3 PROPOSED DEVELOPMENT

3.1 Approval Sought

3.1.1 Approval is sought for the following:

(a) Erection of three single storey buildings for use as a mental health facility for adult and child and adolescent in-patient facilities, ambulatory care facilities and associated administration and research comprising a total gross floor area of 4,966m^2.

(b) Construction of vehicular access points off Laurel Avenue and Weaver Street and the development of a pedestrian link from the existing hospital building (Block A) into the new mental health facility.

(c) Provision of at-grade and underground off street car parking for 232 vehicles and on street car parking immediately fronting the hospital property for 89 vehicles totalling 416 car parking spaces.

(d) Implementation of soft and hard landscaping measures and utility services and associated infrastructure and plant.

3.2 Existing Mental Health Facilities

3.2.1 The existing 25 bed mental health unit operates from Richmond Clinic was originally developed in the 1980's as a specialist mental health acute impatient unit. Whilst some minor upgrades have taken place, its layout and clinical facilities do not meet current guidelines for the treatment and care of mental health patients. It is widely recognised as inadequate and dysfunctional.

3.2.2 Current mental health ambulatory accommodation includes a portion of Richmond Clinic adjacent the existing mental health unit as well as leased office accommodation in Lismore CBD and other locations. This arrangement is considered to be deficient in meeting current needs. All existing mental health facilities are to be relocated into the new mental health facility upon completion of development.

3.3 Proposed Mental Health Facility

3.3.1 This project application proposes the development of a new mental health facility to replace the existing mental health facilities at LBH as referred to above. The number of patient beds that would be dedicated to this function would increase from 25 beds (currently provided within Richmond Clinic) to 48 beds, an overall increase of 23 beds.

3.3.2 The largest of the three buildings will comprise 2,970m^2 and will accommodate an 8 bed adult high dependency unit, a 16 bed acute adult inpatient unit, a 16 bed sub-acute adult inpatient unit and administration and research offices. Ancillary staff support and clinical facilities together with entrance and reception facilities will be provided.

3.3.3 A 1,090m^2 8 bed child and adolescent inpatient unit is proposed with a similar design specification as the adult inpatient mental health facility with similar courtyard facilities and ancillary support services. An ambulatory care unit is planned which will comprise 906m^2 to primarily accommodate outpatient interview, consult and group/meeting rooms and staff offices.

3.3.4 It is envisaged that each of the single storey buildings will be of a similar design to be constructed as a steel framed building with lightweight internal partitions and a truss framed roof. The buildings will be clad in a combination of masonry and lightweight pre-finished external panels. It is envisaged that this will allow for simple maintenance and allow for easy adaptation for future expansion if required.

3.3.5 Patient access to the mental health facilities will be provided through the existing Emergency Department within Block C. A separate secure bay is proposed off Weaver Street with secure and discrete access to holding areas within the mental health facility as it is envisaged that some

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admissions will be from the police and ambulance services.

3.3.6 Connectivity is to be provided between the new mental health facilities and associated car parking and existing hospital buildings including provision of a three storey link connecting the mental health facility from the adult inpatient unit to the main hospital building (Block A) and staircases down to the overground and undercroft car parking proposed.

3.4 Hard and Soft Landscaping Measures

3.4.1 The mental health facility incorporates a number of hard and soft landscaping measures within its design including a number of courtyards to function as external recreation areas for patients to function as therapeutic, recreational and de-escalation spaces. All patient courtyards have been designed to facilitate passive and active areas catering for the needs of each category of patient.

3.4.2 The patient courtyards are to be secure to ensure patient safety and exclusion of undesired external influences. Secondary courtyards have been established as gymnasium and art activity areas for specific activities together with a separate secure courtyard for patients in seclusion acting as a "time-out" space for patients requiring segregation from other patients.

3.4.3 All three adult inpatient facilities have at least one courtyard, which is dedicated to the facility with the acute, and high dependency units having access to a total of four separate courtyards. Facilities for the child and adolescent unit have been design as separate spaces discrete from adult facilities, are fully secured and provide a high degree of visual privacy for the patients.

3.4.4 Internal courtyards are to be located within the adult inpatient and administration and research building forming both light wells and green backgrounds to surrounding accommodation. These courtyards also act as secure areas which are traversed by open walkways acting as secondary links between the clusters of the adult inpatient unit.

3.4.5 Staff courtyards are proposed which function as external spaces allocated to staff working within the facilities which are adjacent to staff resource areas or form landscaped areas for outlook from staff offices and meeting areas. These spaces also act as "time-out" zones for staff working in the mental health facility.

3.4.6 This main entry courtyard is located at the main entry to the adult inpatient and administration and research building. This courtyard acts as a visual backdrop to the entry link and waiting and staff accommodation overlooking the area. Patient bedrooms have been located off this courtyard to provide natural light and outlook for these rooms as well as suitable screening to maintain privacy.

3.5 Vehicular Access

3.5.1 Whilst the new mental health facility is the first of a three stage redevelopment of LBH the mental health facility is capable of functioning without due reliance upon the remainder of the hospital campus (see Development Staging issue at Sections 3.7 and 6.3). The existing road network and the vehicular and pedestrian access to the site will not change as a result of the proposal.

3.5.2 The main vehicular access point into the new mental health facility will be via Laurel Avenue. This will deliver vehicular traffic to a shared set down area. The three buildings comprising the new mental health unit will be accessed via a common entrance at this point. Car parking for disabled people is to be provided in this area so as to be in close proximity to the main entrance.

3.6 Amendments to the Proposal (Submission of a Preferred Project Report)

3.6.1 An opportunity has been taken to redesign and reconfigure some of the buildings to address local resident's concerns relating to loss of amenity and perceived security and safety issues and reduce the visual impact of the buildings. The Department's assessment of the urban design, visual impact and built form of the revised proposal is set out within Section 6.5.

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3.6.2 The proponent lodged a response to the issues raised in submissions during the exhibition period, a preferred project report outlining proposed changes to the proposal to minimise its environmental impact and a revised statement of commitments on 7 December 2006 pursuant to Section 75H(6) of the EP&A Act.

3.6.3 The amendments to the proposal largely involve the reconfiguration of space with a small decrease in gross floor area (50m^2). No change was made to access arrangements although provision was made for an additional 10 car parking spaces. The Department considers that the amendments proposed are relatively minor and do not warrant re-exhibition.

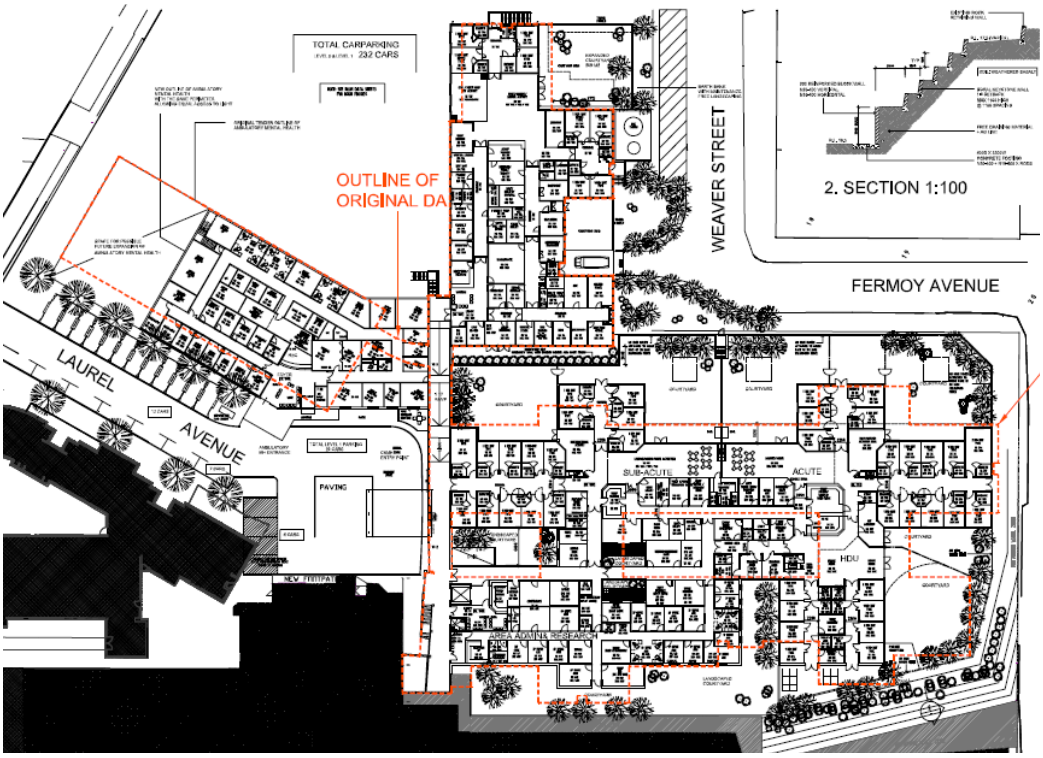

Figure 1 Site Plan Showing Exhibited and Amended Proposals (Source: HASSELL Pty Ltd)

3.6.4 A summary of the main amendments made to the proposal following exhibition are set out below.

Element	Summary of Amendment
Building Height	
Child and Adolescent Unit	Reduction in building height by 1 metre
Ambulatory Care Unit	Reduction in building height by 0.5 metre
External Reconfiguration	
Adult Inpatient Unit	Amended juxtaposition of HDU unit back to back with adult inpatient unit
	Reduction in length of Sub-Acute and Acute units with replacement living areas
Child and Adolescent Unit	Relocation of northerly wing to the west so as to line up with the rest of the unit
Ambulatory Care Unit	Reduction in length in an east-west direction and subsequent increase in width
Roof Design	
Adult Inpatient Unit	Installation or air conditioning units and removal of three roof level plant rooms
Child and Adolescent Unit	Substitution of skillion roofs to gabled roofs
Ambulatory Care Unit	Substitution of skillion roofs to gabled roofs
Car Parking	Increase in car parking provision from 406 to 416 spaces
Emergency Service Access	Relocation of the police and ambulance drop off zone to the basement level
Lift Access	Extension of lift servicing to service amended basement level

3.6.5 The proponent has updated all plans and elevations as part of the preferred project submission to reflect the design amendments made. A complete set of all plans and documentation accompanying

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this project application is attached in Appendices B, C, D and F. The proponent has provided justification for each design amendment as set out below.

Building Levels

3.6.6 The ambulatory care unit and the child and adolescent inpatient unit were to be developed at the same level as the adult inpatient unit. However, the ambulatory care unit has been lowered by half a metre whilst the child and adolescent inpatient unit has been lowered by one metre. The rationale for this is to reduce the impact of these buildings and diminish the degree of potential overlooking from the child and adolescent inpatient unit to neighbouring residential properties.

Ambulatory Care Unit

3.6.7 Whilst the internal area and functionality of the unit remains unchanged, the ambulatory care unit has been reconfigured so as to reduce its length in the east-west direction resulting in a subsequent increase in width. This will allow the unit to be more compact allowing for possible future expansion to the west as well as reducing the visual impact of the facility on surrounding residential development given its location further away from Hunter Street.

3.6.8 Furthermore, its reduction in overall length will ensure the future design and construction of car parking in this area is carried out in a more efficient and practical manner.

Child and Adolescent Inpatient Unit

3.6.9 The exhibited scheme established a set back of the northern bed wing against the west façade of the building. It is proposed to move the original northern wing marginally to the west so as to line up with the remainder of the unit. This will result in the expansion of the landscaped courtyard area, the height of which is proposed to be reduced to street level. The overall height of the building will be reduced by one metre to provide secure courtyard space in lieu of the secure balcony spaces initially proposed.

Adult Inpatient Unit and Administration and Research Unit

3.6.10 Whilst the layout of the four components within this part of the site remains essentially unchanged they have been reconfigured following discussions with clinical groups. Essentially, the high dependency unit has been fully integrated and juxtaposed back to back with the adult acute unit. As well as increasing its compactness, this design amendment creates a greater setback from the eastern boundary allowing for a large east facing patient courtyard which is considered to be more desirable than a south facing courtyard.

3.6.11 The amended configuration increases the distance between the high dependency unit and private residences on Little Uralba Street. The opportunity has been taken to modify the sub-acute and acute adult inpatient units. The bedroom area has been reduced in length and replaced by a living area to allow for a greater depth of courtyard outside these areas. Whilst the number of integrated staff stations from three to two, staff observation and security will be enhanced as the two staff stations will be directly connected to each other via a staff access corridor and remain in direct visual contact.

Roof Plant Rooms

3.6.12 The redesign of the adult high dependency unit has created an area of open space to the south of the new facility adjacent the retaining wall. It is proposed to utilise this area for the installation of air conditioning units. Consequently, three roof level plant rooms and platforms have removed from the proposal leaving one roof platform over part of the child and adolescent unit. This simplifies the roof profile thereby reducing both the visual impact of the proposal and operational acoustic impact.

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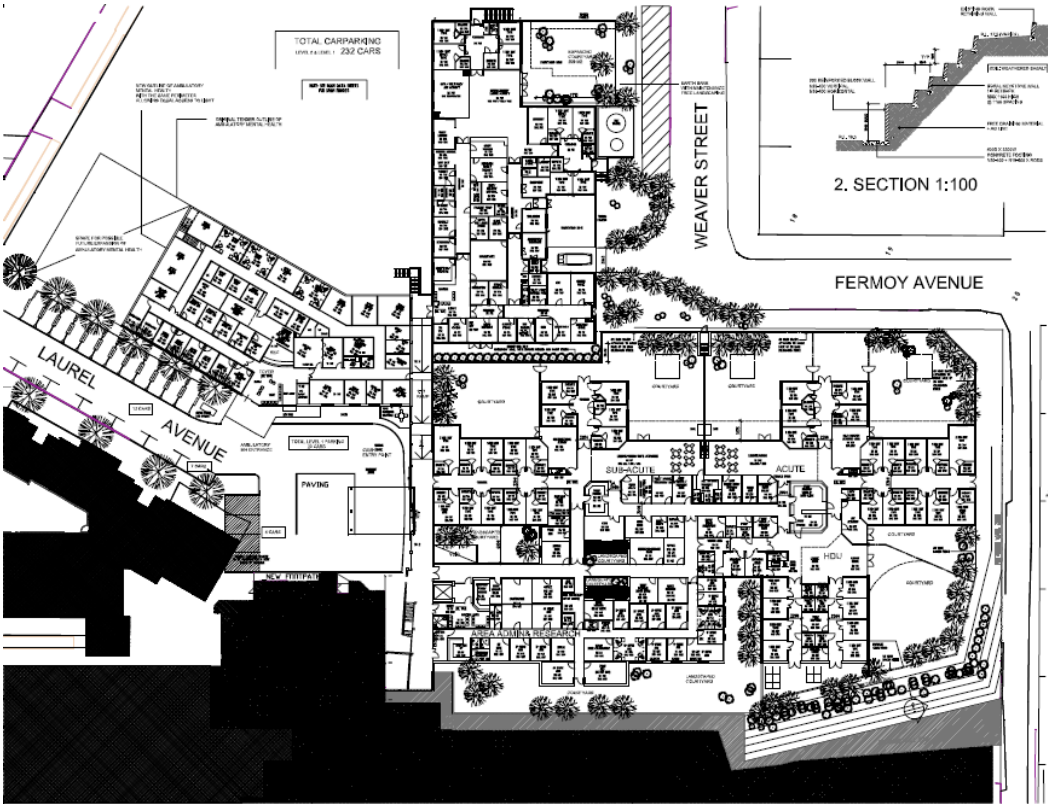

Figure 2 General Arrangement Site Plan Level One (Amended Proposal) (Source: HASSELL Pty Ltd)

Roof Design

3.6.13 Roof height has been reduced by substituting a number of the skillion roofs to gabled roofs. This has reduced heat gain on the building thereby improving environmental performance. This amendment, together with the lowering of the ambulatory care unit and adolescent unit will reduce the impact of the facility on existing private residences in the area.

3.6.14 All buildings are single storey with the adult inpatient unit over undercroft car parking. The roofs are pitched metal decked and the walls are a combination of face brickwork and painted fibre cement cladding. This is keeping with the original design with minor variations introduced to reduce the impact on the surrounding areas whilst increasing the area of usable courtyard space.

Figure 3 South and North Elevations: Sub-Acute, Acute, High Dependency Unit and Administration (Amended Proposal) (Source: HASSELL Pty Ltd)

Car Parking

3.6.15 It is proposed to reduce the number of existing off street car parking spaces from 230 by 175, leaving 55 off street car parking spaces. A secondary car park area is to be utilised until such time as a new

multi-story car park is developed on the main LBH campus as part of a future stage of development (Stage 3). This provides car parking for some 40 vehicles and is owned and controlled by LBH. This combination of car parking provision will yield some 95 car parking spaces (i.e. 55 + 40 spaces).

3.6.16 The total additional off street car parking provision in the exhibited proposal was 222 spaces although this has been increased to 232 spaces through amendments to the proposal, thereby increasing overall car parking provision to 416 spaces. A breakdown of amendments made to off street car parking arrangements to facilitate this increase is set out below:

Car Park Location	Access	EA (July 06)	PPR (Dec 06)	Diff
Main car park lower level	Hunter Street	72	93	+ 21
Main car park upper level	Hunter Street	66	0	- 66
Car park undercroft ambulatory care unit	Laurel Avenue	26	31	+ 5
Car park undercroft adult unit	Hunter Street	0	39	+ 39
Car park undercroft child & adolescent unit	Hunter Street	49	46	- 3
Main entry road	Laurel Avenue	7	19	+ 12
Vehicular set-down area	Laurel Avenue	2*	4*	+ 2*
Total Car Parking Provision		222	232	+ 10

* Disabled car parking provision

3.6.17 The preferred project report includes provision of 10 additional off street car parking spaces than the exhibited proposal. This has been achieved through the establishment of basement car parking under the adult inpatient unit and reconfiguration of car parking (includes the removal of the 2 deck car parking structure off Hunter Street).

3.6.18 The amended proposal involves a reduction in the amount of on-street car parking from 101 to 89 spaces in favour of an increased proportion of off-street car parking. The on-street car parking element will be upgraded with kerb and guttering. Council are satisfied with the car parking arrangements as a whole. A detailed assessment of the issue of car parking provision is set out within Section 6.4.

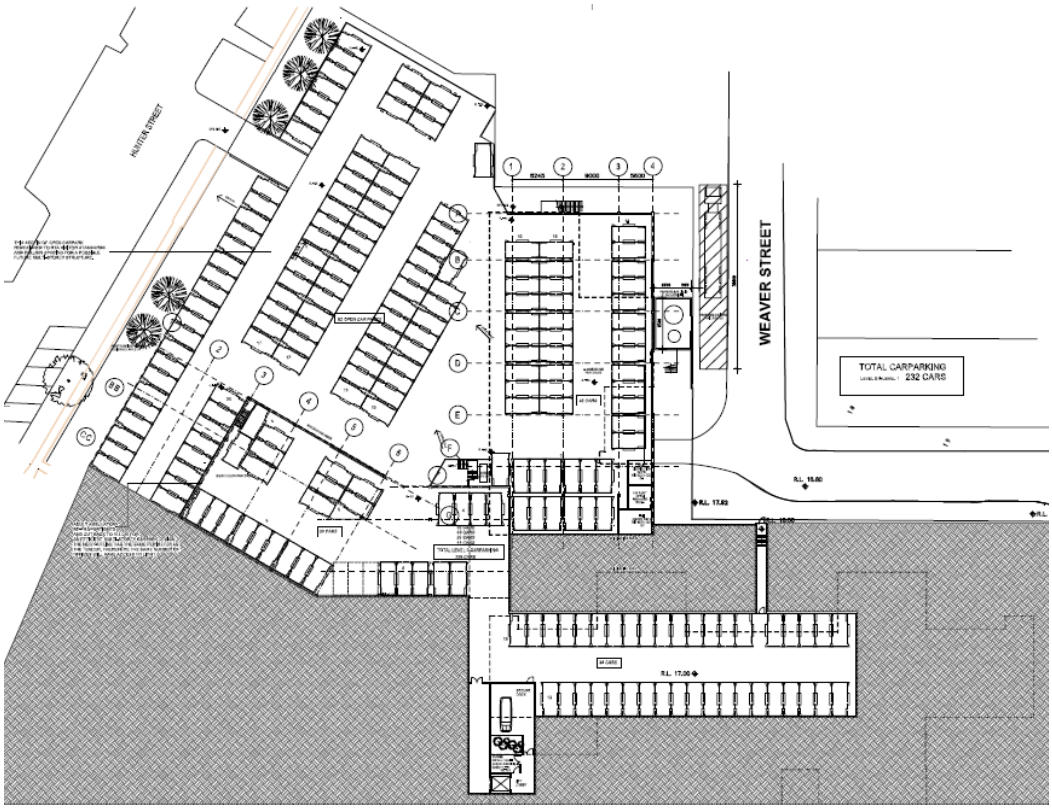

Figure 4 General Arrangement Car Parking ***(Amended Proposal)*** *(Source: HASSELL Pty Ltd)*

Emergency Service Access

3.6.19 The police and ambulance drop off zone was previously located (and accessed via) Weaver Street and Fermoy Avenue in a secure dock but this has been relocated to the basement level together with a secure consultation and holding room. This will reduce visual impact and improve the security measures at the new facility. The previous police and ambulance drop off zone will be redesigned so as to incorporate landscaped areas.

Lift Access

3.6.20 The lift originally linked level one of the new facility with Level 3 of the existing hospital building (Block A). This has been extended to service the new basement level to improve access for visitors to the new facility allowing access to the lift at the basement level car park directly linking the adult inpatient unit and walkways to the ambulatory care and child and adolescent units. This will provide staff car parking in closer proximity to clinical areas.

3.7 Development Staging

3.7.1 The development of the mental health facility represents stage one of a multi-staged redevelopment of Lismore Base Hospital (LBH) and is the subject of this project application. The development of the new mental health facility will provide the initial physical and health services infrastructure to facilitate the stage two proposal in the future.

3.7.2 Implementation of stages two and three will require approval of subsequent applications for development.

3.7.3 The key features associated with each stage is summarised below.

Stage Two

3.7.4 Stage two involves the development of an integrated cancer care centre and radiotherapy unit on the site of the existing Richmond Clinic (which will be vacated and decanted to the new mental health facility). Level 1 of this building will be partially demolished and refurbished a new two storey building will be constructed to house these facilities.

Stage Three

3.7.5 The third and final phase of the redevelopment involves the development of a new Clinical Services Block M juxtaposed to the west of existing Blocks A, B and C. The existing cancer care centre adjacent to Uralba Street and Crawford House (which accommodates the LBH library, overnight staff domiciles as well as NCAHS and LBH administration) will need to be demolished to facilitate the development.

3.7.6 Stage three of the redevelopment will achieve expanded ambulatory treatment spaces within the Emergency Department (ED), day surgery and procedures area, including interventional cardiology procedures, to improve access to overnight medical, surgical and critical care beds. The new Block M will include provision of the following services and facilities.

- 100 additional beds/bays for rehabilitative use by the Paediatric Inpatient Unit, Cardiac Catheterisation Lab, Emergency Management Unit, Emergency Department.
- 5 new operating suites, endoscopy suite, perioperative and day surgery unit, high dependency unit and pathology unit.
- Demolition of existing pathology unit and development of a multi-storey car parking facility to service stage three facilities.

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