

Development Proposal:

The vision statement for the redevelopment project is to create a high quality hospital campus reflective of clinical and functional best practice that creates a sense of place and particular identity for Lismore Base Hospital.

The master plan set the basis for the sequential redevelopment of the Lismore Base Hospital campus into a clear and legible composition of built structure that will provide some future proofing. Stage 3 can be delivered in several phases which will knit into the overall master plan strategy for the site.

Principles for the Stage 3A development are set out as follows:

1. Create a new drop-off and Hospital entrance along Uralba Street.
2. Provide the mechanism for a future 'north – south' pedestrian link to connect through the campus following future building replacements.
3. Create the opportunity for a new internal east west 'Hospital Street', to provide clear internal connectivity.
4. Create a new arrival experience 'Hospital Square' and street activation/connectivity.
5. Establish new entries whilst recognizing the need to maintain and build upon existing connections.
6. Recognize the proximity to surrounding development and scale/solar access issues.

Masterplan:

The proposed scheme design responds to the draft 2012 clinical services plan, functional briefs, scheme design user group process, and relevant guidance, and forms part of the sustainable master plan strategy for the future of LBH as described in the Concept Design Report.

The Concept Design Report includes details of a sustainable master plan for the future development of the Lismore Base Hospital.

The Architectural Design Principles in support of this master plan are:

- _Provision of improved entry conditions with clear legibility.
- _Improving the clarity of access and way finding.
- _Providing a healthy environment for all involved in healthcare.
- _Maximizing the site opportunities for natural light, views to natural vegetation.
- _Green space, maintaining and utilising for the benefit of all.
- _The new building will reflect best practice in terms of engineering services and will therefore require a greater floor to floor height than the existing buildings.

Stage 3A is the first step along the path towards delivering the sustainable master plan and as such it is important that this development establishes appropriate parameters for future developments.

Staging:

A staged approach to delivering the Lismore Base Hospital Clinical Service Plan is required due to finite capital funding availability, and the need to stage works to minimize disruption to existing services.

The overall proposed staged approach is as follows:

_Stage 3 Phase A (Stage 3A) = the initial stage in response to the May 2012 Health and Hospital Funding (HHF) Allocation.

_Stage 3 Phase B (Stage 3B) = the subsequent phased development works in response to the balance of CSP scope as additional funding allocation becomes available.

_Prioritization must deliver a holistic stage (i.e. provide a balanced response across the service continuum) and not be reliant on future stages of funding to make it operationally efficient and effective.

The initial stage for the redevelopment project, based on the HHF funding application, will include for a new Emergency Department, additional facilities for Renal Services and Community Health.

To facilitate the new development a number of minor enabling projects will need to be undertaken. Based on the preferred site for the Stage 3A development this will include relocation and demolition of pathology, mortuary and maternity beds along with associated site infrastructure and services diversions. Subsequently Stage 3A will also include for a new mortuary department.

Stage 3A:

Stage 3A development unifies and integrates with the existing hospital building fabric by invoking a 'campus' model which will improve patient wellbeing and overall experience.

The architectural approach to the design, planning and overall methodology draws on unity as a concept. This unification can be seen in the entry design where access has been simplified and amalgamated, the new canopy structure links the new building with the existing structures to create cohesion, (with a reference back to the surrounding native flora – forest of columns) and the proposed façade design is a continuous weave from one level to the next as a unified design solution.

Stage 3A development of the hospital campus incorporates a new drop-off area for the emergency department and will define the future strategy for the redevelopment of Uralba Street as the main public arrival area.

Generous drop-off space will be provided with under cover access to the building entry for arrivals, plus the inclusion of a number of seating options for comfortable waiting.

New signature trees within the street and drop-off space reference the existing cultural trees and clearly identify drop off facility for those arriving by car and on foot.

The future stages of development will incorporate this drop off area into the broader green space strategy. In particular future improvements to Uralba streetscape will consider the link into the 'Hospital Square' reinforcing this area as an orientation point and community gathering space.

The site boundaries are Uralba Street to the South, little Uralba Street to the East, the existing Mental Health Unit and associated retaining structures to the North and the existing acute services buildings to the West.

The choice of site was based on constructing a new acute services building of approximately 10,000 sqm and the refurbishment of Blocks C, as well as the partial demolition and refurbishment of Block A, delivering the clinical services required by the 2012 CSP.

The development will be built in stages and Stage 3A responds to the most pressing clinical needs by delivering new emergency, renal and community health services.

Planning for the overall Stage 3 redevelopment of LBH must be mindful of the current LBH physical infrastructure, to ensure that existing hospital assets are best utilized, adapted or decommissioned to maximize the priority health services provided by LBH now and into the future.

There are several significant challenges to be overcome, and these can be identified as key issues for LBH Stage 3 redevelopment:

_Improvement of ambulance, patient and public access to the Lismore Base Hospital site together with goods loading and hospital delivery facilities

_Resolution within an agreed master plan for improvement of vehicle movement, car parking and pedestrian access within the LBH campus

_Staging and decanting of new and refurbished clinical and non-clinical services to ensure continuity of service at all times

_Overcoming some poor clinical relationships which exist within the existing acute care buildings Uralba Street is proposed to be made more pedestrian friendly and safe. This will also help create a sense of arrival in the precinct as well as calm traffic and prioritize the pedestrian activity. Reinforcement of the landscape treatment to all frontages is proposed.

Solar access is considered and also informs the adjustment of the building scale to an appropriate level. The properties to the east of the site (east of Little Uralba Street) are of primary concern. Shadows cast to 3pm are designed to maintain solar access to adjacent properties to the east.

Solar access for properties on the south side of Uralba Street are protected largely by the significant width of the street and for all but the depth of winter are unaffected.

Materiality:

The proposal for the new building is to use materials that are fit for purpose and will provide cost effective solutions for the various requirements.

The palette is drawn from nature and the surrounding local vernacular architecture with reference to the more neutral materials within the existing campus. The material decisions are conceived as a direct response to the practical need and context of the facility. The need for openings and windows are directly related to clinical needs and planning responses. Given the location of the facility and local rural town context, we have endeavored to include a reference to the historical building materials and local industry. The Lismore basalt bedrock has been incorporated into the palette using a basalt coloured brick at the podium level where the building touches the ground, light weight compressed fibre cement in dark tones as we step up the building, then lightening as the building heads up and allowing for this to continue to weave up the future tower.

Landscaping:

Stage 3A aims to create a strengthened boundary treatment and creation of a new identity along Uralba Street. This will become the “front door of the hospital campus”. Treatment of materials and planting will acknowledge the arrival experience at ‘Hospital Square’. The landscape strategy seeks to maximize the usefulness and delight of external spaces. The design builds upon the tropical character of the area and ensures the benefit of public space for all users.

Principles:

1. Create external spaces around the main building entry points to provide amenity and opportunity for congregation. These spaces will provide an option for all users to be outside in safe, comfortable and inviting spaces.
2. Create a main entry and drop-off point that provides improved pedestrian circulation. The space will allow for a significant volume of activity, in a safe and organized manner.
3. Create a therapeutic courtyard to provide amenity and delight for patients.
4. Create a clear and rational access and circulation strategy for vehicles by introducing a new central dropoff zone protected from the elements.
5. Provide for additional on-street parking with safe, legible pedestrian links to hospital entries.

Materials:

The range of materials used in external spaced will provide a legible and cohesive public domain. All materials used externally will be robust and durable. Hardscape surfaces in high traffic areas in the public domain will be grey concrete.

This will be a colour which will accommodate wear and tear. Surfaces in the courtyard will be a composition of patterns to provide visual amenity for patients and follow the architectural language of the canopy. Seating elements will be simple with signature benches used at 'Hospital Square' to mark the entry. Existing sculpture elements in the public domain will be upgraded and reintroduced into the public domain.

Planting:

_New planting will be introduced and will build upon the tropical planting character evident throughout the hospital.

_Planting will be aligned to strengthen the circulation and open space strategy.

_The design will retain existing trees where possible.

_Native, low maintenance species will be used.

Value Proposition:

Value Proposition – UNITY – to unify and integrate with the existing hospital building fabric by invoking a 'campus' model which will improve patient wellbeing and overall experience.

Unity in an environment which can often be isolating and anonymous. The architectural approach to the design, planning and overall methodology draws on unity as a concept. This unification can be seen in the entry design where access has been simplified and amalgamated, the new canopy structure links the new building with the existing structures to create cohesion, (with a reference back to the surrounding native flora – forest of columns) and the proposed façade design is a continuous weave from one level to the next as a unified design solution.

The new canopy design incorporates the signature trees with penetrations for light and vegetation, mimicking the natural tree canopy that will reference the site's existing state. The canopy is an organic element which is critical to unifying the site as it weaves between old and new and allows for easy expansion and extension to other areas of the hospital campus as the site develops.