

OSBORNE PARK HOSPITAL STRUCTURE PLAN

Part 2- Stakeholder Issues Report

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41441

November 2003

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Appendix 1 – Process Flowchart

OSBORNE PARK HOSPITAL STRUCTURE PLAN

Part 2-Stakeholder Issues Report

1 INTRODUCTION

This report has been prepared by Hames Sharley for the North Metropolitan Health Service (NMHS).

The purpose of this report is to provide information on stakeholder issues and interests prior to the Osborne Park Hospital Structure Planning Workshop, to be held on the 12th of November 2003.

1.1 BACKGROUND

Hames Sharley was commissioned in June 2003 to prepare a structure plan for the Osborne Park Hospital.

A structure plan is a town planning document which provides a framework for the coordinated development of land. Generally a structure plan will illustrate the location of the existing built form and identify opportunities where future growth may occur. The plan should also consider existing and future land uses, pedestrian linkages, vehicular access/egress, car parking and the relationship of the subject landholding with its surrounding context.

The structure plan will be prepared in 4 stages. This report constitutes Part 2. The format of the study is as follows:

- Part 1: Background Report.
- Part 2: Stakeholder Issues and Opportunities Report.**
- Part 3: Enquiry by Design Workshop Outcomes Report.
- Part 4: Structure Plan Report.

1.2 CONSULTATION

Hames Sharley considers that a consultative approach to structure planning has been proven to be most effective. The consultant team has therefore sought input from those who utilise, or are familiar with the hospital; being those people who work on campus or visit the campus in a professional capacity.

Relevant planning agencies have also been contacted, including the Department for Planning and Infrastructure, the City of Stirling, the Department of Housing and Works, the Heritage Council WA and the Department for Indigenous Affairs. This means that a very broad and at times divergent group of stakeholders have been given opportunity to comment on the hospital as it exists, and provide advice on how it might look in the future.

In due course, surrounding residents will also be given opportunity to comment on the draft structure plan as part of the approvals process prescribed by the Western Australian Planning Commission (Refer to Appendix 1 – Process Flowchart).

1.2.1 METHODOLOGY

Consultation is to occur in two phases. Hames Sharley has already met with stakeholders on an individual basis. This allowed for a frank exchange and offered a broad understanding of likely issues.

Stakeholders were then requested to also submit a position statement for inclusion within this report. The preparation and subsequent distribution of position statements will allow for issues or interests to be formally acknowledged and shared with other stakeholders in a non-adversarial manner.

The second phase of stakeholder consultation will be the facilitation of the structure planning workshop. The aim of the workshop is to collaboratively investigate the opportunities and constraints associated with any future development of the Osborne Park Hospital site. This will then culminate in the preparation of the structure plan for the study area.

Extrapolating and applying the knowledge of the stakeholder group will offer the greatest potential for the structure plan to achieve broad based consensus.

The stakeholders who have been invited to contribute to this report and/or the workshop are detailed in Section 2.

Whilst all stakeholders were invited to submit a position statement, a number of parties did not take up the opportunity.

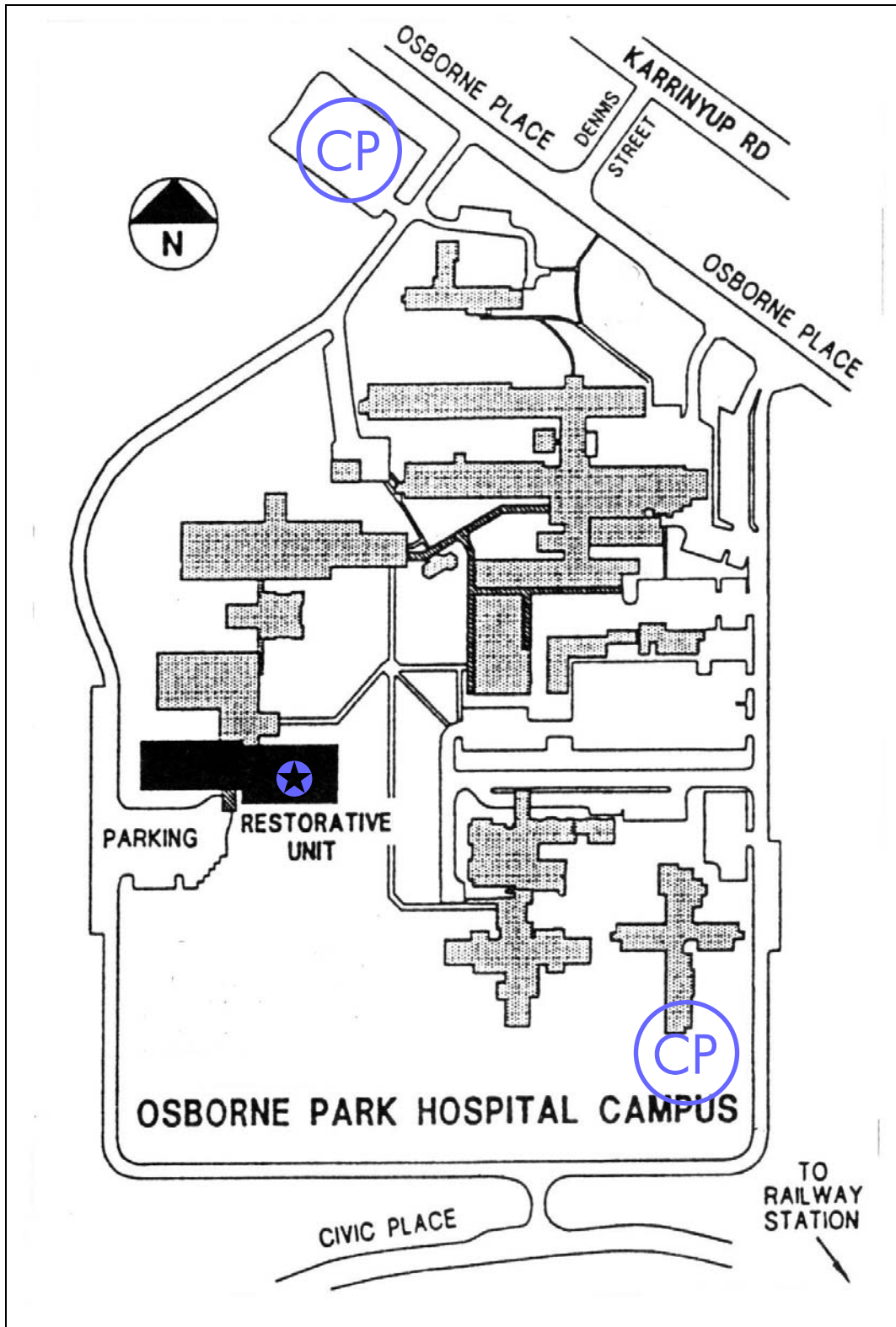
1.2.2 WORKSHOP AGENDA

The days programme is planned as follows:

8:30	Registration
9:00	Introduction
	Presentation of Background Information by Consultants
10:00	Site Walk to Discuss Existing Issues, Opportunities & Constraints
11:00	Coffee Break, Informal Discussion
11:15	Presentation of Stakeholder Position Statements
12:00	Discussion of Objectives/Critical Aspects of Plan
12:30	Lunch
13:00	Confirm & Agree Objectives/Critical Aspects of Plan
13:30	Introduction of Opportunities Plans
14:00	Group Discussion of Plans: Raise Issues, Pros & Cons
15:00	Report Back to Forum by Each Group
15:45	Afternoon Tea, Informal Discussion
16:00	Summary of Aspects to be Included in Preferred Structure Plan
17:00	Finish

1.2.3 VENUE

The workshop will be held in the Activities Room of the Restorative Unit at the Hospital. Refer to Location Plan below.



Activities Room of the Restorative Unit
 Car Parking



2 STAKEHOLDERS

The following stakeholders were jointly identified by the Department of Housing & Works, the Department of Health and Hames Sharley.

ORGANISATION	CONTACT/ROLE	CONTACT DETAILS	WORKSHOP ATTENDANCE
North Metropolitan Health Service	Mr Craig Bennett Area Chief Executive North Metropolitan Health Service	Contact via Nell Matthews nell.matthews@health.wa.gov.au 9346 3301	Invited/Confirmed for Morning Session
	Dr Mark Salmon Co-Director of Medicine	m.salmon@health.wa.gov.au 0412 614 038	Invited/Confirmed
	Ms Heather Gluyas Co-Director of Nursing	Contact via Fiona MacDonald fiona.macdonald@health.wa.gov.au	Invited/Confirmed
	Mr Robert Aeschlimann Acting Site Services Manager	Robert.Aeschlimann@health.wa.gov.au	Invited/Confirmed
	Mr Peter Klymiuk Campus Facilities Manager	Peter.Klymiuk@health.wa.gov.au 9346 8291 0411140231	Invited/Confirmed
	Dr Barry Vieira Head of Department Rehabilitation & Aged Care	Contact via Rhiannon Boardley Karen.Mabbott@health.wa.gov.au 9346 8105	Invited/Confirmed
	Dr Peter Wynn Owen Area Director Mental Health Services North Metropolitan Health Service	9347 6632	Invited/Declined
	Mr Roy Aitken North Metropolitan Health Facilities	roy.aitken@health.wa.gov.au 9346 2252	Invited/Confirmed
	Mr Alan Buckley Director Facilities Management (QEII/SCGH)	alan.buckley@health.wa.gov.au 0419 049 387	Invited/Confirmed
	Dr Mark Platell Area Director of Medical Services	Contact via Jenny Logan 9346 3528	Invited/No Response
	Ian Calverley Chief Medical Imaging Technologist	ian.calverley@health.wa.gov.au 9346 8151	Not Required
	Ms Rhonda Ballariene OPH Auxiliary	-	Not Required
	Ms Joan Varian Consumer Health Representative CEO of Aged Care Facilities	joan@meath.org.au 0409 594 353	Invited/ Confirmed for Afternoon

ORGANISATION	CONTACT/ROLE	CONTACT DETAILS	WORKSHOP ATTENDANCE
North Metropolitan Health Service (continued...)	Ms Margaret Kite PathCentre	margaret.kite@health.wa.gov.au 9244 2326	Not Required
	Ms Anne Wisbey	anne.wisbey@health.wa.gov.au 9346 8238	Invited/Confirmed
	Dr Rob Goldman Surgeon & Head of Medical Advisory Committee	perthsurgeon@iinet.net.au 9446 4444	Invited/Confirmed
	Mr Steve Marshall Operations Manager Mental Health Service	steven.marshall@health.wa.gov.au 9347 6644	Invited/Confirmed
	Dave Taylor Operations Manager PathCentre	-	Not Required
	SKG Radiology	9346 8236	Not Required
State Government	Hon J. McGinty Minister for Health	-	Invited/Declined
	Mr John Quigley	-	Invited/No Response
Health Department of WA	Mr Michael Higgs Metropolitan Project Director	michael.higgs@health.wa.gov.au	Invited/No Response
	Mr Greg Truscott Senior Project Manager Asset Management Directorate	greg.truscott@health.wa.gov.au 0417 183 104	Invited/No Response
Dep't of Housing & Works	Mr Bob Gadson Client Manager	bob.gadson@dhw.wa.gov.au 0408 952 069	Invited/No Response
	Mr Richard Elliot	-	Confirmed
	Mr Vernon Langdon	vernon.langdon@dhw.wa.gov.au 9222 4665	Invited/Confirmed
Western Australian Planning Commission (Department for Planning and Infrastructure)	Mr Neil Foley Manager Metropolitan North	neil.foley@dpi.wa.gov.au 9264 7777	Invited/Declined
	Ms Robyn Watts Senior Planning Officer	robyn.watts@dpi.wa.gov.au 9264 7777	Invited/Tentative

ORGANISATION	CONTACT/ROLE	CONTACT DETAILS	WORKSHOP ATTENDANCE
City of Stirling	Mr Dirk Gildenhuis Acting Senior Project Officer	gildenhuis.dirk@stirling.wa.gov.au 9345 8831	Invited/Tracy Leddin to attend in place.
	His Worship the Mayor Cr D.C. Vallelonga CM JP	tony.vallelonga@stirling.wa.gov.au 9345 8555	Invited/Declined
	Cr. A. A. Spagnolo	adam.spagnolo@stirling.wa.gov.au 9345 8555	Invited/John Peddley to attend in place.
	Mr Phillip St John Manager Planning Services	9345 8555	Confirmed
	Chief Executive Officer Mr Lindsay Delahaunty	lindsay.delahaunty@stirling.wa.gov.au 9345 8555	Invited/Declined
Consultant Team	Warren Kerr – Hames Sharley National Director (Health Group)	w.kerr@wa.hames.com.au 9381 9877	Invited/Declined
	Phillip Parker – Hames Sharley Health Architect/Associate Director	p.parker@wa.hames.com.au 9381 9877	Invited/Confirmed
	Rachel Seal – Hames Sharley Urban Designer/Associate	r.seal@wa.hames.com.au 9381 9877	Invited/Confirmed
	Isla Finlay – Hames Sharley Senior Town Planner	i.finlay@wa.hames.com.au 9381 9877	Invited/Confirmed
	Linton Pike – Estill Facilitator	lpike@estill.com.au 9355 0300	Invited/Confirmed
	Nathan Butson – The Porter Group Traffic Engineer	porter@tpg.com.au 9315 9955	Invited/Confirmed
	Dr Peter Cock Principal	peter.cock@env.net.au 9322 2366	Invited/Confirmed

ORGANISATION	CONTACT/ROLE	CONTACT DETAILS	WORKSHOP ATTENDANCE
Referral Agencies or Other Interested Parties	Dr Clare Matthews Osborne Division of General Practice	kirilyg@odgp.com.au	Invited/Confirmed
	Ms Terina Grace Osborne Division of General Practice	kirilyg@odgp.com.au	Invited/Declined
	Department of Environmental Protection	-	Not Required
	Water Corporation	-	Not Required
	Western Power	-	Not Required
	Main Roads WA	-	Not Required
	Heritage Council WA	-	Not Required
	Brian Bunton Department of Indigenous Affairs	-	Not Required
	St Johns Ambulance	-	Not Required

3 SITE OVERVIEW

A comprehensive background report has been prepared by Hames Sharley however the following summary will serve as an easy reference during the workshop:

3.1.1 CONTEXT

The Osborne Park Hospital is:

- considered a secondary hospital within the North Metropolitan Area;
- reserved under the Metropolitan Region Scheme for a 'Hospital' use;
- located within the Stirling Regional Centre; and
- also forms part of the Stirling Civic Precinct.

The Local Town Planning Scheme does not offer a zoning for the property as its Metropolitan Reservation prevails.

3.1.2 EXISTING BUILT FORM

The hospital comprises a range of buildings of varying age and condition, including:

- A Block – Outpatients;
- B Block – Administration/Maternity/Theatre/General;
- C Block – Engineering;
- D Block – State Laboratories;
- E Block – General Wards;
- F Block – Restorative Unit;
- G Block – Osborne Lodge (psycho-geriatric);
- H Block – Osborne Clinic (adult psychiatric);
- a collection of small transportable and service buildings; and
- a theatre block which is currently under construction.

The buildings are arranged with a north-south orientation with the hospital (proper) to the north and the aged and mental health care toward the central portion of the site. The southern portion of the site is undeveloped as is the north-west portion.

The buildings are well spaced out and well set back from surrounding roads. A large buffer to the Freeway is maintained to the west boundary and the buildings are connected by a series of covered walkways.

Car parking is mainly provided on the eastern side of the site with another parking area to the north. Generally there is adequate parking, however it appears to be poorly distributed.

Low density residential surrounds the site to the north and east. To the south is public open space (previously land fill).

3.1.3 HOSPITAL STATISTICS

Staff Numbers	Approx. 316 full-time and 324 part-time staff.
Patient Numbers	Discharges for 2002/03 were 9,491 from OPH (excluding 1,453 babies) and 163 from the Osborne Lodge.
Bed Numbers	Currently 188 beds, with some beds closed due to the demolition of DPU. Once building works are finished we will be back to 212 beds.
Outpatient Visitor Numbers	<p>Occasions of Service for 2002/03 were 65,374 for OPH and 17,996 for the Osborne Clinic and Lodge.</p> <p>(Please note that Occasions of Service do not equal visits, as some patients may have more than one Occasion of Service during one visit.)</p>
Shift Change Times	<p>Nursing 0700-0730, 1300-1430 and 2100 hrs.</p> <p>Hotel Services/Catering 0600-0700 and 1430-1530 hrs</p> <p>Other staff generally work standard office hours.</p>
Parking Management	<p>There are 438 bays available across the site.</p> <p>There are marked bays allocated for disabled visitors, patients/visitors, doctors, afternoon/night staff and a locked compound for government vehicles.</p> <p>No parking fees are collected for staff and visitors.</p> <p>There are no by-laws in place to fine staff or visitors for incorrect parking etc.</p>
Staff Travel Patterns	Great majority travel by car. Small amount by train and bus.
Doctors Parking	<p>Currently the following bays are allocated to Doctors:</p> <p>Front Entrance 10 bays Restorative Unit 6 bays Outpatients 2 bays Engineering 4 bays</p>

3.1.4 TOPOGRAPHY & LANDSCAPE

The hospital site is fairly level to the north east although it sits generally below Osborne Place. It falls considerably towards the south from the centre of the site (about 6-7 metres) and about 5 metres toward the north-west corner.

The site is well treed with both remnants of original bushland vegetation and mature planted species. The landscape character of the site is a valued asset that should be retained and utilised in any further site development.

A significant area of bushland exists on the south-west portion of the site.

There has been difficulty in establishing landscape on the site particularly to the southern end.

There are some environmental issues (such as potential contamination of soils and groundwater) that may impact on the future redevelopment of the site. These will be addressed when a draft structure plan has been prepared.

4 POSITION STATEMENTS

- 4.1 NORTH METROPOLITAN HEALTH SERVICE** Craig Bennett, Area Chief Executive - North Metropolitan Health Service.
- 4.1.1 ROLE, RESPONSIBILITIES &/OR INTEREST**
- Responsible for both the strategic and service planning framework for the NMHS, which includes the Osborne Park Hospital site. Responsible for the efficient and effective management of health care services provided on the site.
- 4.1.2 OPERATIONAL OBJECTIVES**
- To ensure that the health care services provided on the OPH site are appropriate for the local community and consistent with the range and type of services provided elsewhere within the NMHS.
- 4.1.3 CURRENT ISSUES**
- The ongoing theatre, day procedure unit and the administration block upgrade is due to be completed in 2004. (Specifically the Stage 1 Theatre Wing is due for practical completion in April, whilst the Stage 2 Administration Wing is due for practical completion in September). It is expected that more complex surgery will be able to be undertaken in the new theatres.
 - Options for the provision of satellite dialysis facilities (on site or nearby) are currently being explored.
 - Options are currently being explored in relation to the provision of laboratory services on site. The existing PathCentre laboratory is clearly in need of major refurbishment.
 - A baby-tagging pilot is shortly to be underway on site. This is an issue related to the security aspects of the Maternal and Newborn Unit. Security on the site is an ongoing issue.
- 4.1.4 LONG TERM EXPECTATIONS**
- The OPH site will become the focal point for NMHS rehabilitation and aged care services.
 - Access to the site needs to be maintained and appropriate car parking facilities provided. The entry statement to the site probably needs addressing, as does the definition of its boundaries.
 - A footprint for a future adult mental health inpatient unit needs to be provided.
 - The density of development on the site should be constrained to be consistent with the existing buildings and easy patient and visitor access to the gardens and grounds.
- 4.1.5 IMPLEMENTATION ISSUES**
- Staff and local community input is required before the OPH structure plan can be finalised. The Quigley Review of OPH (2001) should also be kept in mind. The value of the land should not necessarily drive consideration of alternative uses.

4.2 NORTH METROPOLITAN HEALTH SERVICE

Dr Mark Platell, Area Director of Medical Services North Metropolitan Health Service.

The future of Osborne Park Hospital is likely to see it enlarge and become a specialist referral centre for elective orthopaedics, rehabilitation (especially for the aged), and for a larger adult mental health institution. Each of these three activities has a heavy reliance on Allied Health support to drive the rehabilitation and recuperation of patients such that they can get back into the community and back to a normal lifestyle. There will also be a growth in the general medical and surgical services provided there.

A state of the art rehabilitation facility will now need a hydrotherapy pool and a lot of services based on a ground level floor plan (as steps are a hindrance to these types of patients). This means that the footprint for future expansion is likely to be outward at ground level, rather than upward into a multi-storey complex. Though it should be noted that in terms of ward beds for acute orthopaedic work and for the general medical areas and for theatres, it is probably most economically configured as a four-storey ward block.

In addition to having a large ground area treatment facility for the orthopaedic and rehabilitation patients, it is also important that they have access to outside areas such as walking areas. This is important for management of people with mild to severe mental confusion and thus covers the elderly people who are being rehabilitated as well as the elderly who are in with mental health problems. The active part of rehabilitation includes walking and this is complimented by having external walking areas.

There is clear evidence that it is of benefit for patients to get outside into the sunlight, and into the weather as part of their rehabilitation. As a state of the art rehabilitation centre it is imperative that they have natural grounds to walk in. This is also beneficial for visiting relatives and for those who need to get a bit of space to come to terms with their illnesses and or procedures.

We know that many of our elderly population lived at the time when overcrowding was not an issue and they come from rural or urban backgrounds where they were used to lots of bushlands, lots of space, and not use to overcrowding and compact living. This environment needs to be replicated to some small degree to remove unnecessary stresses from the rehabilitation process.

Overall, the redevelopment for Osborne Park will probably comprise of a four storey building to accommodate an additional workload, which will come about through the growth of the population around that area, and to accommodate specialised functions of elective orthopaedics specialised rehabilitation and mental health services to the adult elderly populations. This can be configured primarily as an additional four block inpatient unit but also essentially needs a large print for rehabilitation and a large and nature and/or grassed area for part of the rehabilitation process.

- 4.3 OSBORNE PARK HOSPITAL (OPH)** Dr Mark Salmon, Program Medical Co-Director – Osborne Park Hospital
- 4.3.1 ROLE, RESPONSIBILITIES &/OR INTEREST
- Implement the 'North Metropolitan Health Service (NMHS) Strategic Clinical Plan' (currently in drafting process).
- 4.3.2 OPERATIONAL OBJECTIVES
- Meet the Values and Mission of NMHS.
- 4.3.3 CURRENT ISSUES
- Ensure that development of Women's and Newborn Services at OPH is consistent with 'Douglas Report', 'Cohen Report' and local community needs:
- Continue 1500 – 2000 deliveries per year.
 - Redevelop Antenatal Clinic.
 - Establish Level 2 Nursery.
 - Develop Centre of Excellence for evidence-based Midwifery.
 - Develop Ambulatory Care - Parenting/Family Clinics (encompassing obstetric general practice, contraception, psychology, child health nursing).
 - Develop teaching unit for general gynaecological surgery encompassing both inpatient and outpatient settings.
- Develop Surgical Services at OPH consistent with direction being set by the Health Reform Committee:
- Commission new theatre redevelopment.
 - Focus on specialties that are within our role delineation, which we do well, and that do not contribute to duplication of resources across the Area.
 - Introduce secondary level elective orthopaedics service in a way that complements our rehabilitation service, consistent with the State Rehabilitation Plan.
 - Develop Ambulatory Care. Consider satellite services in collaboration with SCGH e.g. Cancer CSU such as *intraoperative* procedures for patients with breast cancer.
- Area Rehabilitation & Aged Care:
- Review possible relocation of secondary beds from SCGH campus to OPH campus.
 - Progress Business Case for resourcing rehabilitation benchmarks which would include expansion of existing base of inpatient, outpatient and community infrastructure to meet increasing demand.
 - Develop Centre of Excellence for Parkinson's Rehabilitation.
 - Develop Orthogeriatric Service.
 - Further develop teaching and research activities in medical and nursing.
 - Support Ambulatory Care – work with GPs on introducing single point of contact for an increasingly complex array of services across the metropolitan area.
 - Review place of Interim Care and Care Awaiting Placement.

Gastro-Renal at OPH:

- Develop Ambulatory Care – consider satellite services in renal dialysis in the Stirling area consistent with the State Plan.

General Practice at OPH:

- Develop Ambulatory Care – trial GP-Hospital Integration.

Allied Health:

- Develop Ambulatory Care.
- PMH/KEMH is currently considering options for their own capital redevelopment needs which could include a co-location on a green field site.
- RPH Shenton Park Campus is currently considering options for their own capital redevelopment needs which could include a co-location on a green field site.

4.3.4 LONG TERM EXPECTATIONS

- Develop an integrated Acute Services entity within NMHS encompassing the two campuses of SCGH and OPH:
- Continue provision of maternity, surgical, medical, GP and rehabilitation services on the OPH campus.
- Develop an ambulatory care facility on the OPH campus with its own precinct.
- Allow for considerable expansion of the rehabilitation precinct, with priority to be given to RAC over Mental Health for land based on prior service planning commitments.
- Maintain a natural environment consistent with our community focus.
- Establish a user friendly interface with our community by creating better links with transport hubs; creating visible and accessible entrances; and building ring roads, car parks and pedestrian walkways consistent with the precinct concept (ie maternity, medical/surgical, RAC, mental health, and ambulatory care)
- Possibility of leased medical suite precinct facing Stirling

4.3.5 IMPLEMENTATION ISSUES

- Endorsement of associated service delivery Business Plans (recurrent funding).
- Provision of capital works.
- Preservation of land to maintain designated use for health-related purposes – no sale of land for commercial / residential purposes

- 4.4 OSBORNE PARK HOSPITAL** Ms Heather Gluyas, Nurse Co Director - Osborne Park Hospital
- 4.4.1 ROLE, RESPONSIBILITIES &/OR INTEREST**
- Responsible for Osborne Park Hospital (OPH) site and clinical issues.
 - Responsible for C Block at Sir Charles Gairdner Hospital, Hawthorn Hospital (care awaiting placement) and Gairdner Ward for ICC interim care at South Perth Community Hospital.
 - Role has Clinical and Corporate Governance and Budget/Financial responsibility.
 - Heather has been at OPH for 9 months and is not a local resident. She has a commitment to ensure the provision of future services at OPH so that the hospital plays a meaningful role within the broader health environment.
 - OPH is considered a centre of excellence in WA for rehabilitation/aged care, however; OPH is vulnerable as the focus in the past has been too localised.
- 4.4.2 OPERATIONAL OBJECTIVES**
- Access: A strong focus on ambulatory care will require the site to be highly accessible.
 - Renal dialysis requires parking, good access and needs to be secure at night.
 - OPH is ideally located to serve the north metropolitan area given good freeway/regional road and public transport access. An additional access from the south would help to balance the traffic and parking across the site.
 - Within the site, a ring road offering clear directions and easy parking with direct and safe pedestrian access to the various facilities is seen as ideal.
 - Aged care will rely heavily on transport to and from ambulatory care clinics and home services such as personal care etc eg silver chain with an aim to keep people out of hospital beds
 - Security and staffing: Facilities should operate as individual entities that can be isolated and secured leaving only the core wards and theatres to be staffed at night.
 - It is not seen as desirable that all access is via one entry point as this could cause congestion and longer travel distances, the issue of security will have to be addressed in other ways.
- 4.4.3 CURRENT ISSUES**
- Local residents have identified a degree of conflict associated with hospital traffic travelling through residential areas to the north of the site.

- The hospital is difficult to access with parking bearing little relationship to destinations and poor pedestrian links from car parks to facilities.
- Local residents have identified a degree of conflict associated with hospital traffic travelling through residential areas to the north of the site.
- Growth of clinical services will require an onsite PathCentre facility to be maintained.
- The maternity building is isolated, new theatre extension will provide a better link to other clinical services. Walkways between buildings don't offer acceptable protection from the elements.

4.4.4 LONG TERM EXPECTATIONS

- Growth areas include ambulatory care, secondary surgery and rehab and aged care (this is medical aged care not residential).
- The campus should focus on medical care; nursing homes etc are not appropriate.
- Specific focus will be on surgery not requiring tertiary level care with an aim to free up the tertiary hospitals and on ambulatory care with an aim to free up secondary care beds and keep people out of the hospital environment.
- Expansion of the aged care facility will be required; this will include a hydrotherapy pool and Parkinson's unit.
- Additional surgery ward beds will be required
- A new combined ambulatory care facility would be required.
- The landscape asset of the campus is important to the health care setting.
- It would be wise to ensure a buffer from residential uses around the site including any future residential planned for the southern area.
- OPH currently delivers 1500 babies per year and is the second biggest Maternity Unit in WA. The hospital needs to maintain excellent facilities. The vision for the Unit is to be a centre of excellence for secondary maternity services including a model of excellence in midwifery lead care. Currently meets all the requirements of the Cohen report.

- 4.5 RADIOLOGY DEPARTMENT (OPH)** Mr Ian Calverley, Chief Medical Imaging Technologist - Radiology Department at Osborne Park Hospital.
- 4.5.1 OPERATIONAL OBJECTIVES**
- Provision of and ready access to modern Radiological Imaging services for Inpatients, Hospital Clinics and referrals from the community including GPs and specialists.
 - Maintaining a level of service and accessibility enabling OPH to attract lucrative tender offers from private practice once the Radiology Service contract comes up for renewal
- 4.5.2 CURRENT ISSUES**
- Limited car parking space in proximity to Radiology entrance
 - Limited space within department for storage, development and inpatient waiting.
 - Poor location of reception in relation to rest of department – much time spent with the clerical staff bringing paperwork into body of department.
 - Located too far from wards – lengthy trips for inpatients.
 - Leaking roof.
 - Poor air conditioning.
 - No disabled toilet or changing facilities within department.
 - Low profile as low key advertising of service and location.

- 4.6 MENTAL HEALTH SERVICES (NMHS)** Steven Marshall, A/Operations Manager, Area Mental Health Services North Metropolitan Health Service
- 4.6.1 ROLE, RESPONSIBILITIES &/OR INTEREST
- Implement the “Partnerships Support Good Outcomes” – WA State Mental Health Strategic Plan 2003-2008” (currently in final draft), which advocates provision of comprehensive, high quality, community-focused mental health services.
- 4.6.2 OPERATIONAL OBJECTIVES
- Continue the reforms of redistribution of mental health inpatient beds from the inner city areas to more local community settings
- 4.6.3 CURRENT ISSUES
- 50-bed adult mental health inpatient unit (20 secure & 30 open) to be constructed on the OPH site. Postponed until 2008.
 - Accept location of the proposed 50-bed adult inpatient mental health unit on the OPH site as per the Hames Sharley OPH Site Location Report.
- 4.6.4 LONG TERM EXPECTATIONS
- Development of a mental health precinct. Besides 50-bed inpatient unit, future additions to current mental health services on the OPH site would include:
- Provision of intermediate care (day hospital).
 - Provision of community accommodation for people aged 18 and over with severe and persistent mental illness who require varying types, levels and duration of support to maintain themselves in a living environment.
- 4.6.5 IMPLEMENTATION ISSUES
- Adoption of the WA’s State Mental Health Strategic Plan 2003-2008 (final draft).
 - Development of associated service delivery Business Plans (recurrent funding).
 - Provision of capital works.

- 4.7 SENIOR NURSING STAFF - OPH** Anne Wisbey, Clinical Nurse Manager - Hawthorn/Gairdner Ward, South Perth
- 4.7.1 ROLE, RESPONSIBILITIES &/OR INTEREST
- To serve the local communities needs and to relieve the pressure of beds for NMHS tertiary hospital.
 - Currently site caters for Obstetrics, surgical & medical patients. A great focus though is Rehab & Aged Care. Mental Health are also on site.
- 4.7.2 CURRENT ISSUES
- Parking, Hospital access (currently via residential area), public transport access, hospital signage.
- 4.7.3 LONG TERM EXPECTATIONS
- Develop more services for Aged Care such as on site Interim Care Unit & Nursing Home, specialist Parkinson unit, lecture theatre, staff amenities building (including canteen).
- 4.7.4 IMPLEMENTATION ISSUES
- Budgetary constraints

- 4.8 MEATH CARE (INC)** Joan Varian, Consumer Health Representative & CEO of Aged Care Facilities
- 4.8.1 ROLE, RESPONSIBILITIES &/OR INTEREST
- Community Advisory Committee for Osborne Hospital Chief Executive Officer for aged care, PP Rotary Club Hillarys, Vice President Motor Neurone Disease.
- 4.8.2 OPERATIONAL OBJECTIVES
- To ensure all parties are heard in the design brief stage & consideration of staff & cliental eg community.
- 4.8.3 CURRENT ISSUES
- Operational needs of the hospital
- 4.8.4 LONG TERM EXPECTATIONS
- Must always be a service provider of excellence
- 4.8.5 IMPLEMENTATION ISSUES
- Keeping all informed eg the staff & allied health bodies

4.9 PATHCENTRE (DOH)

Margaret Kite, PathCentre.

4.9.1 ROLE, RESPONSIBILITIES &/OR INTEREST

- Provide pathology and phlebotomy services to the OPH inpatient units, antenatal clinic, psychiatric clinic, other outpatient clinics and Day hospital.
- Provides a 24 hour on call service every day of the year. The laboratory is staffed from 0700 to 1730 Mon to Fri and on Sat and Sun from 0800 to 1100.
- We have a mobile phlebotomy service which operates out of OPH to collect samples from patients who are unable to attend the laboratory. This includes local institutions such as Hawthorn Hospital, Bristol Hostel, Sussex Hostel, Shawford Lodge, Birralee, Little Sisters of the Poor, Italian Aged Care and numerous home visits.
- Provide pathology service to local GP practices. PathCentre OPH supervises 2 collection centres at Innaloo and Mirrabooka. Specimens are also collected at the Osborne Park site from over 12000 patients per year.
- Provides collection facilities for supervised urines for Ministry of Justice Clients between Perth and Joondalup.
- Phlebotomy service to Migrant Health Services.
- Phlebotomy service to Cyrenian House drug rehabilitation program at Cullacabardee.
- Specialist pathology backup provided by PathCentre Nedlands.
- Provides work experience opportunities to TAFE and university students seeking a career in a pathology discipline.

4.9.2 OPERATIONAL OBJECTIVES

- Vision: PathCentre will provide world class pathology services supported by innovative research and development.
- Our Mission: PathCentre is committed to improving the health of the people of Western Australia by providing quality pathology services that are customer focussed, competitive and supported by excellence in teaching and research.
- Core Values: Our clients are fundamental to our success. We will respect them and their needs.
- We will be sensitive to our patients' needs, respect their dignity and ensure confidentiality.
- Our people are our most valuable asset. We will support them to achieve their full potential in an environment of equal opportunity.

- We will foster an environment of open communication, participation and respect for individual opinions and contributions.
- Our workplace will be safe and will be based on honesty, courtesy, teamwork and adaptability to change.
- We will actively serve the community and be responsive to its needs.
- We will operate ethically and at the highest levels of professionalism.

4.9.3 CURRENT ISSUES

- The current demountable building is over twenty five years old and is acknowledged as being well past its use by date by all who visit. It requires replacement as soon as possible. Ideally it would be situated close to some outpatient services so that there could be some economies of scale in sharing waiting rooms etc.

In brief the current issues include:

- The building leaks on occasions.
- Floors are not level resulting in puddling of water when the laboratory is cleaned.
- Benches are not level and specimens roll onto the floor.
- Air conditioning is via split systems and does not provide even temperature control in the building. Modern analytical equipment requires stable temperatures to operate efficiently.
- Confidentiality cannot be maintained as walls are thin fibreboard and phone conversations can be heard by patients as can conversations between staff and clients.
- The building is subject to seasonal ant invasion despite spraying.
- Access to the building is across the car park. When it rains access to the hospital is difficult.

4.9.4 LONG TERM EXPECTATIONS

- PathCentre is committed to maintaining a pathology service on site at OPH to provide the best possible service to the hospital and to the local community.

4.9.5 IMPLEMENTATION ISSUES

- There needs to be a commitment by the stakeholders to provide the funds to build a suitable laboratory. We require approximately 250square meters of accommodation.
- As it would be impractical to use the current site which is not attached to any other service (radiology, outpatients etc) the new building would be built elsewhere so that the existing buildings could be used until the new one is ready. Implementation would be relatively simple with minimal disruption to the laboratory service.

- 4.10 ASSET MANAGEMENT DIRECTORATE (DOH)** Greg Truscott, Senior Project Manager, Asset Management Directorate, - Department of Health (DOH).
- 4.10.1 ROLE, RESPONSIBILITIES &/OR INTEREST
- Manage and dispose of surplus DOH land and facilities.
 - Manage Procurement of Mental Health Capital Works Projects.
- 4.10.2 OPERATIONAL OBJECTIVES
- Identification & management of assets surplus to DOH
- 4.10.3 CURRENT ISSUES
- Confirmation from all stakeholders that land in N-W corner of site surplus to Hospital and DOH.
 - Further investigation and confirmation from both the new Minister for Health and Housing & Works that construction of housing for Health clients on surplus Health land is to be pursued.
- 4.10.4 LONG TERM EXPECTATIONS
- Procurement of Capital Works projects in accordance with Health Service delivery needs of the DOH & Office of Mental Health.
- 4.10.5 IMPLEMENTATION ISSUES
- Identification of surplus land and assets.
 - Allocation of sufficient funds to construct and operate new 50 bed Mental Health Inpatient Unit.

- 4.11 DEPARTMENT OF HOUSING AND WORKS** Vernon Langdon - Department of Housing & Works.
- 4.11.1 ROLE, RESPONSIBILITIES &/OR INTEREST
- The Public Housing Authority of Western Australia.
- 4.11.2 OPERATIONAL OBJECTIVES
- To provide access to safe and affordable housing.
- 4.11.3 CURRENT ISSUES
- To provide Public Housing in areas that are well located in relation to facilities such as Medical, Transport and Employment.
- 4.11.4 LONG TERM EXPECTATIONS
- With respect to the Osborne Park Hospital, a site for a health-related housing project and as discussed previously, an area to the North-West of the site that can be acquired by the Department of Housing and Works for re-subdivision. The expectations from the Department of Housing and Works at the very least would be a site for a health-related housing project and a group site for the construction of public housing units.
- 4.11.5 IMPLEMENTATION ISSUES
- Progression of structure plan.
 - Identification of sites suitable for the Department of Housing and Works.
 - Rezoning
 - Progression of a health- related housing project.
 - Acquisition of sites (where necessary) by the Department of Housing and Works

- 4.12 DEPARTMENT FOR PLANNING AND INFRASTRUCTURE**
- Neil Foley (Manager of Metropolitan North) and Robyn Watts (Senior Town Planner) - Department for Planning and Infrastructure
- 4.12.1 ROLE, RESPONSIBILITIES &/OR INTEREST**
- The Western Australian Planning Commission has statutory responsibility for:
- preparing and implementing a State Planning Strategy;
 - monitoring and forecasting land supply throughout the State;
 - undertaking the amendment and management of the Perth Metropolitan Region Scheme ;
 - assessing all subdivision and some development applications; &
 - preparing and managing country region schemes.
- The Department for Planning and Infrastructure in turn provides statutory, consultative and co-ordination services to the WA Planning Commission.
- The Osborne Park Hospital (Reserve No.29439) is reserved under the Metropolitan Region Scheme for Public Purposes (Hospital).
- Part II, Division 1 of the Metropolitan Region Scheme states:
- "...no person shall commence or carry out any development on reserved land, other than the erection of a boundary fence, without first applying for and obtaining written approval of the Commission to do so."*
- 4.12.2 CURRENT ISSUES**
- Development at the site appears to be occurring on an ad-hoc basis and without a longer term vision in mind. Preparation of a Structure Plan or Master Plan is a prerequisite to any further development of the site.
- The Hospital:
- is not well integrated with its surrounding context;
 - does not enjoy a strong street address or identity;
 - doesn't appear to be part of the broader Stirling Regional Centre;
 - has no obvious linkages with Stirling Station (transport interchange),
 - car parking provision appears to be deficient; and
 - suffers from poor legibility, both on site and on approach.
- 4.12.3 LONG TERM EXPECTATIONS**
- Compliance with statutory framework.
 - Implementation of the Structure Plan (when prepared and approved) and, fulfilment of the Structure Plan objectives
- 4.12.4 IMPLEMENTATION ISSUES**
- The Western Australian Planning Commission (WAPC) is responsible for granting final approval to any Structure Plan proposed for the Osborne Park Hospital.
 - The WAPC is responsible for determining development applications lodged in respect of the Osborne Park Hospital.

The Osborne Park Hospital Structure Plan (when finalised) will serve as a reference tool the WAPC during the decision making process.

- Should redevelopment opportunities be pursued for non-hospital uses, the Hospital Reservation must be amended and the relevant portion of the site excised.

4.13 CITY OF STIRLING	Dirk Gildenhuys, Acting Senior Projects Planner – City of Stirling
4.13.1 ROLE, RESPONSIBILITIES &/OR INTEREST	<ul style="list-style-type: none"> • Relevant Local Government Authority • Approval authority (with WAPC – clause 32) for Structure Plan and Scheme Amendment • Representing local community interests
4.13.2 OPERATIONAL OBJECTIVES	<ul style="list-style-type: none"> • Site that is integrated with Civic Precinct • Site that is universally accessible to the community • Site that provides an important health service to the local community
4.13.3 CURRENT ISSUES	<ul style="list-style-type: none"> • Provision of pedestrian and cycling networks to public transport facilities • Provision of adequate car parking. • Access and egress. • Potential for noise in residential area. • Co-location of services (existing use adjacent residential sites). • Co-location of other local health services such as child health clinic, general practitioners and specialists.
4.13.4 LONG TERM EXPECTATIONS	<ul style="list-style-type: none"> • Focus for medical/health care facilities in the City of Stirling • Aged persons/Special care residential densities not exceeding R30. • Retention of significant vegetation on site including buffer along freeway, should include overcoming fire hazard issues. • Interface of the Hospital Precinct with the Civic Precinct.
4.13.5 IMPLEMENTATION ISSUES	<ul style="list-style-type: none"> • Adequate provision to be made for expansion of facilities and securing the site for future development • Development generally in accordance with the findings of the Stirling Regional Centre Structure Plan. • Consultation with indigenous groups and residents of the area • Access arrangements to hospital site with primary entrance off Civic Place, including land use interface • Encourage development at an appropriate scale to the Civic Precinct • Parking standards and configuration – implication of residential uses

4.14 LOCAL COMMUNITY

The following issues were sourced from formal complaints lodged with the North Metropolitan Health Service by visitors to the Osborne Park Hospital.

4.14.1 CURRENT ISSUES

- Site signage is inadequate. Not only is street side signage poor, but directional signage also has limited value for motorists finding their way around the Hospital.
- Disabled parking bays outside the Restorative unit are undersize.
- Car parking across the site is deficient and does not appear to meet the needs of visitors.
- Car parking is not well marked.

4.15 WATER CORPORATION

The Water Corporation has advised that the existing sewage pumping station on the south east corner of the site will be required for the foreseeable future. The Corporation has indicated that if plans are forwarded to the Department for Planning and Infrastructure to create a local development plan it will formally require a dedicated site to protect the sewage pumping station.

For planning purposes we consider that a site on the corner of Civic Place and Elton Place, having a 30m frontage along Civic Place and a 25m frontage along Elton Place, will be required. This will allow access to the pumping station and capacity for future addition of below ground overflow storage facilities. Specific details of the site would be determined by the Water Corporation.

Appendix 1 – Process Flowchart