



THE PARLIAMENTARY STANDING COMMITTEE ON PUBLIC WORKS.

R E P O R T

relating to the proposed erection of a

TUBERCULAR BLOCK

and

ADDITIONS TO THE SISTERS' QUARTERS

at

LADY DAVIDSON HOME, TURRAMURRA,

NEW SOUTH WALES.

For Senator Lamp -

(9-9-48)

I bring up the Report of the
Parliamentary Standing Committee on Public Works,
relating to the following work :-

Proposed erection of a Tubercular Block and
Additions to Sisters' Quarters, Lady Davidson
Home, Turramurra, N.S.W.

S E C T I O N I.

INTRODUCTORY.

Existing buildings and Administration

Paragraph
in Report
1

S E C T I O N II.

THE NEW PROPOSAL.

The Multi-storey Hospital	8
Accommodation	11
Estimated Cost	12
Time for Completion	14
Extensions to Sisters' Quarters	
The Building	15
Estimated Cost	18
Time for Completion	19

S E C T I O N III.

THE COMMITTEE'S INVESTIGATIONS.

General	21
Incidence of the Disease	22
Repatriation Commitments in N.S.W.	23
Female Cases	25
Present Provision	27
Civilian Provisions	28
Premises and other Drugs	30
Commonwealth Action	31
Modern Requirements for Treatment	37
Maximum Establishment	40
The Over-all Programme for Turramurra	41
The Multi-Storey Hospital	43
Preferences for Chalets	45
Architecture	47
The Ground Floor	50
Administrative Section	51
Outpatients' Department	52
Upper Floors	
First Floor	53
Second, Third and Fourth Floors	54
Engineering Services	55
Effect on Housing Programme	56
The Sisters' Quarters	61
The Building	62
Accommodation	64
Services	65
Eastern Wing	66
Necessity for the Building	68
Empty Beds	71
Shortage of Nurses	72
Nurses from Abroad	74
Training Schemes	
Female	77
Male	78
Dilation of Staff	79
Improving Conditions	80
Effect of Climate	82
Cost per Bed	83
Severage	85
Necessity for Multi-storey building	86

S E C T I O N IV.

THE COMMITTEE'S CONCLUSIONS.

List of Decisions	87
-------------------	----

THE PARLIAMMENTARY STANDING COMMITTEE ON PUBLIC WORKS.
TUBERCULAR BLOCK, LADY DAVIDSON HOME, TURRAMURRA, N.S.W.

R E P O R T.

The Parliamentary Standing Committee on Public Works, to which the House of Representatives referred for investigation and report the question of the erection of a Tubercular Block and Additions to Sisters' Quarters at Lady Davidson Home, Turramurra, New South Wales, has the honour to report as follows :-

S E C T I O N I.

INTRODUCTORY.

THE EXISTING BUILDINGS AND ADMINISTRATION.

1. The Repatriation Commission is responsible for the care and treatment of all ex-servicemen and women in Australia who suffer from tuberculosis-at any time during their lives. It maintains institutions in all States of the Commonwealth where patients in all stages of the disease are given the most modern treatment known to science.
2. For many years the question of accommodation has been acute in all States and the Commission has planned a comprehensive programme of expansion which includes multi-storey hospitals and sanatoria in the States where they are urgently required.
3. In New South Wales the tubercular hospital cases are treated mainly at Concord Hospital, and the Lady Davidson Home at Turramurra is used as the sanatorium, to which the hospital cases are transferred as they progress, and at which other cases are treated according to the demands of their stages of the disease.
4. The Lady Davidson Home is the property of the Repatriation Commission and has been maintained as a male T.B. home since 1920. At present the patients at this establishment are accommodated in eight pavilion wards or chalets distributed over the site and utilizing practically all suitable building land.
5. Accommodation available in Repatriation institutions for T.B. patients in New South Wales is being fully used, and the number of patients is increasing and will continue to do so, owing to the extension of mass radiography, and to the fact that any ex-service man requiring treatment for tuberculosis must be accepted. At times patients have to be transferred from one building to another to make room for new cases, and the shortage of beds is creating an impossible position.

6. In March, 1946, the Repatriation Commission requested that drawings be prepared for a multi-storey hospital in the grounds of the Lady Davidson Home at Turramurra to provide additional ward accommodation for tubercular patients.

7. An additional block will also be necessary to house the nursing staff connected with the new hospital, and drawings have been prepared for additions to the present nurses' quarters with this purpose in view.

S E C T I O N II.

THE NEW PROPOSAL.

THE MULTI-STORY HOSPITAL.

8. The building has been designed as a reinforced concrete structure supported on pier foundations taken down to a suitable depth with a bearing pressure of 8 tons per square foot. It comprises a small Basement, Ground Floor, First, Second, Third and Fourth Floors, and Roof Deck. The external walls will be of bush hammered concrete or "Spatter Dash" applied colour mix, while the balcony balustrades will be of baked enamel panels with enamelled guard rails at the top.

9. The site of the building is in proximity to the main entrance for the convenience of out-patients and the large proportion of hospital traffic which will converge at this building.

10. Orientation has been so arranged that all wards face North-north-east, as this is the best aspect in the locality for Summer breezes and the exclusion of undesirable weather.

Accommodation.

11. The hospital will provide a total of 96 beds in the wards on the First to Fourth Floors. Administration and Out-patients will be provided for on the Ground Floor, with Operating Theatre and ancillaries on the First Floor. Machine rooms, stores, electrical switch rooms and other services will be housed in the Basement and on the Roof Deck.

12. Each ward floor will contain a patients' lounge and solarium, accessible to the balcony and protected by vertical sun louvres from the Western Summer sun.

Estimated Cost.

13. The estimated cost of the multi-storey hospital was set down as £224,250, with details as shown in the following schedule :-

Building, including roads and pathways		£126,700	
Electrical -			
Electric light and power	£5,000		
Nurses call system	1,000		
Radio installation, three channels with 'phone to each patient	1,000		
X-Ray dark room equipment	150		
Cooking equipment to ward kitchen, etc.	1,000		
Emergency lighting	300		
Reticulation	<u>3,500</u>	11,950	
Mechanical -			
Refrigeration, fire extinguishers, miscellaneous equipment	6,712		
Hot water installation	4,952		
Steam services	4,402		
Air-conditioning to operating theatre	4,402		
Mechanical ventilation	2,201		
Radiant heating	9,574		
Lifts : two general purpose one dressing	17,606		
	<u>3,851</u>	53,700	
Plumbing and drainage -			
External stormwater and sub-soil drainage	2,600		
External sewerage	2,600		
Water supply, storage tanks	10,000		
Fire fighting service	1,300		
Internal plumbing and drainage	<u>10,500</u>	27,000	
Furniture -			
Blinds, curtains, rugs	2,150		
Moveable furniture	<u>2,750</u>	4,900	
Total cost of proposed multi-storey hospital		-	<u>£224,250.</u>

Time of Completion.

14. It is anticipated that nine months will be required to prepare working drawings, specifications and bill of quantities and to call tenders for this project. The actual building operations will probably take about two and a half years, but this is largely dependent upon the availability of materials and labour.

EXTENSION TO SISTERS' QUARTERS.

The Building.

15. The existing building is a structure containing Ground and First Floor, and is to be extended in such a manner that an inner court will be provided, giving outdoor privacy for the residents. The bedrooms have been planned to give a maximum amount of sunlight to as many rooms as possible, and the floor levels coincide with those of the existing building to ensure that the new and old sections will become an integrated whole.

16. The walls generally will be of 1 1/2 inch brick externally, and the roof will be tiled. The external brickwork is planned to match the existing building, and the internal walls will be finished in selected tints.

17. Recreation facilities, reasonably separated from the sleeping quarters will be provided, and in the Basement provision is made for Laundry, Drying and Ironing Rooms, and a Hair Washing and Drying Room.

Estimated Cost.

18. The estimated cost of £89,060, is made^{up} of the following items :-

Building work		£39,215	
Engineering services -			
Electrical -			
Electric light and power, alterations to sub-station and main switchboard	£2,750		
Plumbing and Drainage -			
Stormwater and sub-soil drainage, sewerage, water supply and fire service	£8,800		
Mechanical -			
Hot water supply, central heating, linen lift, heating to drying room, incinerator, etc.	£4,500	16,050	
Furniture -			
Blinds, curtains and floor coverings		2,795	
Total cost of Extensions to Sisters' Quarters -	£89,060		

Time of Completion.

19.

It is anticipated that six months will be required to prepare the working drawings, specifications and bill of quantities and to call tenders for this building. Building operations will probably take about two years from the date of signing the contract.

20.

In view of recent difficulties experienced in obtaining tenders for work at this Institution, it is possible that the question of a cost plus fixed fee contract may have to be considered.

S E C T I O N III.

THE COMMITTEE'S INVESTIGATIONS.

GENERAL.

21. The Committee studied the plans for the two proposed buildings and visited Melbourne for the purpose of taking evidence concerning the projects from officials of the Repatriation Commission and the Department of Works and Housing. The opportunity was made to inspect some of the Victorian Repatriation hospitals where tubercular patients are being treated, and the Committee subsequently visited Sydney to inspect the existing establishment at the Lady Davidson Home at Turramurra. Evidence was also taken from departmental and professional witnesses in order that the Committee might be informed on all aspects of the question being investigated.

Incidence of the Disease.

22. During the course of the inquiry the Committee was informed of the numbers of ex-servicemen eligible for treatment and the method of calculating the number of beds likely to be required. Calculated upon the present known factors it is estimated that the peak demand for beds will be reached somewhere about 1975. The incidence of the disease shows a marked difference in males and females, the maximum incidence for males being in the 40-60 age group, while in the females the maximum incidence occurs in the 18-30 age group. This difference is attributable to various possible factors, but the precise reason is not known for certain at the present time. Although there is some diversion

of opinion on the question of some cases being brought on as a result of gas in World War I, it is considered that tuberculosis in gas patients is not directly attributable to the gas. It is recognised, however, that a man whose health has been undermined by gas is more likely to contract tuberculosis than one in normal health.

Repatriation Commitments in N.S.W.

23. The Committee was informed that the Commission is responsible for the treatment of all ex-service personnel who develop tuberculosis at any time during their lives, irrespective of whether or not their condition is directly attributable to war service.

24. Commitments in New South Wales for tuberculosis treatment, as at 26th May, 1948, for males only, is determined on the basis that, of the total number eligible for treatment, a bed must be available for one in every three. The number of pensioners and persons eligible for treatment for tuberculosis not due to war service, consisting of ex-servicemen from the Boer War, the 1914-18 War and the 1939-45 War, is 1,963, and the number of beds required is therefore 654.

Female Cases.

25. It was stated that fortunately there are not many female members of the services suffering from tuberculosis. Approximately 70,000 women were engaged in all the armed services during the war, and, if two beds per thousand are allowed for, only 140 beds will be required throughout the Commonwealth.

26. So far as New South Wales is concerned, the treatment of female patients is provided for by one ward of 27 beds at Concord, and a chalet of 16 beds at Thirlmere for the accommodation of sanatorium patients.

Present Provision (Males only).

27. The present provision, including emergency beds at the various institutions, is :-

Repatriation General Hospital, Concord	192 beds.
Lady Davidson Sanatorium (7 wards available)	259 "
Prince of Wales Hospital, Randwick	87 "
	<hr/>
	538 "
	<hr/>

The shortage of beds is therefore 116, and it is proposed to provide 96 in the project now being investigated by the Committee.

28. One ward, which would provide 30 beds at the Lady Davidson Home, is at present being used for the Educational and Training Section and some Occupational Therapy. When alternative buildings are provided for these activities, and when staff is obtainable, this ward could be put into use again.

Civilian Provisions.

29. The question of the provision being made for the members of the general public who contract tuberculosis, as distinct from ex-service personnel patients, naturally arose during the course of the Committee's consideration of the question. The Committee was informed that, whereas it was comparatively easy to assess the requirements of ex-service patients, owing to the precise records which have been kept during the course of their service, it is most difficult to estimate the possible requirements for civilian sufferers. It is pointed out that, until there is some adequate survey of the whole population, possibly by compulsory examination, any estimate of the incidence of the disease amongst the civilian population would be in the nature of guesswork. The present basis is three beds per annual death, as, in the civil community nobody knows how many cases must be provided for.

Promisole and other Drugs.

30. The Committee was informed that claims of exceptionally successful treatment by various new drugs are being generally regarded with caution, until they have been thoroughly proved. Promisole has been in use for a number of years and is useful for certain types of the disease, but the element of danger associated with its use prevents its general application. B.C.G. is being used on selected groups of patients, and nurses engaged in tubercular wards who might be likely to develop the disease.

It is being manufactured in Australia and sufficient quantities should soon be available for distribution. Other drugs are also being tried out with varying degrees of success, and it is always hoped that a sure and effective cure may be discovered. There is nothing at the present time, however, which appears likely to affect the necessity to provide all the usual facilities for the accepted methods at present in use.

Commonwealth Action.

31. The Committee was informed, in evidence, that special steps are being taken by the Commonwealth Department of Health, in collaboration with the States, to establish an effective control of the disease, and an active programme was outlined to the Committee by the Commonwealth Director of Tuberculosis. Various sanatoria and hospitals in the different States are treating large numbers of patients, and the Committee was informed of some of the results of recent surveys of existing accommodation and requirements and of the steps being taken to attack the disease in the civilian community.

32. It appears that the facilities available in the different States vary considerably so far as civilian provisions are concerned, and, while some hospitals are well staffed and the available beds are in full use, others suffer from severe lack of staff and have a large percentage of beds unoccupied. In New South Wales, for instance, it was stated that there are a number of large and small sanatoria under the control of four different bodies. They contain a total of 708 beds of which less than 335 are occupied. Against this it was pointed out that two of the sanatoria were filled to capacity. This seems to be partly due to the conditions and wages offering at some of the establishments, those in a position to offer the greatest advantages being able to secure staff at the expense of the remainder.

33. It is evident that the overall position regarding staff, including nurses, assistants, and doctors is a very serious one, and full use cannot be made of the available hospital beds until more staff can be induced to take up the profession.

34. Views were expressed indicating a desire that action might be taken to provide facilities at the same hospital for the treatment of both civilian and ex-service tuberculosis sufferers. It was suggested that in this way the ex-service patients could be treated in a separate section of the hospital and yet the civilian patients would also be able to receive treatment at the hands of the best doctors who would have the best of equipment to work with.

35. This scheme is used in most parts of the world, and is to operate in the smaller States. However, the consensus of opinions seems to indicate that, in States where the numbers of patients to be treated are large, it is as well to establish the ex-service patients in their own hospital.

36. After considering the matter the Committee is satisfied that, in New South Wales where a separate establishment is already being carried on successfully for ex-service personnel, it is advisable to continue that practice and to provide the necessary accommodation at the Lady Davidson Home.

Modern Requirements for Treatment.

37. It is necessary, in any scheme for the treatment of tuberculosis, to provide -

- (a) a Hospital where, after diagnosis and surgical treatment a patient will need special nursing for several months;
- (b) a Hospital-sanatorium, which is the hospital section of a sanatorium, where patients are kept in bed and have some less extensive surgical treatment. As he improves he goes into the
- (c) sanatorium proper, where he takes gradually increasing exercise, and can continue his association with the doctor who has been in charge of his case;
- (d) an out-patients' department operated by the medical officers who staff the sanatorium, so that patients who may leave the sanatorium may return for out-patient treatment which sometimes continues for a number of years;
- (e) a home for chronic cases, whose disease cannot be cured, but for whom it is necessary to provide alleviation and suitable occupation while they live.

38. In New South Wales the functions of these branches of treatment are carried on in the various establishments under very unsatisfactory conditions. One example is the necessity to move

patients by ambulance from Turramurra to Concord for hospital treatment and subsequent return. The possibility of complications supervening in these cases is stated to be increased by approximately 300 per cent.

39. It is therefore desired to concentrate at Turramurra all the facilities for the treatment of patients other than those who require major surgical treatment. At Turramurra they could be treated as hospital patients, where provision will be made for minor surgical procedures, occupational therapy, and all other aids to complete rehabilitation, and an out-patients' department.

Maximum Establishment.

40. The object of planning for 96 additional beds at the Lady Davidson Home is to bring the total accommodation to the optimum for efficient and economical administration. It is stated that 400 beds is now regarded as the maximum desirable for such an establishment, and, although some sanatoria in the United States of America accommodate as many as 1,000 patients, such large institutions are now considered undesirable.

THE OVER-ALL PROGRAMME FOR TURRAMURRA.

41. During the course of the inquiry the Committee was informed of a number of schemes, some at present being commenced and some projected for the future in the overall programme of the Repatriation Commission for its tubercular patients at Turramurra.

42. The multi-storey hospital before the Committee is one of a number of projects included in the schemes for the Lady Davidson Home. The whole cost was estimated at £474,000, and it includes, in addition to the hospital, and sisters' quarters, £20,000 for the kitchen; £24,000 for an emergency lighting set; £29,000 for maids' quarters at present under construction; £3,100 for laundry alterations; £2,500 for sewage disposal; and possibly a male staff quarters.

THE MULTI-STOREY HOSPITAL.

43. In its plan to provide the best and most modern treatment for its ex-service patients, in all the various stages of their progressive treatment, the Repatriation Commission has recommended the multi-storey building to be erected at Turramurra. This will be a big step towards the achievement of the ideal conditions, and it will help to establish the system of progressive treatment under which the patient is gradually promoted from hospital to sanatorium conditions as his recovery proceeds. A great deal of importance is placed upon the psychological attitude of the patient to his treatment, and his successful restoration to a useful position in the community depends largely on this aspect of the plan for his recovery.

44. It was pointed out to the Committee that in a great many cases, when they are diagnosed in time, it is possible for complete recovery to be achieved. It is stated as essential, however, that complete rest, without the slightest exertion at first, followed later by gradual stages of expanding exercise periods, shall be rigidly undertaken. For this reason it is necessary to have ample hospital beds for the hospital cases adjacent to wards or chalets for the ambulant patients.

Preference for Chalets.

45. Some of the evidence, given by persons who are in constant touch with tubercular patients, was to the effect that the chalet type of home was preferred to the multi-storey building, and some opposition was expressed to the proposed plans on that account. However, it is pointed out by the Commission that the proposed building is specifically designed for the hospital cases who need all the equipment and special nursing attention only available in a hospital building, and the present chalet type of buildings at the Lady Davidson Home will still be used for the ambulant cases as soon as they progress to that stage of their treatment when they no longer need to be completely confined to bed.

46. Many other advantages connected with administration and hospital treatment, which can only be obtained in a building where all the most modern services are concentrated, make the multi-storey building most desirable in the present case, and the Committee agrees with the Commission in its views in this regard.

Architecture.

47. The plans present a building of modern type with pleasing elevations, and use is made of long balconies on each floor for the comfort of the patients when conditions are suitable.

48. At the end of each ward floor a solarium has been provided. They enhance the aesthetic appearance of the building and afford a space for comfortable relaxation in the Winter sun. They are provided with vertical sun leuvres on the Western side to give protection from the heat of the sun in the Summer while allowing full use to be made of the warmth and sunlight in the Winter.

49. All the evidence indicated that the plans have been drawn with full regard to the essentials of modern hospital buildings, and they are regarded by the professional witnesses as completely satisfactory.

The Ground Floor.

50. The Ground Floor is divided into Administrative and Out-patients' Departments. Both of these departments have been designed to serve the whole of the institution in addition to those of the multi-storey hospital.

51. The Administrative Section. This is immediately below the ward floors in the main Northern wing, and, in this position it is handy to the main entrance of the Home. It contains the general offices and staff recreation room, Conference room and Library, Doctors' Room and Sisters' Tea Room, suite for relatives of patients who are seriously ill, Post Office and Savings Bank, Information Desk, Telephones, etc.

52. The Outpatients' Department. This is situated in the Southern wing, isolated from the rest of the hospital. It contains Waiting Room, Examination Rooms, Dental Surgery and Ancillary Rooms. Radiography Department, Pathological Department, Dispensary, and Minor Operating Theatre.

Upper Floors.

53. The First Floor. This floor contains ten two-bed rooms and four single rooms as well as a wing to accommodate the Major Operating Theatre which is air-conditioned and adjacent to the necessary modern ancillary rooms.

54. The Second, Third and Fourth Floors. These contain provision for wards with rooms similar to those on the First Floor, and on each floor there is a ward kitchen connected by service lift and corridor to the main kitchen.

Engineering Services.

55. The building is to be fitted with all the most modern services needed in hospitals of this type, and much care and thought has gone into the planning of the requisite details. Radiant heating, in the form of flush ceiling panels consisting of hot water heating coils in the ceiling space, is to be adopted, as it allows floors and walls to be kept free and facilitates cleaning. Ceiling and individual bed lights will be provided in the wards, while corridors will be illuminated by recessed wall lights at floor level. Air-conditioning will be provided for the Major Operating Theatre and ancillary rooms, and an exhaust system will be connected to all sterilising rooms. Complete telephone, radio, and fire alarm systems will be installed, and systems of laundry and garbage handling have also been provided for.

56. Special consideration has been given to the provision of adequate lifts. Two general purpose lifts will provide for passengers, beds and food trolleys. They will be interchangeable to give flexibility of operation. There will also be a small dressing lift for distribution of dressings to all floors from the Work Room on the First Floor.

57. An emergency steam operated generating set will be installed on the site, with sufficient capacity to operate the lifts and other essential loads at the institution in case of power failure or other emergencies.

Effect on Housing Programme.

58. The main structural materials to be used are reinforced concrete, terra cotta blocks, fibrous plaster and glass. Floor finishes are to be of hard rubber tile or cork if obtainable, and partly of terrazzo, in order to avoid the use of timber.

59. The terra cotta blocks are readily available, and use will not be made of bricks or roofing tiles. The immediate demand, when the contract is let, will be for reinforcing steel and Portland cement, both of which materials are used in relatively small quantities in home building.

60. In view of the time necessary for completing the plans and proceeding with the preliminary work on the building, it is anticipated that the finishing materials, such as fibrous plaster and glass, will be available in greater quantities than is now the case, and the effect of this building on the housing programme will be small. It is therefore considered that the building need not be delayed on this account.

THE SISTERS' QUARTERS.

61. The proposed extensions to the existing Sisters' Quarters, although treated as a separate building, with its own plans and detailed estimate, are part of the proposal referred to the Committee.

The Building.

62. The proposal is to extend the present Sisters' Quarters which are situated on the property near one of the entrances to Bobbin Head Road. The form of the plan is dictated largely by the present building, and will consist of a Ground and First Floor constructed round an inner court, and every effort has been made to plan a building which will offer the maximum of comfort and attraction for the staff who will live in it.

63. In planning the building consideration has been given to the isolated situation of the Institution, which prevents the staff enjoying, when off duty, the social facilities available to nurses in metropolitan hospitals, and provision is made to enable the nurses to entertain guests or hold occasional dances or other social functions. There will be a Lounge opening on a paved Terrace, a Guests' Lounge and Writing Room, small lounges,

Supper Room and Sewing Room. Laundry, Drying and Ironing Rooms, and also a hair washing and drying room has been provided in the Basement.

Accommodation.

64. The existing building accommodates 23 sisters, and the proposed extensions will provide for an additional 63, making a total of 86 bedrooms. In addition the Matron and Assistant Matron will have a lounge each with a common kitchenette. The bedroom unit is 12 ft. by 9 ft. clear of fittings, and a built in wardrobe and hand basin with hot and cold water are to be included in each bedroom.

Services.

65. The Main Lounge and Guests' Lounge will be centrally heated by means of hot water radiators, while the other recreation rooms and bedrooms will have electric power points for radiators. Provision is made for a linen lift and a soiled linen chute, and also for a chute to deliver refuse to an incinerator in the Basement.

The Eastern Wing.

66. Consideration was given to the suggestion that the Eastern Wing of the Sisters' Quarters might be turned towards the North, in order to allow more sun to enter the bedrooms on the Southern side of this wing. The matter was referred to the Departmental Architect and alternative plans and sun diagrams were made to demonstrate the effect of the proposed alteration. It was represented to the Committee, from a study of these drawings, that the effect of the alteration would be to give a certain increase in sunlight to the bedrooms concerned, but mainly in that portion of the year when the hot Summer sun was not desired. In Winter the sun would not enter these particular bedrooms in either proposal, though some advantage would be gained in the adjoining wing in the Winter owing to the absence of shadow.

67. The proposed amendment would necessitate a diversion of the main circulation road at the entrance, and would bring the Sisters' Quarters rather close to "F" Chalet, while the

estimate of cost for the building would be increased by an amount estimated at £1,400. The Repatriation Commission also examined the suggestion, but in view of all the circumstances they do not favour it.

68. The Committee, after weighing the advantages and the disadvantages agrees that, as the amount of sun admitted to the rooms concerned in the Winter will not be increased; the position in relation to the nearest Chalet is undesirable; and the cost will be increased, the building as planned will meet all the requirements more satisfactorily.

Necessity for the Building.

69. The necessity for extensions to the Sisters' Quarters is determined by several factors. Owing to the introduction of the 40 hour week and various shift requirements, accommodation will be required for another 14 nurses whether the multi-storey hospital is built or not. Extra accommodation will also be required for the staff employed in the multi-storey hospital, and special provisions are desirable for recreational facilities to encourage staff to come to Turramurra for employment.

70. The Committee, having considered these points, agrees that the extensions are necessary and should be proceeded with at the same time as the Multi-storey hospital.

EMPTY BEDS.

71. The Committee was considerably disturbed by the evidence of various witnesses, indicating numbers of cases where there were empty beds at the present time. Of the places indicated, some wards vacant at the Prince of Wales Hospital, Randwick, were built during World War I and have been patched up since that time. It appears that they could be used, however, if staff were available. Waterfall was also mentioned as an example of unoccupied beds, through lack of staff, and doubt was expressed as to the wisdom of erecting a hospital at Turramurra when the prospect of obtaining staff for it was anything but bright.

SHORTAGE OF NURSES.

72. All the evidence emphasized the difficult position in which all the hospitals find themselves at the present time through shortage of staff, particularly trained nursing staff.

The Committee considered this matter most seriously, as the decision to proceed with the proposed building immediately would be affected if it were regarded as impossible to staff the new building when it is completed. Evidence was therefore sought from all the witnesses concerned in the matter, and an effort was made to assess the likely position in 4 to 5 years' time when the staff would be required.

73. It is obvious that an estimate of the staff position in 5 years' time will be affected by many varying factors, and, in these times no estimate could be regarded as really reliable. However, the Committee obtained the views of those who might be in the best position to give advice, and made inquiries as to the steps being taken to improve the position by training of nurses and improvement of their conditions.

Nurses from Abroad.

74. The possibility of bringing trained nurses from England as immigrants was suggested as a factor in easing the position, but it was stated that there is a shortage in Great Britain of 30,000 nurses at the present time, and assistance from that quarter seems most unlikely. The use of displaced persons from Europe for this work was being explored, and a number of them were being employed in Repatriation Hospitals, but it was stated that they could only be used as nurse assistants.

75. The Committee was informed that indications in Australia, and the trend overseas, point to improvement in the position, partly because of the changing economic conditions, and, although shortage of nurses is acute overseas, it is regarded as essential that planning and building of new hospitals should proceed in anticipation of an alleviation of the position in the next few years.

76. The Repatriation Commission has advanced a number of reasons why it is expected the new hospital will be able to attract staff, and it is hoped that the factors affecting the position will combine to produce a more satisfactory staff position.

Training Schemes.

77. Female. In Victoria a training school for nurses in tuberculosis has been started, and those who complete the course

satisfactorily receive a special diploma for tubercular nursing. It is planned to establish other training centres with the object of attracting more nurses to the profession. Training of female nurses in other branches is also proceeding at various hospitals, and at Concord schools are held for approximately 30 nurses in each. Since March this year two batches of nursing students have begun training and two more are expected to start during the year.

78. Malaya. Consideration has also been given to the training of male nurses, and a number of men are going through their preliminary training, and every effort is being made to train male nurses for this work. This occupation does not generally appeal to men, however, and the numbers entering the training schools are relatively small.

Dilution of Staff.

79. In order to make better use of the trained nurses available dilution of staff is being practised. The graduate nurse will have more professional status than in the past, and it is intended to develop a system of officers and ranks according to the degree of training attained, so that tasks like bringing round tea and arranging flowers will not have to be carried out by the fully trained staff.

Improving Conditions.

80. It is realised that much can be accomplished in obtaining staff by offering attractive conditions and wages, and every effort is being made to see that the new building will contain every comfort as well as other conditions which will compensate for its somewhat isolated position. Facilities for entertaining both the staff and their guests, various recreational provisions, laundry and hair washing rooms, and arrangement for evening buses to the city, as well as improvement of wages, hours and leave concessions, are among the items being planned for the new hospital.

81. With all these efforts in mind the Repatriation Commission is very strongly of the opinion that the building should not be delayed as they are confident that staff will be available by the time the building is completed.

EFFECT OF CLIMATE.

82. With regard to the best site and location for the proposed hospital, consideration was given to the effect of climate on tubercular patients. The Committee was informed that, although some patients undoubtedly do better near the sea, others do better inland, but, so long as the institution is of proper design and well ventilated, the prevailing climatic conditions do not matter a great deal. The fact that a sanatorium is near the sea coast does not necessarily make it unsuitable for the treatment of tuberculosis. However this view was modified in regard to certain areas subject to damp and fogs. Reference was made to some of the chalet wards at Concord which are situated near the river where they are subject to mist and fogs during the Winter and are extremely humid and uncomfortable in the Summer. Some experts feel that even in these areas it is more a matter of comfort than climate, for experience shows that tubercular cases are treated with equal success in high, dry climates in Switzerland, and in the foggy dampness of the low-lying Isle of Wight. Specialists prefer not to be right on the sea coast, however, as patients are not so comfortable under damp conditions, and even in the hot weather the sea breezes which blow along the coast are not nearly so pleasant as an inland spot where air circulates freely, contributing largely to that comfort which enhances the psychological benefits needed for this type of treatment.

COST PER BED.

83. The question of estimating the cost per bed at the institution proved to be rather unpractical for purposes of comparison, as it involved many variable factors, including establishment under new conditions; the operation of the 40 hour week; and the introduction of different shifts. The cost of the present proposal also includes provision for certain buildings and services, a considerable proportion of which will be used in connection with the old building. However, it was stated that the cost might rise to as high as £8,336 per bed.

84. If the whole cost of such facilities as the administrative section, the out-patients' department, operating theatre, etc., which serve the whole hospital, is deducted, the cost per bed would be reduced to £1,540. Part of the cost of these facilities, common to the whole institution, should be allocated to the new multi-storey hospital, and a reasonable cost per bed would then probably be in the vicinity of £1,800.

SEWERAGE.

85. The question of the desirability of connecting the institution with the main sewerage system, as against the proposal to extend a self-contained system already operating at the Home, was discussed. An amount of £2,500 was stated as necessary to extend the present local system, but that is not considered as efficient as would be the connection to the main sewerage system. However, the main sewer has not yet been brought to within connecting distance of the institution, and it will be approximately 5 years before it will be available. It is suggested that it might be possible for the Water Board to expedite the development of this section of its programme in view of the large building programme at the Lady Davidson Home. The Committee therefore agrees that it is desirable to postpone the decision to extend the present sewerage system until the building is in course of construction, so that, if the Water Board completes its work on the main sewer a little ahead of its estimate, a connection can be made from the hospital to the main sewer, and the cost of extending the present system can be saved. It is also recommended that the Water Board be specially requested to push forward the development of the main sewer in time for it to be connected with the completed hospital building.

NECESSITY FOR THE MULTI-STOREY HOSPITAL.

86. The Committee studied the evidence and gave full consideration to all the factors affecting the necessity for the building. It is satisfied that the work being carried on in the various Repatriation Institutions is a credit to those concerned, and must be continued with its present efficiency in spite of the

present difficult and overcrowded conditions. There is an immediate necessity for the multi-storey hospital, and, although the present shortage of nurses makes the future possibility of obtaining full staff appear doubtful, the Committee, considering the efforts being made to improve the position, and relying upon the assurance of the Repatriation Commission that it will be able to staff the building when it is completed, recommends that the hospital be proceeded with as soon as possible.

S E C T I O N IV.

THE COMMITTEE'S CONCLUSIONS.

87. The following is a summary of the decisions made by the Committee after full consideration of the details in evidence :-

	<u>Paragraph in Report.</u>
(a) In New South Wales it is desirable to provide separate buildings to accommodate the Repatriation Cases.	36
(b) The multi-storey building is preferable to chalets for the hospital cases for whom accommodation is being provided.	46
(c) The plans are satisfactory for the purpose and provide all the necessary requirements for a modern hospital.	49
(d) The effect on the housing programme will not be sufficient to demand any delay in the commencement of the building.	60
(e) The plans for the extensions to the Sisters' Quarters are satisfactory.	68
(f) The extensions to the Sisters' Quarters are necessary and should be erected simultaneously with the hospital.	70
(g) Extension of the present sewerage system should be delayed in case it is possible to arrange for connection with the main sewerage system before the building is completed.	85
(h) The Water Board should be requested to expedite extension of the main sewer so that connection will be possible when the building is completed.	85
(i) There is an immediate necessity for the multi-storey hospital, and, in view of the Repatriation Commission's assurances that staff will be available when required, the building should be proceeded with as soon as possible.	86

The Office of the Parliamentary
Standing Committee on Public Works,
Parliament House,
CANBERRA. A.C.T.

CHARLES A. LAMP
CHAIRMAN.

3rd September, 1948.