to services in this part of the building because the barrel-vaulted roof has a walkway down the centre, so access to those cableways and things like that are secure and easily accessed. To add to what Sue was saying, we are building a new IT rack room. That will form part of the first stage of the build in the blue section. This was set up at the start of the project and everything is backfed into that room. It will come off the old system onto the new system as we progress through the build.

Mr VALENTINE - There is no way there is public access to those sorts of sites? No way people can get through?

Mr DALGLEISH - No possible way, no.

Mr VALENTINE - I noticed fire doors and like are designed into the build. In terms of fire safety, you are talking about a walkway being through the roof space -

Mr DALGLEISH - Correct.

Mr VALENTINE - But doesn't that fire door arrangement have to extend to the ceiling so you do not get spread of -

Mr DALGLEISH - Correct. The fire compartments are either between the floors if they are concrete floors and concrete ceilings -

Mr VALENTINE - Okay, so they are contained?

Mr DALGLEISH - They are contained in that regard. This space is a unique space in the hospital, because it has an open metal roof so fire and smoke walls continue right up.

Mr VALENTINE - Right up to the ceiling?

Mr DALGLEISH - To the underside of the iron, yes. It is compartmentalised both on level 4 and in the ceiling space.

Mr VALENTINE - Thank you.

Mr FARRELL - In relation to the extra funding to cover emergency power generation, is that a separate unit for the ward or is it an upgrade of the main hospital emergency generator?

Ms ASHLIN - My understanding is specifically for that area.

Mr DALGLEISH - That is our understanding at the moment. It may augment the current arrangement, but it is specifically for the children's ward and the extension to the children's ward.

Mr FARRELL - We have looked at other hospital projects and they are upgrading their power, too. I hope the Government is buying in bulk to save a few dollars; they might get a good two for one deal somewhere.

Mr VALENTINE - It talks about diesel generation as backup power supply. Is that right?

Mr MATTHEWS - Yes.

Mr VALENTINE - Has any consideration been given to a significant battery backup? There are Tesla batteries and facilities that can actually replace diesel generation. Has that been considered at all?

Mr MATTHEWS - No, not that I am aware of.

Mr FLOYD - A significant outage would be a problem for a battery storage for a unit with 28 or 29 beds. The diesel generator can run for a considerable period of time and be topped up. The diesel generator generally has about 1000 litres fuel and easy to top up.

Mr DALGLEISH - There are systems within the hospital that are battery backed up. A lot of the ICT services, essential services, security and things like that have UPS large battery systems, but not the main hospital system.

CHAIR - Mr Valentine, you were not with us at the Repat?

Mr VALENTINE - No, I wasn't.

CHAIR - They explained it was about seven days in the diesel generation before they needed a refill, where there was an hour if they used a battery.

Mr VALENTINE - Yes, okay. I appreciate the explanation.

CHAIR - Are the ward bathroom arrangements going to be disability-compliant? What is the design going to be?

Ms TONKS - Each room has its own ensuite. Therefore all the single rooms have their own ensuites. We have another central bathroom with a rather large bath, which is on order at the moment, which has facilities for patients in wheelchairs. The door slides open and the patient can slide across into the bath. The door then shuts and the bath lies backwards a little bit to allow them to have some comfort in the bath. That is a whole separate bathroom that you will see on the plan. There are a couple of other baths within the ensuite areas for the younger children. In total, there are three baths. Otherwise we have ensuites, which are the appropriate size standards for each of the rooms.

CHAIR - So they are a shower, toilet and a basin?

Ms TONKS - Yes.

CHAIR - Does this cater for bariatric rooms for large patients?

Ms TONKS - We have one single bariatric room down the adolescent end that has been designed for that particular purpose. To date we have not had a huge requirement for that, but we are looking into the future because obviously hospital-wide it is becoming an issue for us in the adult areas in the hospital, so we have made provision in this build.

CHAIR - In the mental health area, I am aware recently of a mental health patient who was very large and was later relocated to Latrobe where a specially built house was made for them. How is that sort of patient going to be dealt with?

Ms TONKS - What sort of room they need depends on their medical condition at the time. Our bariatric room is in the adolescent end; we are sharing facilities anyway. I think it would depend on the particular case as to whether they use the bariatric room or need the requirements of the mental health room.

CHAIR - Is there a possibility of catering for both mental health and bariatric?

Ms TONKS - The single rooms in the mental health area are actually a larger size than standard so there would be plenty of room in those rooms to cater for larger-size patients.

CHAIR - Thank you.

Mr VALENTINE - Could you explain to us whether in this development there is any increase in the number of pressurised rooms or the need for those in the future?

Dr BAILEY - At the moment, I believe we probably have around six. They were the standard when this ward was built back in 1990. It is now recognised that the need for the pressurised rooms is less, although there is still a place for it. Australian standards in paediatric wards, on the numbers we are accommodating, say that two should be sufficient with the other rooms being isolation rooms without the need for that pressurisation.

Mr VALENTINE - Is the pressurisation related to infection control? Or is it related to the patients' wellbeing with certain types of diseases?

Dr BAILEY - Infection control, particularly those who have been isolated from the outside rather than the outside being isolated from them.

Mr VALENTINE - Thank you.

CHAIR - In regard to the diesel generator, it says here 'to run nominated essential services'. I do not understand what that means. What are 'nominated essential services'? I assume it does not operate in the normal run of the hospital. What is the story, please?

Mr DALGLEISH - Within the wards there are different circuits. There is an essential circuit of power and there is a non-essential circuit of power. Each bedhead panel will have a number of essential power points and a number of non-essential power points. Equipment supporting the patient and their care is on essential services so if the power goes off, those services are maintained. If you have something non-essential, such as charging an iPod, you are not keeping that running. Similarly, the lighting is split into zones. You might not light the whole of the ward to the level it is currently lit, but it will be lit sufficiently to operate the facility.

CHAIR - Are you saying that the diesel generator only goes to the essential circuit?

Mr DALGLEISH - Yes; it is my understanding that it is only for essential services because otherwise the requirement on the size of that generator would be too large.

CHAIR - My last question is in regard to double glazing. It is a similar sort of question. It says 'the appropriate use of double glazing': is that referring to external windows versus internal ones? I am trying to get an understanding of what the word 'appropriate' means there.

Mr FLOYD - The unit will be double glazed; it will meet part J of the Building Code. If you do not design your building well, you might put in too great a proportion of glass, or you might put the glass on the wrong facade of the building. We recently had a case where it was very difficult to get the building to perform because we had all this glass facing east. By sharing the glass around the facades, you get an appropriate energy usage for the building. That is what it was referring to.

CHAIR - It is not saying that in some instances external windows will be single glazed?

Mr FLOYD - It is not saying that.

CHAIR - Right, very good. Thank you.

Mr VALENTINE - About solar panels. Every time we build a new building, there is consideration of the use of solar energy to reduce the energy need. Is that being considered or not?

Mr FLOYD - It was considered early on by our services consultants. The big ecologically sustainable development - ESD - initiative they have been concentrating on is using a reverse-cycle calorific exchanger to maximise the hot water. We have been able to make other savings by tapping into the boiler system the hospital runs for both heated water and the chillers. We will extend the existing systems in the hospital through the new development and those systems have been designed to make savings right across the board.

Mr VALENTINE - Thank you.

CHAIR - Are we taking the opportunity to improve insulation in parts of the existing hospital?

Mr FLOYD - Yes.

CHAIR - Excellent. If we have no further questions, I have two general questions. First, could do you believe the development you have put forward to us is fit for purpose?

Ms ASHLIN, Ms TONKS, Ms JONSSON, Dr BAILEY, and Messrs MATTHEWS, DALGLEISH and FLOYD - Yes.

CHAIR - Do you believe, from the point of view of the Tasmanian taxpayer, that this is value for money?

Ms ASHLIN, Ms TONKS, Ms JONSSON, Dr BAILEY, and Messrs MATTHEWS, DALGLEISH and FLOYD - Yes.

CHAIR - Thank you very much. Thank you for your evidence today, the tour and the conversations we have had. It has helped us understand what we are looking at, being completely not within the medical world. Before you leave the table, I need to read my little bit to you.

As I advised you at the commencement of your evidence, what you have said to us here today is protected by parliamentary privilege. Once you leave the table, you need to be aware this privilege does not attach to comments you may make to anyone, including the media, even if you are just repeating what you have said to us. Do you understand that?

Ms ASHLIN, Ms TONKS, Ms JONSSON, Dr BAILEY, and Messrs MATTHEWS, DALGLEISH and FLOYD - Yes.

CHAIR - Thank you very much.

THE WITNESSES WITHDREW.