

LAUNCESTON GENERAL HOSPITAL PRECINCT MASTERPLAN

CONSULTATION QUESTIONS & ANSWERS

Topic	Questions	Response
Carparking	<ul style="list-style-type: none">• What will additional carparking capacity be?	<ul style="list-style-type: none">• Throughout the consultation process, we have consistently heard that parking is a significant issue for staff, volunteers, patients and visitors to the LGH.• As outlined in the LGH precinct Masterplan, there is a future opportunity to develop the land on the corner of Howick and Charles streets (which is currently used as carparking spaces) as a multistorey carpark.• A car parking and traffic study for the LGH precinct is currently being undertaken, in conjunction with Launceston City Council, and will be an important part of planning how to best address the issue of increased carparking capacity.
Carparking	<ul style="list-style-type: none">• Can Cleveland St carpark be expanded?	<ul style="list-style-type: none">• Following the completion of the Cleveland Street multi-storey car park expansion project in 2020, it was identified that the structural capacity of the carpark would only allow minimal future expansion, which would be prohibitively expensive and is therefore not a cost-effective option.• To improve access for patients and visitors, it is planned to connect the new hospital tower to be developed on the current Northside site (following the construction of the new Mental Health Precinct on the Anne O'Byrne site) directly to the Cleveland Street carpark via a new link-bridge,
Carparking	<ul style="list-style-type: none">• Will the private hospital have a carpark?	<ul style="list-style-type: none">• The Tasmanian Government has recently signed a Memorandum of Understanding with Calvary Health Care to support the next stage of the development of its co-located private hospital adjacent to the LGH.• The Calvary proposal includes undercover parking in the development.

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Mental Health Services Precinct	<ul style="list-style-type: none"> Will a CAMHS unit be part of the MHS precinct at Anne O'Byrne site? 	<ul style="list-style-type: none"> Clinical service planning for the new LGH mental health precinct will soon commence to determine which services will be provided from the new facility. This will be followed by development of a model of care to detail how services will be delivered from the site, and what the procedures will be for maintain connection with the main campus. Key stakeholders from the range of mental health services delivered by the Department in the Northern region will be engaged in these processes, to ensure an effective plan is developed to co-locate services at the new mental health services precinct.
Mental Health Services Precinct	<ul style="list-style-type: none"> What happens to the supply building? 	<ul style="list-style-type: none"> As part of the construction of a new mental health services precinct on the site on the corner of Charles and Howick Streets, the Anne O'Byrne, supply, and boiler house buildings will all be demolished. As part of these enabling works, a project has commenced to identify a new location to house supply functions for the LGH and key stakeholders are being consulted in the development of the functional requirements for the fit out of the new supply building.
Mental Health Services Precinct	<ul style="list-style-type: none"> How will the risk of having the MHS precinct off site, in terms of delayed emergency response, be mitigated? 	<ul style="list-style-type: none"> A critical part of the establishment of a new mental health services precinct which will co-locate community and inpatient services is to undertake clinical service planning to understand what services need to be delivered. Using this information, a model of care will be developed for the new facility to specify how these services will be delivered to consumers. Model of care development will address critical service delivery matters, for example procedures for direct admission from ambulances and how the service will respond to codes and implement appropriate risk mitigation strategies. The early 'concept' design undertaken for the new mental health services precinct includes an airbridge to provide a direct connection to the main hospital, to allow patient transport and rapid deployment of the medical emergency team from the main campus to respond to Code Blue calls, where required.
New Hospital entrance	<ul style="list-style-type: none"> What will be the impact of new hospital entrance on Ockerby Gardens? 	<ul style="list-style-type: none"> The concept design for the new entrance is designed to increase connection between the main campus and Ockerby Gardens, making it easier for staff and patients to access green space.

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Consolidated theatre complex	<ul style="list-style-type: none"> Will consolidated theatre complex include endoscopy services? 	<ul style="list-style-type: none"> Yes. Consistent with the Masterplan objective to achieve clear zoning, the consolidated theatre complex on Level 5 will deliver a horizontal surgical zone with operating theatres, day procedure unit, admissions, recovery, endoscopy, short stay unit and inpatient units, and staff work areas. The relocation of endoscopy and day surgery services will allow sharing of resources, recovery bed bays and theatre supports such as the Central Sterilising Services Department.
Infusion Services	<ul style="list-style-type: none"> I am unclear where infusion services will be located? 	<ul style="list-style-type: none"> The draft LGH Precinct Masterplan does not identify the future location for infusion services but notes that this service will be relocated from the Day Procedure Unit in a future stage. Through the consultation process, a number of stakeholders have advocated for the project to relocate Infusion Services to be brought forward to an earlier stage of developments. The timing of this project will be considered as part of the development of the staging plan.
Northside Tower	<ul style="list-style-type: none"> Does more single rooms mean maintaining existing bed numbers with ensuites or will there be additional bed capacity? Will plans for Northside tower include additional size of footprint for single and larger rooms to be included? 	<ul style="list-style-type: none"> The Northside Tower expansion will provide the space required to meet contemporary standards for size and layout of rooms, including ensuites, as well as additional in-patient beds should they be required. Clinical service planning, undertaken closer to the time of construction, will show us where different or additional services or beds are needed. The initial concept for the Northside tower is a seven-storey tower with direct access to the existing main LGH internal circulation), with large and flexible floor plates. It will connect directly to the existing inpatient unit tower (D Block), which will be expanded and refurbished to deliver an increased number of single rooms, without reducing the number of overall beds in the wards. The design for the new tower will be based on the Australasian Health Facility Guidelines, which feature contemporary standards for size, specification and prioritise patient amenity and privacy with the provision of single rooms.
Executive Offices	<ul style="list-style-type: none"> Is there any plan to expand the Executive Offices area to include more offices etc? 	<ul style="list-style-type: none"> The Masterplan proposes to relocate the existing Executive Office suite and Department of Medicine offices to Level 4. This will provide the space required to establish the new front entry, foyer, and retail space. A greater level of detail will be defined in the next phase of detailed planning of how the Masterplan will be implemented.

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Carparking	<ul style="list-style-type: none"> Will the private hospital have a carpark? 	<ul style="list-style-type: none"> The Tasmanian Government has recently signed a Memorandum of Understanding with Calvary Health Care to support the next stage of the development of its co-located private hospital adjacent to the LGH. The Calvary proposal includes undercover parking in the development.
New hospital main entry	<ul style="list-style-type: none"> What will the impact be on helicopter pad? 	<ul style="list-style-type: none"> The helipad location will need to move as part of the establishment of a new entrance. The exact location of the new helipad has not yet been determined and will be identified as further detail is known in future detailed planning stages and taking into account any changes to Civil Aviation Safety Authority regulations and aircraft types. Important considerations in identifying a new location for the helipad is ensuring appropriate patient access to the emergency department, intensive care unit and to operating theatres; maintaining public safety; and impacts on nearby residents.

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New Administration and Learning Hub	<p><u>General questions</u></p> <ul style="list-style-type: none"> • Will there be partitions? • Do we have any say in the set-up of the room? • Do we have storage space for files etc? • Will there be parking provided on site? • If not 39 Frankland Street are there other options for teams to be moved to? • Can team leader continue to be located with Executive Offices? • How will common areas in this space be managed, for example kitchen zones, breakages, fire wardens? • When will the decant of Anne O'Byrne start? 	<ul style="list-style-type: none"> • Under the plans for the Administration and Learning Hub at 39 Frankland St, Level 1 has been designated as a learning facility which will include an inter-disciplinary simulation and training centre, computer training room and flexible multi-purpose meeting and training rooms. This will allow for the Nursing Education Unit and simulation centre to be relocated from the main campus, the re-establishment of the computer lab and the creation of new collaboration and meeting spaces. • Levels 2 and 3 are designated as office accommodation and will be designed to the Tasmanian Department of Treasury and Finance's Office Accommodation Fitout Guideline, to maximise space and to provide a functional and flexible office environment. This will deliver 75 open plan workstations per floor and a mix of quiet rooms, collaboration spaces and meeting rooms. Offices will be allocated to SES officers (or equivalent) and where required on a case-by-case basis. If office spaces are not allocated, they will be used as meeting rooms. • To support the establishment of the new Administration and Learning Hub, a project manager will work with key stakeholders to develop an Accommodation and Tenancy Management Plan, which will: <ul style="list-style-type: none"> ○ identify which functions are suitable to be relocated to the building ○ determine the functional requirements (for example filing systems etc) of relocating teams ○ address change management matters to support staff to transition, and ○ establish principles for the building's ongoing use, including safety and maintenance considerations and protocols for sharing costs. • The refurbishment of the building is already underway, and it is anticipated that it will be ready for occupancy from February 2022. Engagement with relevant staff will occur, and information will be provided as part of the operational commissioning process for occupying the Administration and Learning Hub building.
New Administration and Learning Hub	<ul style="list-style-type: none"> • Will there be provision for people living with disabilities (that are recognised in the service currently) e.g. hearing loss, wheelchairs (different work zones bench heights, kitchen areas) phone systems? 	<ul style="list-style-type: none"> • Yes. The Tasmanian Government will continue to support its employees with disability and will continue to accommodate reasonable adjustments that a required in the workplace so that the person can perform the tasks of their position. The need for such adjustments will be identified through the consultation to inform the Accommodation and Tenancy Management Plan, which will ensure that teams are relocated to office accommodation that suits their needs, and reasonable adjustments are made as required for individuals.

Topic	Questions	Response
LGH Central Auxiliary Kiosk	<ul style="list-style-type: none"> • What is meant by “hospital street”? • Where exactly is the kiosk to be located? • How many and what type of retail outlets are anticipated along the “hospital street”? • Where will they be sited in relation to the kiosk? • Will such outlets serve as direct “competitors” to the kiosk? • When is it anticipated that planning consultations re a new kiosk, would commence? • Is the current model of operation viewed as a sustainable, successful one or is there an intention to explore alternative models? 	<ul style="list-style-type: none"> • As part of the future redevelopment of the LGH main campus, internal hospital ‘streets’ will be established that span from the central heart of the hospital. This will make it easier for visitors and patients to move around and find their way through the hospital. • The hospital streets will lead to the new centre of the hospital, which will include the LGH Central Auxiliary kiosk, a new main reception and information desk and new seating area. • We recognise the important role the kiosk plays in not only providing a kiosk service, but also in the support it provides to visitors, patients, and their families with information about the hospital and pastoral care. There is no proposal to change the operation of the LGH Central Auxiliary Kiosk. • The development of the new central heart of the hospital is linked to the construction of a new entrance at Cleveland Street, following construction of a new hospital tower. There is a necessary order of works for these developments, which begins with constructing the new mental health service precinct. • It is difficult to give definitive advice about what, if any other, retail outlets may be considered, given that the new kiosk will be at least 10 years into the future. • Consultation with the Auxiliary to inform planning for the new kiosk will occur close to the time of construction, which is anticipated to begin in 2028 or 2029.
Culturally welcoming design	<ul style="list-style-type: none"> • Will the new developments incorporate culturally welcoming design? 	<ul style="list-style-type: none"> • Yes. For all new developments outlined in the Masterplan, we will work with the local Aboriginal community early in the design process, to create welcoming, culturally sensitive and safe environments.
Arts in health	<ul style="list-style-type: none"> • What provisions are made for including more art in the hospital to help create a less clinical environment? 	<ul style="list-style-type: none"> • We will work early in the design process to integrate arts into the design of all future developments, applying the Tasmanian Government’s Art Site Scheme and Australasian Health Facility Guidelines ‘Arts in Health Framework’ to all new developments.

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Infection Prevention and Control	<ul style="list-style-type: none"> How will the infection control principles be applied during the building and renovation stages? 	<ul style="list-style-type: none"> As part of decanting and operational commissioning planning, minimising service disruption and maintaining standards of care will be important considerations during the implementation of the LGH Precinct Masterplan developments, including maintaining infection prevention principles during construction. All Department of Health (DoH) developments will apply the Australasian Health Facility Guidelines (AusHFG) unless there is a DoH approved design specification that overrides the Guidelines. The AusHFG include Infection Prevention and Control, which will form the starting point for project teams to begin the planning and design of DoH health facilities. Advice and input will also be sought from local Infection Prevention and Control Units as part of the engagement process to inform the development of schematic designs. It is acknowledged that there may be circumstances specific to the site or clinical service that may require variation from the AusHFG and DoH approved design specifications. However, prior approval to deviate must be sought from the project Steering Committee, and the justification must be clearly documented.
Use of historical buildings	<ul style="list-style-type: none"> What is the plan for the Old Nurses Home and Allambi buildings, which are heritage listed? 	<ul style="list-style-type: none"> To inform the development of the LGH Precinct Masterplan, a site investigation of all buildings was undertaken to assess the condition of existing assets, to understand their condition and suitability to support ongoing service delivery. The Architect's assessment of the Old Nurses Building determined that the building is unsuitable to be reused or adapted for delivery of health services as part of the LGH Masterplan precinct due to extensive rehabilitation costs. There are no plans in the LGH Precinct Masterplan to change the use of the Allambi building.
Learning from other infrastructure projects	<ul style="list-style-type: none"> Is there the opportunity to incorporate the findings from an evaluation of the Royal Hobart Hospital K Block development into the LGH redevelopment? 	<ul style="list-style-type: none"> Yes. The Department of Health will commission a post-occupancy evaluation of K-Block and will incorporate this knowledge into the way it plans, designs, and delivers all future capital projects across the State.

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Specific service location	<ul style="list-style-type: none"> • The location of the transit lounge is not specified, where is it moving to? • Where will Biomedical be located? • What will happen to the Orthotic and Prosthetic Department during the time of demolition and rebuilding of the Northern Tower? • where will the IPCU office be located? 	<ul style="list-style-type: none"> • The LGH Precinct Masterplan provides a high-level roadmap for development of the LGH precinct, and therefore hasn't specified the exact future location of every service within the hospital. • As there are many developments throughout the hospital, some temporary decanting and permanent relocation of services will be required to create additional space and to establish clear zoning of related services. • Where there are specific requirements, for example a requirement to house the equipment required to operate a service, or close functional relationships that must be maintained, these will all be important considerations in identifying the ultimate location for a service, and any temporary decanting that may be required. • The future location of these services will be determined in the upcoming phases of detailed planning to support implementation of each of the Masterplan developments and will be communicated with staff as more detail is available. • The clinical service planning that will be undertaken close to the time of construction for each development will ensure that the hospital facilities delivered are functional and designed to align with the current and future for delivering clinical services.
Pandemic preparedness	<ul style="list-style-type: none"> • Will consideration be given to ensuring all new capital works reflect increased infection control standards, opportunities for additional vaccination hubs and an increased capacity to create isolation wards, to ensure future pandemic preparedness? 	<ul style="list-style-type: none"> • Yes. The design of all Masterplan developments will be based on the Australasian Health Facility Guidelines (AusHFG), which include specific guidance to meet Infection Prevention and Control standards. • The Australasian Health Infrastructure Alliance, which is the custodian of the AusHFG, has established a new project to consider how the Guidelines will be updated to provide guidance about best practice responses to pandemic preparedness. • Given the timeframes for implementation of developments over the 20-year lifespan of the Masterplan, there will be an opportunity to respond to updated guidance within the AusHFG over time as the Masterplan projects are constructed.

Topic	Questions	Response
Improving public transport and opportunities for active transport	<ul style="list-style-type: none"> Can the Department engage with Launceston City Council regarding improved bus services to the LGH site, park and ride initiatives, and ways to encourage staff to ride to work? 	<ul style="list-style-type: none"> We will engage with the Department of State Growth, the provider of bus services, and Launceston City Council to investigate opportunities for improvements to access and amenity surrounding the LGH precinct.
Shared infrastructure opportunities with co-located private hospital	<ul style="list-style-type: none"> Is there an opportunity to link the new private hospital and LGH at street level by closing part of Frankland Street? To provide much needed open/green space for both campuses and potentially shared access to both sites? 	<ul style="list-style-type: none"> Frankland Street is a Local Government Highway under the care and control of Launceston City Council. Under the Local Government (Highways) Act there are specific requirements for closure of Local Highways, with community consensus a pre-requisite.
Future use of existing private hospital site	<ul style="list-style-type: none"> Has consideration been given to the future use of the vacated Calvary site as a possible off campus option to relieve congestion by moving services that don't need to be on LGH main campus? 	<ul style="list-style-type: none"> Calvary Health Care has not revealed its future intentions for its existing hospital sites, following the construction of its new private hospital on the 52 Frankland Street site. Given the 20-year lifespan for implementation of the Masterplan, future opportunities to implement changes to support the effective operation of the LGH will be considered as they arise.
Additional space requirements for increase in allied students	<ul style="list-style-type: none"> Has consideration been given to additional space needs that will be required for teaching and training on site to meet UTAS's plan to offer additional allied health courses? 	<ul style="list-style-type: none"> Yes. Under the LGH Precinct Masterplan, there are plans to expand the footprint of Allied Health Services as part of the new tower on the Northside site. All Masterplan developments will be designed to align with the functional requirements identified through clinical service planning and model of care development, which will be undertaken close to the time of construction to ensure that all building and refurbishment works deliver hospital facilities that are functional. Any additional teaching and training needs will be considered as part of this clinical service planning.

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Improving utilisation of the NICS	<ul style="list-style-type: none"> Has consideration been given to improving utilisation of the NICS building? 	<ul style="list-style-type: none"> The LGH Precinct Masterplan identifies the use of the NICS building as an education and research precinct; as the ongoing location for the UTAS Clinical School and with Clifford Craig Research Foundation to relocate the NICS building from its current location. As we move into the next phase of planning for implementation of the LGH Precinct Masterplan, we will consider the best ongoing utilisation of the ground floor of the NICS building, with reference to the whole operation of the main campus and any other developments.
Specific service location – Palliative Care	<ul style="list-style-type: none"> There is no space allocation in the Masterplan for a palliative care unit. Is this being considered? 	<ul style="list-style-type: none"> The current arrangements for contracting palliative care in-patient beds from Calvary Health Care will continue and will be included in the services delivered from the co-located private hospital. There are no current plans to change the location of the community-based palliative care services from the Allambi building.