

Design Integrity Process Summary Report

Royal Prince Alfred Hospital Redevelopment

Panel Endorsement

By signing below, the Design Integrity Panel agrees the design achieves design excellence and endorses this report:



Ms Abbie Galvin (Panel Chair)

Date: 03.11.22



Ms Hayley Bell

Date: 21/10/2022



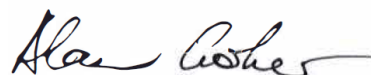
Mr Ernest Girardi

Date: 21.10.2022



Dr Teresa Anderson AM

Date:



Mr Alan Croker

Date: 27th October 2022



Mr Graham Jahn AM

Date: 21.10.2022



'Gura Bulga'

Liz Belanjee Cameron

'Gura Bulga' – translates to Warm Green Country. Representing New South Wales.

By using the green and blue colours to represent NSW, this painting unites the contrasting landscapes. The use of green symbolises tranquillity and health. The colour cyan, a greenish-blue, sparks feelings of calmness and reminds us of the importance of nature, while various shades of blue hues denote emotions of new beginnings and growth. The use of emerald green in this image speaks of place as a fluid moving topography of rhythmical connection, echoed by densely layered patterning and symbolic shapes which project the hypnotic vibrations of the earth, waterways and skies.

Ethos Urban acknowledges the Traditional Custodians of Country throughout Australia and recognises their continuing connection to land, waters and culture.

We acknowledge the Gadigal people, of the Eora Nation, the Traditional Custodians of the land where this document was prepared, and all peoples and nations from lands affected.

We pay our respects to their Elders past, present and emerging.

Contents

1.0	Introduction	5
2.0	Design Excellence Process	5
2.1	Overview	5
2.2	Design Excellence Strategy	5
2.3	Invited Architectural Design Competition	6
2.3.1	Competitors	6
2.3.2	Competition Jury	6
2.3.3	Overview of Competition Timeline	7
2.3.4	Competition Outcome	7
2.4	Design Integrity Panel	7
2.4.1	Members of the DIP	7
2.4.2	DIP Meetings	8
3.0	Design Integrity Process Outcomes	9
3.1	Competition Scheme	9
3.1.1	Key Reasons for Selection	9
3.1.2	Areas for Refinement	10
3.2	Further Design Development	11
3.2.1	Supported design development features	11
3.2.2	Areas for ongoing refinement	12

Table of Tables

Table 1	Documents guiding the design excellence process	5
Table 2	Key events in the competition	7
Table 3	Overview of DIP meetings	8
Table 4	Key reasons for selection from the design competition	9
Table 5	Areas for refinement and status of resolution in the design competition	10
Table 6	Design features that are supported by the DIP throughout the design integrity process	11
Table 7	Design features that require ongoing resolution	12

Appendices

- A** Design Integrity Panel Terms of Reference
Ethos Urban
- B** Design Integrity Panel Minutes
RPA Hospital Redevelopment Design Integrity Panel

1.0 Introduction

This Design Integrity Process Summary Report (Report) has been prepared by Ethos Urban on behalf of the Design Integrity Panel (the DIP or Panel), for the Royal Prince Alfred (RPA) Hospital Redevelopment. This Report has been prepared in accordance with the *draft Government Architect's Design Excellence Competition Guidelines* (GANSW Guidelines) and the endorsed Design Competition Brief for the RPA Hospital Redevelopment project.

The purpose of this Report is to provide a summary of the Design Integrity Process that has followed the Invited Architectural Design Competition held for the RPA Hospital Redevelopment project.

2.0 Design Excellence Process

2.1 Overview

The GANSW Guidelines acknowledge 'special scenarios' where a bespoke design competition, tailored to the needs of the project, may be required for large or complex projects.

In this context, a bespoke Invited Architectural Design Competition process was adopted for the RPA Hospital Redevelopment project. This was in recognition of the project program and extent of preparatory site selection and massing work already completed, as well as the design complexities associated with navigating the balance between meeting the clinical and functional requirements of a hospital while delivering a world class, integrated built environment and urban and public realm commensurate with a public facility of RPA's significance.

The design excellence process has been undertaken in accordance with the documentation identified in **Table 1**.

Table 1 Documents guiding the design excellence process

Document	Date of Document
Design Excellence Strategy	September 2021
Design Competition Brief	22 October 2021
Architectural Design Competition Report	18 May 2022
DIP Terms of Reference	15 July 2022
Design Integrity Process and DIP advice	29 July 2022 – Ongoing

2.2 Design Excellence Strategy

The bespoke Invited Architectural Design Competition was undertaken in accordance with the endorsed Design Excellence Strategy, dated September 2021. The Design Excellence Strategy was prepared to define the location and extent of the Design Competition, the type of design competition, and the key elements of the competition process, including the ongoing design integrity requirements.

The Design Excellence Strategy was prepared in order to achieve a number of objectives, including:

- Establish a methodology for Health Infrastructure NSW (the Proponent) to implement a competitive design process for the redevelopment of the RPA Hospital East Campus, in accordance with the GANSW Guidelines.
- Ensure that the competitive design process works within the framework of an endorsed Design Excellence Strategy.
- Ensure that the competitive design process addresses site planning and public domain design, including addressing key matters raised by the State Design Review Panel (SDRP) in preliminary reviews of the project.

- Confirm the number of architectural practices to participate in the competitive process and how these firms are selected. This was limited to three (3) competitors with a strong track record of completed projects, including large scale and master planning projects.
- Outline the approach for establishing a Competition Brief.
- Establish a timeframe for the competition program.
- Establish the process for the selection of a competition Jury, and explain the role of the Jury in the design integrity phase.
- Ensure that design integrity is continued in the subsequent detailed development proposal through construction phase to completion of the project.

2.3 Invited Architectural Design Competition

The purpose of the Design Competition was to select a design collaborator who presented the highest quality architectural, landscape and urban design proposal for the RPA Hospital Redevelopment. This was in the context of the NSW Health commitment already made to the site selection and preparatory work already commenced for the design of the site redevelopment. The selected design collaborator has worked with the existing project team, including Jacobs, to develop the detailed design for the RPA Hospital Redevelopment.

The main objective of the Design Competition was to select a design concept which has the potential of achieving design excellence in accordance with the requirements of clause 6.21C of the *Sydney Local Environmental Plan 2012*.

2.3.1 Competitors

The architectural firms invited to participate were selected due to their demonstrated design excellence track record and recognised skills and experience in public work across a range of scales, including buildings within sensitive heritage contexts.

Each Competitor was required to collaborate with one additional architectural firm (Competition Collaborator). The intent behind the requirement to form a design partnership was to allow for a diversity of thinking and a range of new ideas to be considered.

The three (3) selected Australian architectural firms and their respective collaborators were (in alphabetical order):

- **Architectus**, in collaboration with Durbach Block Jagers, BLP, Aspect Studios, CAB Consulting and Yerrabingin.
- **Bates Smart**, in collaboration with Neeson Murcutt + Neille, Turf Design Studio, Cox Inall Ridgeway, and Atelier 10.
- **Fitzpatrick + Partners**, in collaboration with Tokin Zulaikha Greer (TZG).

While these team structures are acknowledged, for simplicity throughout this Report the teams are referred to by only the lead architect.

2.3.2 Competition Jury

The Competition Jury was formed with consideration of Section 3.4 of the GANSW Guidelines and the RPA Hospital Design Excellence Strategy. The Jury comprised a total of six members, as follows:

- **Ms Abbie Galvin (Jury Chair):** Government Architect NSW, NSW Government Architect.
- **Mr Alan Croker:** Design 5, Director and Principal Architect.
- **Mr Graham Jahn AM:** Development & Transport – City of Sydney, Director of City Planning.
- **Dr Teresa Anderson AM:** Sydney Local Health District, Chief Executive.
- **Mr Ernest Girardi:** Silver Thomas Hanley, Managing Director.
- **Ms Rebecca Wark:** Health Infrastructure NSW, Chief Executive.

2.3.3 Overview of Competition Timeline

An outline of the key events in the Competition is provided in **Table 2**.

Table 2 Key events in the competition

	Date	Event
FIRST ROUND	25 October 2021	Commencement of Competition.
	17 December 2021	Submission lodgement.
	10 February 2022	Presentations and Jury deliberations.
SECOND ROUND	15 February 2022	Second round letters issued to all Competitors.
	4 March 2022	Submission lodgement.
	18 March 2022	Presentations and Jury deliberations.
	23 March 2022	Jury decision.

2.3.4 Competition Outcome

The Jury selected the Bates Smart team as the winner of the Competition by majority vote. In consideration of both urban and clinical responses, and the objectives of the Competition Brief, the Bates Smart scheme was more realisable in comparison to the Architectus scheme and of a more appropriate scale and clinically advanced in comparison to Fitzpatrick + Partners' scheme.

The Jury believed that the Bates Smart scheme exhibited the potential of achieving design excellence following the retention of the key features for its selection, and resolution of matters that required further refinement. The Jury was conscious that some technical aspects of the winning scheme were unresolved, particularly the alignment with the project budget, and were required to be resolved during the design development phase.

These components are discussed in **Section 3.0** in the context of the design integrity process.

2.4 Design Integrity Panel

The DIP was established to review and provide advice in regard to the architectural design outcome for the project. The role of the DIP was established to assist in the ongoing achievement of design excellence and to ensure that design integrity is maintained.

In accordance with the Design Excellence Strategy, Design Competition Brief and DIP Terms of Reference, the intent of the design integrity process was to provide input/direction to the project design in relation to the achievement of design excellence.

The DIP has provided advice prior to the lodgement of the State Significant Development Application (SSDA), and is expected to be retained during the assessment and post approval stages of the project to review any substantial amendments made to the design and as required by any future condition of consent.

As stipulated in Section 8.11 of the Design Competition Brief, the DIP will take the place of any separate design review panel (such as the SDRP) in the ongoing design and development of the project.

2.4.1 Members of the DIP

The DIP Terms of Reference requires members of the competition Jury to have an ongoing review role in the form of a DIP. The Panel members were the original Jury members for the Design Competition, with the exception of Ms Rebecca Wark who delegated her responsibilities onto Ms Hayley Bell.

The DIP was established with six (6) members, as listed below:

- **Ms Abbie Galvin (Panel Chair):** Government Architect NSW, NSW Government Architect.
- **Mr Alan Croker:** Design 5, Director and Principal Architect.
- **Mr Graham Jahn AM:** Development & Transport – City of Sydney, Director of City Planning.
- **Dr Teresa Anderson AM:** Sydney Local Health District, Chief Executive.
- **Ms Hayley Bell:** Health Infrastructure NSW, Director Northern Region.
- **Mr Ernest Girardi:** Silver Thomas Hanley, Managing Director.

2.4.2 DIP Meetings

The design integrity process commenced on 29 July 2022 and has comprised a total of three pre-lodgement DIP meetings. The DIP meetings were held in-person at RPA Hospital. Where in-person attendance was not able to be achieved, an alternate method was established via Microsoft Teams.

Each DIP session did not exceed three (3) hours to allow for resolution of administrative matters, presentations by the design team, discussions, and formulation of advice by the Panel (which included closed sessions) and the provision of verbal advice. The format of each Panel meeting aligned with the agenda and/or preceding Panel advice. Closed Panel sessions were observed by Ethos Urban in their capacity as the Panel Secretariat. The DIP Meeting Minutes (**Appendix B**) includes the Panel's advice on ten (10) design elements.

There have been three (3) DIP meetings prior to lodgement of the SSDA, which are summarised in **Table 3**.

Table 3 Overview of DIP meetings

Date	Purpose	Focus
Meeting No. 1 – Design and Documentation Roles		
29 July 2022	The purpose was to review the design and documentation roles for the Bates Smart Team and Jacobs. The design team provided an initial presentation of design progression and approach to resolution of key matters from the Design Competition.	Administrative matters informing the procedures of the DIP. Discussion on post-competition design evolution.
Meeting No. 2A – SSDA Pre-Lodgement		
9 August 2022	Prior to lodgement of the SSDA to facilitate design development and resolution of key matters and budget driven departures from the Design Competition.	Site tour, post-competition options testing, building massing and siting, wayfinding (external and internal) and entries, broad clinical functions.
Meeting No. 2B – SSDA Pre-Lodgement		
23 September 2022	Prior to lodgement of the SSDA to facilitate design development and resolution of key matters from the Design Competition.	Connecting with Country, Northern Arrival, internal public domain and courtyard, East Wing (helipad addition), and East Extension.
Meeting No. 3 – Development Assessment		
TBD	During assessment of the SSDA, the Panel may be required to issue advice if deemed necessary by the Consent Authority.	To be determined by the Consent Authority.

3.0 Design Integrity Process Outcomes

This section outlines the status of the design competition outcomes in the context of the design integrity process. Throughout the design integrity process, the Panel has provided advice on design development outcomes that were supported and those that required further refinement, which are discussed in this section and detailed at **Appendix B**.

3.1 Competition Scheme

The Architectural Design Competition Report included key information associated with the design, including key reasons why the Bates Smart scheme was selected, as well as areas for further refinement in the pursuit of design excellence. These matters have been examined through the design integrity process, and are addressed below.

3.1.1 Key Reasons for Selection

The Competition Jury identified key features of the Bates Smart scheme that contributed to its selection, which were fundamental to the achievement of design excellence. **Table 4** outlines these and provides comment on how the final design retains or is an improvement upon the design excellence qualities exhibited in the winning competition submission following the completion of the pre-lodgement design integrity process.

Table 4 Key reasons for selection from the design competition

Design Excellence Features	Retained / Improved
1. The urban approach to the navigation through the buildings of the hospital campus, including the responsiveness of the scheme to the existing heritage buildings and landscape, place and wayfinding needs.	Retained (north/south navigation, responsiveness of north entry to the heritage setting). The east/west wayfinding (Missenden Road entry) has not been reviewed by the Panel.
2. The delivery of a new public space in the form of the Forest Spine which introduces an intuitive wayfinding opportunity through the existing Campus, acting as a strong and unifying device. The overall wayfinding strategy was a key benefit of the scheme which allows north-south and east-west connections through the existing buildings across numerous level changes.	Retained and significantly reduced in the context of budgetary constraints, namely with the existing external courtyard being developed and landscaped, and adjacent corridor spaces maximising the connection through new glazing to some of the edges. The redeveloped courtyard with landscape, seating and a unifying screen provides external space to benefit staff amenity, and assists in wayfinding by providing visual connectivity to the new entrance and across multiple levels. The reduced scope is able to achieve a positive and connected outdoor space through redesigning the existing courtyard, in the context of budget and clinical requirements, through minimising impacts on the existing infrastructure and on existing critical clinical functions and connections.
3. The location and approach to the Eastern Wing which has a gentle bend that maximises views, seeks to retain significant trees where viable and accommodates clinical operations.	Retained in principle (some existing trees have required removal).
4. The contextually appropriate scale of new built form amongst the existing buildings at the RPA Hospital Campus, particularly the heritage-listed buildings that form part of the broader University of Sydney heritage conservation area, as identified in Schedule 5 of the Sydney LEP 2012.	Retained with the East Wing now including additional levels and a Helicopter Landing Site (HLS). The scale of proposed built form is accepted by the Panel in the context of surrounding buildings on the RPA and University of Sydney campuses and University Oval 1. The reduced height and footprint of the Northern Extension achieves a suitable scale to the Nurses Courtyard.

5. The quality of façade design and materiality of the Eastern Wing, Northern Extension and the Forest Spine, all directly responding to their immediate context.	Retained, with refinement of the façade design of the East Wing anticipated to continue in light of DIP feedback.
6. The sense of openness achieved in the Northern Place which presents as an obvious secondary entrance into the Hospital.	Improved with refinements of the built form approach, reduction in scale and massing, materiality and landscaping. The design has reduced impacts upon the adjacent Nurses Courtyard and aligns with the project budget.
7. The alignment of open space and respite areas with clinical activities across the site.	Retained with the Level 3 and Level 4 courtyards.

3.1.2 Areas for Refinement

As set out at Section 5.1 of the Architectural Design Competition Report, the Jury also identified key areas for further refinement of the winning scheme. These matters for further resolution were identified to ensure the design continues to respond to all design and technical aspects of the Competition Brief (including the project budget), maintains the key design intent and principles, and ensures the scheme is capable of achieving design excellence.

Key matters that the Jury identified for further resolution and their respective status at the conclusion of DIP Meeting 2B are listed in **Table 5**.

Table 5 Areas for refinement and status of resolution in the design competition

Areas for Refinement	Resolution
1. The approach to the partial retention of the heritage-listed Pathology Building is not supported as it compromises the heritage items and setting. Consideration is to be given to interpretation of these heritage items in a different manner.	Requires ongoing resolution. The Panel understand that the heritage-listed Pathology Building and Chapel will be proposed for demolition. In consultation with the engaged heritage consultant, the design team are considering multiple options for the interpretation of the Pathology Building. The Panel advice included a number of alternatives for consideration for the interpretation strategy.
2. Further investigation and technical review are required to rationalise the Forest Spine (to align with the project budget) while maintaining the intuitive wayfinding benefits of this design move.	The Forest Spine has been rationalised, with focus dedicated to improving the existing external landscaped courtyards on Levels 3 and 4, with connections across these levels and to Level 5. These courtyards continue to assist in providing respite space, a landscaped setting, and wayfinding. The design development is supported by the Panel.
3. The Missenden Road forecourt must not be extended or re-graded as this will impact the heritage significance of this frontage and impact daylight penetration to the existing hospital buildings.	The Missenden Road forecourt has not been extended or re-graded. Design development of the Missenden Road frontage is supported by the Panel in-principle. It is noted that the expanded Emergency Department drop off / ambulance bay and private vehicle arrival will be further developed and reviewed at DIP Meeting 3.
4. The proposed Southern Place design is not supported as these works are considered unnecessary and not significant in their contribution to place.	The Southern Place design has been removed from the scope of works.
5. Consideration of a reduction in scale of the northern entry form to achieve a suitable scale adjacent Nurses Courtyard.	This has occurred and design development is supported by the Panel.

Areas for Refinement	Resolution
6. Visual privacy conflicts between the East Wing and the Clinical Services Building must be carefully considered and resolved in the detailed planning of the East Wing.	Further studies have been carried out, and ongoing review is anticipated following DIP feedback.
7. The medical/surgical bed shortfall of 20 beds must be delivered, noting this shortfall arose due to proposed public and staff corridors impacting existing beds through to the Eastern Wing.	The internal clinical planning continues to develop with a focus on achieving the required additional clinical capacity.
8. Ongoing improvements should occur to the amenity provided to clinical areas, such as the further refinement of the ICU and NICU layouts to promote natural daylight.	The ICU and NICU footprint are configured into the eastern tower in a ward configuration hence allowing maximum exposure to natural light'
9. Broadly, ongoing refinement is required to achieve the clinical requirements, flows and functional relationships to the best ability of the design and constraints of the budget while maintaining the core principles of the design.	Further development has occurred on the clinical requirements, flows and functional relationships largely separate to the design integrity process. General design development is supported by the Panel.

3.2 Further Design Development

In addition to the key reasons for selection and areas for refinement which have been a focus for design development, several design features have evolved through regular design development and were seen by the Panel as assisting in the achievement of design excellence. These features have evolved in the context of ongoing engagement between the design team, technical consultants and the Proponent.

3.2.1 Supported design development features

The design features that were supported by the Panel are summarised in **Table 6**.

Table 6 Design features that are supported by the DIP throughout the design integrity process

Item	Summary of DIP Advice
East Wing Development	<ul style="list-style-type: none"> The material palette (terracotta) delivers a softer built form outcome. The built façade variation, depth and screen/sunshade detailing enables an improved contextual response to the existing hospital and the University of Sydney. The colour choice in the material palette is supported. The balcony at the 'bend' of the East Wing is supported, providing a softness to the eastern elevation, in addition to other balconies created across the façade. Removal of internal venetian blinds to inpatient rooms is strongly supported. The additional height of the East Wing in the context of surrounding built form is supported. The proposed HLS provides a finishing crown to the building and is supported, subject to further design resolution. The Panel understand that the design team will incorporate architectural screening to ensure sub-floor plant cannot be viewed from the public domain.
Northern Arrival	<ul style="list-style-type: none"> The approach to connecting with Country illustrates opportunities for a meaningful presence in the design. Removing the Northern Extension from the competition scheme has the opportunity to deliver a series of positive outcomes including increased landscaping provision, a greater setback to John Hopkins Drive, and a more suitable urban scale and presence to the entrance. The relationship between internal and external spaces has developed significantly. The massing resolution and relationship with the Nurses Courtyard is a significant enhancement. The composition of the Northern Entry, landscaping, and consideration of a green wall on the North Courtyard is supported. The lowered external soffit of the Northern Arrival is successful. The proposed material selection and detail transitions well between the East Wing and existing heritage buildings.

Item	Summary of DIP Advice
	<ul style="list-style-type: none"> The Panel appreciated the consideration to native landscape and the continuation of the landscape buffer between the public entry and the Nurses Courtyard. The proposed separation between the drop off and the creation of the lower ground at Level 2 for patient transport vehicles is positive.
Existing Level 4 Courtyard	<ul style="list-style-type: none"> Lowering the level of the main north/south circulation to Level 4 has delivered positive benefits in reducing the extent of height difference to the northern entry and enabled separation of clinical flows. The positioning of the Level 5 balcony has a high level of solar access and is supported. The presence of people within this space will assist with wayfinding from the Level 4 courtyard. The green courtyard screen that defines the Level 4 courtyard is successful in unifying the courtyard, and the new glazed western edge maximises connection and visibility between the internal and external spaces.
Northern Terrace	<ul style="list-style-type: none"> The Panel were supportive of the terrace being considered initially as an 'inaccessible' landscape (i.e. providing amenity benefits through visibility). The simplified Northern Terrace (as presented at Meeting 2B) with provision for future access directly from Level 6 (rather than enabling ramp access from Level 7 above) has enabled the space to be a simple and lush garden. Further development of the screening design will be undertaken by the design team. The terrace is highly desirable given its access to sunlight and ability to offer an enhanced outlook from the Level 6 clinical spaces and levels above. The terrace will offer a new space to the Hospital, and is therefore supported. The terrace delivers a strong and welcoming tiered landscaped presence to the Northern Arrival from John Hopkins Drive.

3.2.2 Areas for ongoing refinement

The Panel's advice throughout the design integrity process included direction for further refinement to design elements to assist in the achievement of design excellence. These matters will be addressed in an ongoing manner and resolved through ordinary design development. It is recommended that the East Wing and Eastern Extension components are presented to the Panel at DIP Meeting 3.

The design features that require ongoing resolution are summarised in **Table 7**.

Table 7 Design features that require ongoing resolution

Item	Summary of DIP Advice
East Wing	<ul style="list-style-type: none"> The Panel supports the former concertina façade design, the window to solid wall proportions and varying shadow patterns of the sun hood design, which should be reconsidered in the façade design. The 150mm sill height of windows should be reviewed to provide opportunity and flexibility for informal seating and furniture location. The glazing of IPU rooms in the East Wing and Building 89 should align with the sun hood to ensure view lines are oriented to protect visual privacy. The materiality and colour of the lift overrun and the colour of the soffit of the HLS needs to be further considered.
Heritage Retention Strategy	<ul style="list-style-type: none"> Alternatives for consideration for the interpretation of the Pathology Building and the Chapel should continue to be considered.
Northern Arrival	<ul style="list-style-type: none"> Opportunities for negotiation with the St John's through their redevelopment could occur to seek to widen the footpath on John Hopkins Drive. Consideration should be given to the material and texture of the soffit of the Northern Arrival. Careful treatment of the northern wall of Building 89 (adjacent to the Non-Emergency Patient Transport bay) is required through material selection and landscaping. Lighting design and reflected lighting opportunities should be considered in the future to complement the proposed design.

Item	Summary of DIP Advice
	<ul style="list-style-type: none"> • The landscape species selection needs to suit the internal and external conditions between the Northern Entry forecourt and the main lobby. • The proposed Angophora species selection and its suitability within the forecourt is to be reconsidered. • The species of mature trees within the forecourt should be selected based on canopy spread within the context of surrounding built form and lighting.
Level 3-5 Courtyards	<ul style="list-style-type: none"> • Ongoing refinement of the landscape design to the courtyards should continue. • The Level 4 clinical bridge across the entry could be made more porous while balancing the privacy of patients being transported through this clinical pathway. • The Level 3 courtyards should be rationalised where necessary to be logical and usable spaces, particularly the northwest corner.
Northern Terrace	<ul style="list-style-type: none"> • Further consideration should be given to the design resolution of the fire stair located in the Northern Terrace. • The openings of the façade on the Northern Terrace should be designed with consideration to safety.
Nurses Courtyard	<ul style="list-style-type: none"> • The existing eastern wall of the Nurses Courtyard is capable of being reduced in scale, but consideration should be given to finding balance between privacy and openness. Landscape could be used to create definition and to respond to the geometry of the space.
Eastern Extension	<ul style="list-style-type: none"> • Dark tones and unarticulated presence of the Eastern Extension is not supported. • Consideration should be given to the East Extension interface with its broader context. • Pedestrian experience at the ground plane is to achieve a desirable and safe outcome.
Missenden Road	<ul style="list-style-type: none"> • The canopy on the Missenden Road frontage above the proposed expanded ambulance bays is to be selected with consideration to heritage, materiality and maintenance. • The provision of ambulance bays makes the entrance highly constraints and impacts effective pedestrian and vehicular circulation. Design is to be further developed.

Appendix A

Design Integrity Panel Terms of Reference



Document	Design Integrity Panel Terms of Reference
Project	Royal Prince Alfred (RPA) Hospital Redevelopment
Prepared by	Ethos Urban
For	Health Infrastructure

1.0 Introduction

These Terms of Reference relate to the Royal Prince Alfred (RPA) Hospital Redevelopment project and follow the Invited Architectural Design Competition held for the RPA Hospital Redevelopment project.

The Terms of Reference have been prepared in accordance with Section 8.11 of the endorsed Competition Brief dated October 2021, which stipulates that the Jury will have an ongoing review role as a Design Integrity Panel (the Panel) and will be reconvened at key milestones to provide input/direction to the project design in relation to the achievement of design excellence.

This arrangement was agreed in consultation with the office of the Government Architect New South Wales (GANSW). The GANSW Office has also provided oversight and endorsement of the Terms of Reference.

The Terms of Reference is structured as follows:

1.0 Introduction – Overview of the Terms of Reference.

2.0 Role of the Panel – Outline of the purpose and scope of the Panel.

3.0 Panel Composition and Responsibility – Outline of the Panel membership and responsibilities of Panel members.

4.0 Meeting Schedule – Summary of the anticipated Panel meeting schedule.

5.0 Meeting Procedures – Outline of the procedures for Panel meetings.

2.0 Role of the Panel

The role of the Panel is to review and advise on the architectural design of the RPA Hospital Redevelopment project.

The Panel will provide advice prior to the lodgement of any future State Significant Development Application(s) (SSDA) and will be retained during the assessment and post approval stages to review any substantial amendments made to the design and as required by any terms of approval.

The primary purpose of the Panel is to assist in the ongoing achievement of design excellence and ensure design integrity is maintained post approval.

The scope of the Panel will be limited to providing advice on design matters in the achievement and enhancement of design excellence. The Panel will have regard to the overall project objectives, as well as the requirements of the Design Excellence Strategy (endorsed September 2021), Competition Brief (endorsed October 2021), and the Architectural Design Competition Report (endorsed April 2022). Specifically, the role of the Panel in their review is to ensure that the recommendations set out under Section 5.1 of the Architectural Design Competition Report are addressed and achieved in the design.

In the unlikely scenario the design cannot resolve any of the recommendations despite all best efforts, the Panel may endorse a design that varies from the recommendations set out under Section 5.1 of the Architectural Design Competition Report. Where an alternate outcome is supported by the Panel, written justification must be provided in the report which will accompany the SSDA(s).

The advice of the Panel should encompass, as necessary:

- The objectives of the development, as expressed in the Competition Brief.
- The retention of design integrity throughout the duration of the project.
- Evidence-based solutions to support positive patient outcomes and optimise safety, capital and operational efficiency.

Notwithstanding the above, the Panel cannot issue advice or recommendations that are binding. The Panel cannot authorise any expenditure, works or consultancies.

As stipulated in Section 8.11.1 of the Competition Brief, the Panel will take the place of any separate design review panel (such as the State Design Review Panel) in the ongoing design and development of the RPA Hospital Redevelopment project.

3.0 Panel Composition and Responsibility

3.1 Panel composition

The Panel members will comprise the original Jury members for the RPA Hospital Redevelopment Design Competition. If the original Jury members are not available for subsequent reviews of the design, suitable alternatives may be nominated and agreed by the Consent Authority and the Proponent.

At least four members (or their alternatives) are required to form a quorum for the Panel.

The quorum of the Panel should reflect the same ratio of Proponent / consent authority nominated jurors (i.e. a minimum of 2 x Proponent and 2 x consent authority).

3.2 Panel member responsibilities

The following responsibilities are mandated for Panel members:

- Make every effort to reach a consensus on design advice and progress to achieve the objectives of the project while retaining design integrity.
- Refrain from introducing irrelevant considerations or contrary to the statutory framework.
- Consider any technical advice provided.
- Evaluate material promptly and make every effort to attend and participate in Panel meetings.
- Review and endorse Panel meeting minutes and advice promptly.
- Declare any real or perceived conflicts of interests that may arise as part of their role. Any potential conflicts, whether real or perceived, will be dealt with in consultation with the GANSW.
- Continue to respect and adhere to the responsibilities and obligations set out under the Jury Engagement signed as part of the original Design Competition, including the strict confidentiality requirements of the Jury Engagement letter.

3.3 Panel Chair Responsibilities

The Panel will be chaired by a representative of the Office of the GANSW, or if necessary an Alternate Chair. During the first meeting of the Panel, an Alternate Chair will be nominated.

The role and responsibilities of the Chair (or Alternate Chair) include:

- To chair the Panel meetings.
- Provide guidance towards a consensus view (acknowledging a consensus is not required to be achieved, merely a simple majority) amongst Panel members and ensure clarity of advice, including any differences of opinion amongst Panel members.
- To confirm the draft written advice with the other Panel members, present at the meeting, and ensure it is distributed to all attendees (including the design team and invitees) and any absent Panel members within five (5) working days of the Panel meeting.
- To resolve any dispute involving the Panel and its operation under these Terms of Reference.

3.4 Invitees / Observers

The following representatives will be invited to attend the Panel meetings as observers:

- A member of the DPE.
- A member of GANSW.
- Representatives of Health Infrastructure and the Sydney Local Health District.
- Members of the technical consultant team engaged for the project.

Invitees are not Panel members and will not participate in closed session deliberations of the Panel. Where advice is sought by invitees, such as technical consultant team members, this will be at the discretion of the Panel.

4.0 Meeting Schedule

4.1 Meeting Requirements

The table below outlines the Panel meetings at key milestones, meeting schedule and the content of each meeting. Where necessary and agreed by the Panel, GANSW and Proponent, additional meetings may be scheduled.

Meeting	Content / Deliverables	Schedule
1. Design and documentation roles: Review of proposed design and documentation roles for the Bates Smart Team and Jacobs following review by the Proponent. Initial presentation of design progression and approach to resolution of key matters from the Design Competition.	Discuss the administrative matters informing the procedures of the DIP, and post-competition design evolution.	29 July 2022
2. SSDA Pre-lodgement: Prior to lodgement of the SSDA. Focus to be provided on design development and resolution of key matters from the Design Competition.	<p><u>Meeting 2A</u></p> <p>Presentation focus</p> <ul style="list-style-type: none"> • Post-competition options testing • Building massing and siting • Wayfinding external and internal, and entries • Clinical function <p>Expected deliverables</p> <ul style="list-style-type: none"> • Massing modelling • Site plans and flow path diagrams • 3D diagrams 	9 August 2022

Meeting	Content / Deliverables	Schedule
	Meeting 2B Presentation focus <ul style="list-style-type: none"> Connecting with Country Site and facility planning Ground level interfaces and public domain Façade expression Expected deliverables: <ul style="list-style-type: none"> Schematic level plans Elevations Sections 3D diagrams 	23 September 2022.
3. Development Assessment During assessment of the SSDA, the Panel may be required to issue advice if deemed necessary by the Consent Authority.	As required subject to matters raised during assessment.	To be determined by the Consent Authority.
Other Requirements for a Panel Meeting		
1. Condition of the SSD Consent: Following the approval of the SSDA for the RPA Hospital Redevelopment project, additional advice from the Panel may be required by a term of approval.	As relevant to the condition of the SSD Consent.	To be determined by any future term of approval.
2. Modifications As deemed necessary by the Consent Authority, the Panel will provide advice on any modification of the SSD Consent.	As relevant to the modification.	To be determined by the Consent Authority.
3. Proponent requests during the Design Process: The Proponent may request advice from the Panel throughout the design development process leading up to the submission of an SSDA, or in relation to any subsequent proposal to modify the approved built form.	As relevant to the advice requested from the Proponent.	To be determined by the Proponent.

5.0 Meeting Procedures

5.1 Standard Meeting Agenda

The standard meeting agenda for Panel meetings will include:

- Confirmation of written advice from the preceding Panel meeting.
- Update on any outstanding matters.
- Presentation and discussion on particular design matters, including response to past advice.
- Panel review and verbal advice.
- Forward agenda.

The agenda will be circulated to the Panel and attendees at least five (5) working days prior to the meeting, along with presentation material that will be presented by the design team.

5.2 Meeting Format

The format of each Panel meeting will reflect the standard meeting agenda, and meetings will ideally be held in-person. Where in-person attendance is not able to be achieved, an alternate method will be required (such as video conference).

The time to be set aside for each meeting shall not exceed three (3) hours unless otherwise agreed with the Panel. This will allow for resolution of administrative matters, presentations by the design team, discussions, and formulation of advice by the Panel (which may be in closed session) and the provision of verbal advice.

The Panel Secretariat will prepare minutes of the meeting and will distribute to Panel members within two (2) working days of the Panel meeting.

5.3 Panel Advice

The main deliverable of the Panel is written advice to be provided to the design team and Proponent following each meeting. This advice will be prepared by the Panel Secretariat (Ethos Urban) and will be issued within five (5) working days of the Panel meeting.

Prior to lodgement of the SSDA, a short report outlining the Panel process and key outcomes will be prepared for endorsement by the Panel. This report will include certification that, in consideration of the clinical and technical aspects (including the project budget), the design retains or is an improvement upon the design excellence qualities exhibited in the competition winning submission.

5.4 Secretariat Services

Secretariat services for the Panel will be provided by Ethos Urban. These services will include:

- Distributing the agenda at least five (5) working days prior to a meeting.
- Ongoing administrative functions and scheduling of Panel meetings, including confirmation of required attendees for meetings, coordinating times amongst attendees, organising venue and refreshments.
- Review of presentation material to ensure alignment with agenda.
- Management and close out of open agenda items.
- Attendance and minuting of the Panel meetings, including liaison with the Proponent and the Panel Chair to confirm and finalise the minutes.
- Following any Panel meeting, the preparation of draft written advice for review by the Chair prior to distribution to all attendees within five (5) working days of the meeting.
- Preparation of the short-form report outlining the Panel process and key outcomes prior to lodgement of a SSDA for the project.

Appendix B

Design Integrity Panel Meeting Minutes



DIP No. 1 Meeting Minutes

Meeting Subject:	Royal Prince Alfred Hospital Redevelopment Design Integrity Process: Meeting No. 1		
Location:	In person: Royal Prince Alfred Hospital, Camperdown Virtual: Zoom		
Date:	29 July 2022	Time:	3:35-5:05 pm
Chair:	Abbie Galvin, Government Architect NSW	Minutes:	90 minutes

Name	Organisation	Title / Role
Panel Members		
Abbie Galvin (Chair)	Government Architect NSW	NSW Government Architect
Alan Croker	Design 5	Director and Principal Architect
Graham Jahn	Development & Transport – City of Sydney	Director of City Planning
Ernest Girardi	Silver Thomas Hanley	Managing Director
Dr Teresa Anderson	Sydney Local Health District	Chief Executive
Hayley Bell (alternative nominee)	Health Infrastructure NSW	Director, Northern Region
Panel Secretariat		
Brendan Hoskins	Ethos Urban (EU)	Director
Patricia Eltakchi	Ethos Urban	Senior Urbanist
Design Team		
Matthew Allen	Bates Smart (BS)	Director
Rachel Neeson	Neeson Murcutt + Neille (NMN)	Director
Stephen Neille	Neeson Murcutt + Neille	Director
Chin Young	Jacobs	Health, Principal
Observers / Technical Team		
Andrew Bott	TSA	Project Director
Greg Barlow	TSA	Health Delivery Lead
Steve Hall	Health Infrastructure (HI)	Senior Project Director
Louise Irving	Health Infrastructure	Assistant Project Director
Jon Gowdy	SLHD	Executive Director Capital Infrastructure Engineering
Kristina Zarkos	SLHD	Redevelopment Manager, SLHD Project Lead

Item	Issue	Action	Person
1.	Introduction <ul style="list-style-type: none"> Acknowledgement of Country Introduction provided Introduction of Panel members, Panel Secretariat, and observers. Advised that Rebecca Wark has delegated her responsibilities onto Hayley Bell. Explained the purpose of Meeting No. 1. 	-	Brendan Hoskins
2.	Terms of Reference and procedures <ul style="list-style-type: none"> Outlined the role and purpose of the DIP/ Panel at different phases of the project including pre-SSDA, during assessment, and post approval. Outlined the scope of the Panel and roles and responsibilities. EU to circulate Design Excellence Strategy, Design Competition Brief, and Architectural Design Competition Report. Outlined the purpose of Meeting Nos. 2A and 2B. 	EU	Brendan Hoskins
3.	Competition overview <ul style="list-style-type: none"> Recapped the three key moves from the Competition included intuitive wayfinding, Forest Spine, and the Eastern extension. Overview on BS/NMN's key reasons for selection. Concurrent with the Competition, the Reference Design was adjusted to lower the Forest Spine to Level 4, allowing secure clinical links between Emergency Department and Imaging at Level 5 on either side of the central public space. Distilled the Jury feedback from Architectural Design Competition Report into three components: <ul style="list-style-type: none"> Excluded from scope. Design development. Clinical refinement. 	-	Matthew Allen
4.	Design team <ul style="list-style-type: none"> Confirmed Jacobs as the Lead Architect and responsible for: <ul style="list-style-type: none"> Overall design team coordination. Health planning. Interior design of clinical areas. Confirmed BS/NMN team as sub-contractors and responsible for: <ul style="list-style-type: none"> Precinct design and CHERP integration. Landscape and public domain design. Internal public domain and wayfinding. Architectural form and expression. Implementation of the Connecting with Country Framework. 	-	Matthew Allen
5.	Design program <ul style="list-style-type: none"> Identified the design program with scheduled SSDA lodgement for October 2022. 	-	Matthew Allen
6.	Design development <p><i>Note: As the presentation material was not forwarded to the Panel members prior to DIP Meeting No. 1, this was the first time the Panel had viewed the development options and SSDA scope.</i></p> <p>Explored multiple options to retain key features in BS/NMN selection, while implementing cost savings:</p> <ul style="list-style-type: none"> Rationalise Forest Spine: Originally proposed as a 6 storey space. Consideration has been given to a 3-5 storey internal space or external courtyard. Northern entry: Consideration of reducing the entry to have a more sensitive interface to the Nurses Courtyard. Three storey volume with high screen option selected. 	-	Matthew Allen

Item	Issue	Action	Person
	<ul style="list-style-type: none"> Heritage retention strategy: Following Jury feedback in the Competition, BS/NMN are exploring interpretation of the Pathology building. Eastern Wing planning and visual privacy: Interventions made to improve visual privacy include refined planning, bed ensuite arrangement and façade shading and designing. East wing: Tested impacts more thoroughly on trees and services. The development of a tree retention strategy is ongoing and will investigate other trees within the broader visual context of the East Wing. 		
7.	Concept design refresh <ul style="list-style-type: none"> April scheme remained \$160m over budget. 	-	Matthew Allen
8.	Value management review To target \$750m, there were several key moves undertaken: <ul style="list-style-type: none"> Delete the northern extension and relocate this mass on top of the East Wing. <ul style="list-style-type: none"> Six storey form that proposed clinical accommodation on 4 levels was redistributed to the East Wing. ICU is now arranged over 2 levels which improves clinical functionality. Greater potential for future expansion in the former Northern Extension component. East Wing has increased from 13 to 15 storeys. This will be tallest building and is adjacent to the University of Sydney Oval. Reduce refurbishment scope on Level 3 and Level 5. Reviewed how the north/south circulation space could be implemented in multiple stages as the budget allows. <ul style="list-style-type: none"> Stage 1: External courtyard space Stage 2: Internal Forest Spine Review northern arrival. Reduce or shell IPU floors. Rationalise façades and finishes. Identify unaffordable clinical scope. 	-	Matthew Allen
9.	Proposed design scope for SSDA <ul style="list-style-type: none"> New East Wing: 15 storeys shaped to optimise views and landscape interface. New northern arrival. North/south circulation space can be implemented in multiple stages as budget allows. Vertical Extension above Building 89 for ICU. New 2-storey East Extension above loading dock. Various refurbished areas optimised for value management. 	-	Matthew Allen

Item	Issue	Action	Person
PANEL-LED Q&A		40 minute Q&A, moderated by Abbie Galvin (Panel Chair)	
10.	<p>Item 1: East Wing – Height increase proposal</p> <p>The BS/NMN team proposed removal of the Northern Extension and redistributed this floor space in the addition of two floors to the East Wing.</p> <p>Panel commentary:</p> <ul style="list-style-type: none"> There was concern for overshadowing impacts to the volume in between the East Wing and Building 89. Inward facing beds are potentially overshadowed as the building height of the East Wing increases. It is noted that the two additional levels have yielded a number of clinical benefits and are effective from a clinical function, and user experience perspective. The number of beds and functionality of the ICU has been significantly improved by being on two floors (as opposed to the three levels in the Competition scheme). <p>Panel advice/request:</p> <ul style="list-style-type: none"> In relation to morning solar access to the volume in between the East Wing and Building 89, the Panel requests details on how the amenity impacts will be mitigated at the recessive areas between the 2 building wings. 	BS/NMN	
11.	<p>Item 2: Heritage Retention Strategy</p> <p>The BS/NMN team presented five strategies in relation to the heritage-listed Pathology Building. The team was contemplating two strategies:</p> <ul style="list-style-type: none"> Strategy 03 – Relocate portico to prominent location Strategy 04 – Memory of building relocated to Forest Spine <p>Panel advice/request:</p> <ul style="list-style-type: none"> The Panel requested that further detail on interpretation proposals for the Pathology Building be addressed in upcoming DIP sessions. 	BS/NMN	
12.	<p>Item 3: Northern Entrance – Reduction in building footprint and redesign</p> <p>Consideration was given to a reduction in scale of the northern entry form to achieve a suitable scale adjacent Nurses Courtyard. Three options were presented. The BS/NMN preferred option was a three storey volume with a high screen.</p> <p>Panel commentary:</p> <ul style="list-style-type: none"> It is acknowledged that the Northern Entrance presented a greater building mass to John Hopkins Drive in the Competition scheme. Removing the Northern Extension has the opportunity to deliver a series of positive outcomes including increased landscaping provision, a greater setback to John Hopkins Drive, and a more suitable urban scale and presence to the entrance. However, there is concern that the abrupt end to Building 89 and the current proposal for the entrance to align with Building 89 edge doesn't provide an appropriate or welcoming urban form – as opposed to the staggered and stepping approach to building form which was a feature of the competition scheme. It is noted the design team are trying to resolve this concern and are working to synthesise three elements into a united composition that responds to heritage surrounds, and connection to the Nurses Courtyard. <p>Panel advice/request:</p> <ul style="list-style-type: none"> Provide further development of approach to this significant entrance – through exploration of form, elevation, material and landscape. 	BS/NMN	

Item	Issue	Action	Person
13.	<p>Item 4: Forest Spine – Redesign to change level and maintain existing external courtyard</p> <p>The level of the north-south circulation has been lowered to level 4 – which enables separation of clinical and public flows.</p> <p>Due to budget constraints, the BS/NMN team proposed to deliver Forest Spine through two stages:</p> <ul style="list-style-type: none"> • Stage 1: External courtyard at Level 4 • Stage 2: 3-5 storey internal space <p>Panel commentary:</p> <ul style="list-style-type: none"> • The reduction in scope of Forest Spine, through focus on the external courtyard space (Stage 1) risks delivering a less integrated and intuitive response to wayfinding. It is understood that external space is much needed for staff amenity, and that current COVID procedures are preventing internal gathering spaces, which may be a feature continued into the future. • Lowering the level of the main N/S circulation to level 4 has delivered positive benefits in reducing the extent of height difference to the northern entry and separation of clinical flows. • With appropriate investment (design and budget), there is an opportunity for the external courtyard to be a beautiful space that makes strong and positive contribution to the entry and circulation experience for all those travelling through the hospital. This is critical, as Stage 2 could be many years away. • It is noted that the design team are discussing how landscaping can contribute to and embed opportunities to connect with Country. <p>Panel advice/request:</p> <ul style="list-style-type: none"> • The Stage 1 Level 4 courtyard would benefit from review of the existing glazed enclosure to ensure that visibility of and access into the courtyard is maximised. • It would be beneficial to model the microclimatic conditions at the Stage 1 courtyard/Stage 2 Forest Spine to understand the conditions in the space to inform future design development. • Consider whether canopy structures would be beneficial from an amenity perspective – to support a high level of use of the external space throughout the year. • The landscaping design should be ambitious and the design team should investigate what structural initiatives are required to accommodate significant tree growth (eg 10m high trees) and planter depths that support abundant planting. • The visibility of the courtyard is on an intuitive circulation path, however the actual circulation (enclosed) is required to navigate through the lift lobby. It is suggested to review whether the intuitive (direct) circulation can be enabled through consideration of an enclosed extension into the courtyard on its northern boundary. This could be treated as a joyful, landscape-like insertion into the space. • The external courtyard realised with a high degree of ambition could supersede the need for future enclosure of the space. 	BS/NMN	
14.	<p>Item 5: Value Management Review</p> <p>The BS/NMN identified several strategies as a part of the value management review to align the scope with the \$750m budget.</p> <p>Panel advice/request:</p> <ul style="list-style-type: none"> • To provide informed advice, it is requested that the Panel is advised of the costing estimate structure, including allowance for escalation, contingencies, construction project cost. 	HI	

Minutes

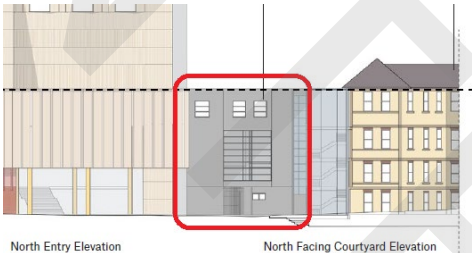
Meeting Subject:	Royal Prince Alfred Hospital Redevelopment Design Integrity Process: Meeting No. 2A		
Location:	In person: Royal Prince Alfred Hospital, Camperdown Virtual: Microsoft Teams		
Date:	Monday, 15 August 2022	Time:	10:00 am – 1:30 pm
Chair:	Abbie Galvin, Government Architect NSW	Minutes:	3 hours and 30 minutes

Name	Organisation	Title / Role
Panel Members		
Abbie Galvin (Chair)	Government Architect NSW	NSW Government Architect
Alan Croker	Design 5	Director and Principal Architect
Graham Jahn	Development & Transport – City of Sydney	Director of City Planning
Ernest Girardi	Silver Thomas Hanley	Managing Director
Dr Teresa Anderson	Sydney Local Health District	Chief Executive
Hayley Bell (alternative nominee)	Health Infrastructure NSW	Director, Northern Region
Panel Secretariat		
Brendan Hoskins	Ethos Urban (EU)	Director
Patricia Eltakchi	Ethos Urban	Senior Urbanist
Design Team		
Matthew Allen	Bates Smart (BS)	Director
Joshua Harrex	Bates Smart	Associate
Rachel Neeson	Neeson Murcutt + Neille (NMN)	Director
Stephen Neille	Neeson Murcutt + Neille	Director
Laura Graham	Neeson Murcutt + Neille	-
Donald Garner	Jacobs	Sector Lead – Health Planning & Design
Chin Young	Jacobs	Health, Principal
Matina Rajbhandari	Jacobs	-
Observers / Technical Team		
Andrew Bott	TSA	Project Director
Greg Barlow	TSA	Health Delivery Lead
Steve Hall	Health Infrastructure	Senior Project Director
Michael Smytheman	Health Infrastructure	Project Director
Jon Gowdy	SLHD	Executive Director Capital Infrastructure Engineering
Kristina Zarkos	SLHD	Redevelopment Manager, SLHD Project Lead

Item	Issue	Person
1.	Site walk	HI
2.	<ul style="list-style-type: none"> • Introduction and acknowledgement of Country. • Overview of matters to be presented at Meeting 2B: <ul style="list-style-type: none"> ◦ Design resolution on items discussed at Meeting 2A. ◦ East Extension and integration with SBA. ◦ Missenden Road ambulance drop off. ◦ Façade details including entries and courtyards. ◦ Landscape design. • Overview of changes since the design competition. <p>Connecting with Country framework. The design team has consulted with RPA staff and community, Balarinji and Cox Inhall Ridgeway to consider opportunities for Connecting with Country. Seven (7) 'Statement of Commitments' and ten (10) 'Key Design Themes' have been developed.</p>	Matthew Allen
3.	<p>Northern Arrival</p> <p>In the context of the Jury Report comments, the team outline the following:</p> <ul style="list-style-type: none"> • The Northern Arrival binds the new East Wing (including form and material choice) and heritage architecture to the west. • A single architectural composition with two datums relates the Northern Arrival to existing and proposed datums. The lower datum responds to heritage, while the higher datum responds to the East Wing. • Material palette: Sandstone toned top and terracotta/ochre base is preferred. • Two parking and drop-off scenarios. Option 2 was preferred by the design team, which made adjustments to the existing layout for visitor drop off and created a lower ground car park for patient transport vehicles. <p>Design proposal</p> <ul style="list-style-type: none"> • A three story entry volume connects the drop-off at Level 3 to the public circulation areas at Level 4. • Above the entry, a roof terrace is proposed at Level 6, with public access from Level 7. This provides an external gathering space for 60-80 people which could be used for smoking ceremonies and other cultural practices. • Potential to plant trees in the deep soil zone to the west of the Northern Arrival. • The façade borrows from its context, stitching the East Wing, Building 89 and the Kerry Packer Education Centre. <p>The Northern Entry landscape will be designed as a welcoming space that connects with Country.</p>	Matthew Allen Rachel Neeson Stephen Neille
4.	<p>Internal public domain and courtyards</p> <p>In the context of the Jury Report comments, the team outline the following:</p> <ul style="list-style-type: none"> • Three options to deliver the courtyard presented, noting the design team's preference is Option 3: <ul style="list-style-type: none"> ◦ Option 1: Retain the size of the existing courtyard, but requires internal circulation to pass through the lift lobby. ◦ Option 2: Widen the western corridor allowing southbound public circulation east of the lift lobby, reducing the width of the courtyard. ◦ Option 3: Widen the western corridor to a lesser extent and introduce a 'skirt' around the courtyard edge to humanise this outdoor space. • The north south public domain is anchored by the Northern Arrival and central courtyard. • The Level 3 and 4 northern entrance is well-lit, open and landscaped. • The Level 4 courtyard is proposed to have generous landscaping and provides an outdoor respite area. 	Matthew Allen Rachel Neeson Stephen Neille

Item	Issue	Person
5.	<p>East Wing</p> <p>In the context of the Jury Report comments, the team outline the following:</p> <ul style="list-style-type: none"> • Tested a range of colour compositions to determine a contextual and elegant material palette. Material samples – green and sandstone toned terracotta, ochre brick. • Further tree surveys determined the fig canopies were significantly larger than their TPZs and would be significantly impacted by any building footprint scenario. • The design team is collaborating with the University of Sydney to develop a tree succession strategy which will maintain significant canopy. • Exploring a range of IPU layouts for different departments, seeking to minimise the number of steps in the façade line. • Two options considered to maintain flood protection of critical assets and retain the overland flow path. Proceeding with Option 2 which does not include plant at Level 1. All plant and accommodation is located above the PMF. • Connecting with Country opportunities: <ul style="list-style-type: none"> ◦ Inclusion of outdoor rooms or balconies/wintergardens where patients can access fresh air and end of life patients can be allowed to pass closer to Country rather than inside the hospital. ◦ Layouts which maximise visibility of the outdoors can ‘deinstitutionalise’ the internal experience of the hospital. ◦ Provide places of respite. ◦ Provide sight lines to exit points and clear wayfinding. <p>Clinical overview</p> <ul style="list-style-type: none"> • The additional two levels allow better stacking of the East Wing with ICU over two levels and more efficient use of mid-height plant. • The women's and babies department has been rearranged to maximise retention of existing spaces and improve daylight to NICU wards. • Level 5 repurposes existing beds for ED short stay and accommodates imaging expansion. • ICU has been rearranged over 2 level (9 and 10) with improved functionality and access to light and views. • The typical IPU floor is stepped to provide a mix of room types. Each level includes a balcony at the hinge point of the plan and larger terraces and voids where the plan is cut back to optimise bed yield and internal floor area. <p>Façade</p> <ul style="list-style-type: none"> • The façade approach of horizontal banded terracotta provides options for angled bay windows and shading hoods. • Two window modules are proposed: <ul style="list-style-type: none"> ◦ Bay windows to mitigate overlooking <p>External hoods for sun shading.</p>	<p>Matthew Allen</p> <p>Rachel Neeson</p> <p>Stephen Neille</p> <p>Donald Garner</p> <p>Chin Young</p>
6.	<p>Forward agenda</p> <ul style="list-style-type: none"> • Overview on the BS/NMN focus at Meeting 2B, including an overview of the East Extension at a clinical level. • The design team will be presenting the draft lodgement documentation. 	

Item	Issue	Person
PANEL COMMENTARY AND ADVICE <i>General note: EG to provide separate commentary/advice due to audio difficulties.</i>		Q&A and Closed Panel Deliberations, moderated by Abbie Galvin (Panel Chair)
7.	<p>Item 1: East Wing – Height increase proposal</p> <p>The BS/NMN team proposed removal of the Northern Extension and redistributed this floor space in the addition of two floors to the East Wing. Cut outs to the floor plates have been introduced to the design to suit internal clinical planning, following consultation with Indigenous cultural designers, and RPA staff. The team presented façade materiality options, noting the preference for green and sandstone toned terracotta, ochre brick as per the competition proposal.</p> <p>Panel commentary:</p> <ul style="list-style-type: none"> While initially having reservations about the height increase, the material palette (terracotta) delivers a softer built form outcome. The built form enables an improved contextual response to the existing hospital and the University of Sydney. The overall proposition of terracotta and horizontal banding has the potential to be aesthetically powerful. The colour choice in the material palette is supported. The proposed cut outs in the floor plate give a sense of relief in the façade. The angling of bay windows to resolve privacy concerns should have regard to the sun shading strategy. Concern is raised given that some windows face away to the north and west, which is angled into direct sunlight. The Panel understand that the design team will incorporate architectural screening to ensure sub-floor plant cannot be viewed from the public domain. <p>Panel advice/requests:</p> <ul style="list-style-type: none"> The Panel requests the design team model the sun shading impacts on the inpatient rooms while maintaining privacy and optimising outlook and views. A view study should support the sun shading strategy to find balance between these two important considerations. It is understood that the design adopts an outboard ensuite plan for the inpatient rooms which can impact patient views. The design team should model the view to the window from the patient bed and the impact the sun hoods have, to ensure the view is maximised. While acknowledging that the interface with Lambie Dew Drive has been further developed, the design team should explore further opportunities to maximise landscaping at this interface, and consider the façade interface at the ground level to ensure it is of high quality and careful detailing. 	
8.	<p>Item 2: Heritage retention strategy</p> <p>The BS/NMN did not elaborate on the strategy in relation to the heritage-listed Pathology Building.</p> <p>Panel advice/request (unresolved from Meeting 1):</p> <ul style="list-style-type: none"> The Panel requested that further detail on interpretation proposals for the Pathology Building be addressed in upcoming DIP session. 	
9.	<p>Item 3: Northern Arrival – Reduction in building footprint and redesign</p> <p>The BS/NMN presented:</p> <ul style="list-style-type: none"> Test options to integrate a series of building forms into a simple legible composition. The material palette proposing sandstone toned top and terracotta/ochre base. Two drop-off scenarios. Option 2 was preferred by the design team, which made adjustments to the existing layout for visitor drop off and creates a lower ground car park for patient transport vehicles. <p>Panel commentary:</p> <ul style="list-style-type: none"> Holistically, the proposal is working well, with unification of form critical to unify the extent of new development, particularly at this northern face.. 	

Item	Issue	Person
	<ul style="list-style-type: none"> The stairs from Level 3 and 4 present an important opportunity to create intuitive wayfinding. The relationship between internal and external spaces has developed significantly. The massing resolution and relationship with the Nurses Courtyard is a significant enhancement. The proposed material selection and detail transitions well between the East Wing and existing heritage buildings. The approach to connecting with Country illustrates opportunities for a meaningful presence in the design. The Panel appreciated the consideration to native landscape and the continuation of the landscape buffer between the public entry and nurses courtyard. The proposed separation between the drop off and the creation of the lower ground at Level 2 for patient transport vehicles is positive. <p>Panel advice/request:</p>  <ul style="list-style-type: none"> The zone between the Northern Arrival and the Kerry Packer Building (outlined in red above) should be treated to bind the new and existing built form. Consideration should be given to the eastern corner enclosing the terrace, to consider how the landscape may be more effectively revealed through both the form and detail of the proposed screen. There is an opportunity to further develop the geometric rigidity of the screen- with the detail in the heritage buildings providing a design cue. The level transition associated with the proposed drop-off from John Hopkins Drive will create a large drop in the entry landscape. Further detail should be developed to consider how landscaping can be used to screen and navigate this transition and minimise the impact of fencing/balustrades. 	
10.	<p>Item 4: Forest Spine – Redesign to change level and maintain existing external courtyard</p> <p>The design team presented three options to treat the courtyard, noting that Option 3 was the preferred by the design team.</p> <p>Panel commentary:</p> <ul style="list-style-type: none"> In principle Option 3 was supported with opportunity for further development. The Panel raised concern of how the courtyard overhang (reduction of existing voids) may impact the amenity of Level 3 in relation to air, daylight and sunlight. Preferencing the size and landscaped quality of the courtyard is seen as more effective from a visual anchor and wayfinding perspective than considerable widening of the internal circulation corridor. It is understood the current level of sunlight access to the courtyard will not be maintained due to the increase in built form height to the east <p>Panel advice/request:</p> <ul style="list-style-type: none"> The design team should explore ways to maximise the existing access to air, daylight and direct sunlight to Level 3. Consideration could be given to reducing the Level 4 overhang through narrowing the proposed corridor increase, which would continue to provide daylight and shade structures to the Level 3 courtyard. Options to potentially reduce the overhang by half could be explored, including the ability for a different extend between the northern and southern portions. Minimise the need for additional canopy covers in the level 3 courtyard through utilising the overhangs above to perform this function 	


Item	Issue	Person
	<ul style="list-style-type: none"> Shadow diagrams and views from the sun are requested to understand the impacts on Level 3 and solar access into the courtyards (on level 3 and 4) in the context of the proposed East Wing. The external stair from Level 4 to Level 5 is supported, however, the Panel seek clarity on the width of the staircase, how the stairs are used (i.e. circulation or seating), and any impacts to light on spaces behind. The Panel noted an opportunity for these stairs to contribute to the respite space of the courtyard. The Panel requested confirmation that the proposed landscaping can be supported from a structural perspective. When contemplating wayfinding drawings, it is requested that door sets in corridors, separating fire and smoke compartments, be illustrated to ensure view corridors can be maintained through hold opens where possible. Further development should occur at the south western end of the courtyard (at the transition between levels 4 and 5) to maximise the view lines and pedestrian flow through this space 	
11.	<p>Item 5: Value Management Review</p> <p>The BS/NMN team did not elaborate on the previously presented strategies as a part of the value management review to align the scope with the \$750m budget.</p> <p>Panel advice/request (to be resolved in future DIP Meetings):</p> <ul style="list-style-type: none"> To provide informed advice, it is requested that the Panel is advised of the costing estimate structure, including allowance for escalation, contingencies, construction project cost. 	
12.	<p>Item 6: Northern Terrace</p> <p>The BS/NMN team proposed a landscaped terrace on Level 6. Due to clinical operations on Level 6, access to the terrace is proposed via a ramp from Level 7.</p> <p>Panel commentary:</p> <ul style="list-style-type: none"> The terrace is highly desirable given its access to sunlight and ability to offer an enhanced outlook from the Level 6 clinical spaces and levels above. The terrace will offer a new space to the Hospital, and is therefore supported by the Panel. The terrace delivers a strong and welcoming tiered landscaped presence to the northern entrance from John Hopkins drive The Panel raised concern relating to the interface of the ramp and the clinical spaces on Level 6. The ramp presents a number of challenges and impacts on outlook and solar access to the inpatient rooms on Level 6. The Panel questioned whether any awning/canopy would interrupt the presentation of the building to John Hopkins Drive. The Panel could not see the benefit of providing access to the terrace from Level 7 given the complexity of the ramping solution and lack of intuitive wayfinding for first time users. The Panel were supportive of the terrace being considered as an accessible landscape for level 6 patients (this was suggested by RPA with the possibility of providing access to the terrace through review of the internal planning) The Panel were supportive of the terrace being considered as an 'inaccessible' landscape (ie proving amenity benefits through visibility) if access from Level 6 or Level 7 could not be resolved. <p>Panel advice/request:</p> <ul style="list-style-type: none"> Consideration should be given to dedicating the terrace to Level 6, instead of providing complicated access from Level 7. This would benefit Level 6 staff and patients. Access to the terrace could be provided by removing/adjusting one inpatient room (as suggested by RPA), but this would need to be replaced elsewhere. If access from Level 7 is pursued, the proposed ramp requires further resolution. Detailed sections and 3D modelling will be required to better understand the impact of the ramp and interface between existing clinical spaces. Consideration should be given to shading in the architectural composition, which should be screened from John Hopkins Drive. 	

Minutes

Meeting Subject:	Royal Prince Alfred Hospital Redevelopment Design Integrity Process: Meeting No. 2B		
Location:	In person: Royal Prince Alfred Hospital, Camperdown Virtual: Microsoft Teams		
Date:	23 September 2022	Time:	12:00 – 3:00 pm
Chair:	Abbie Galvin, Government Architect NSW	Minutes:	3 hours

Name	Organisation	Title / Role
Panel Members		
Abbie Galvin (Chair)	Government Architect NSW	NSW Government Architect
Alan Croker	Design 5	Director and Principal Architect
Graham Jahn	Development & Transport – City of Sydney	Director of City Planning
Dr Teresa Anderson	Sydney Local Health District	Chief Executive
Hayley Bell (alternative nominee)	Health Infrastructure	Director, Northern Region
Ernest Girardi (apology)	Silver Thomas Hanley	Managing Director
Panel Secretariat		
Brendan Hoskins	Ethos Urban	Director
Patricia Eltakchi	Ethos Urban	Senior Urbanist
Design Team		
Matthew Allen	Bates Smart	Director
Rachel Neeson	Neeson Murcutt + Neille	Director
Stephen Neille	Neeson Murcutt + Neille	Director
Chin Young	Jacobs	Health, Principal
Observers / Technical Team		
Andrew Bott	TSA	Project Director
Danielle Gardner	TSA	Senior Project Manager
Steve Hall	Health Infrastructure	Senior Project Director
Michael Smytheman	Health Infrastructure	Project Director
Jow Gowdy	SLHD	Executive Director Capital Infrastructure Engineering
Kristina Zarkos	SLHD	Redevelopment Manager, SLHD Project Lead

Item	Issue	Person
1.	Introduction and Acknowledgement of Country	Brendan Hoskins and Abbie Galvin
2.	Connecting with Country <ul style="list-style-type: none"> Overview and update on CwC and integration throughout the landscape, Northern Arrival, East Wing and courtyard. 	Matthew Allen Rachel Neeson
3.	Northern Arrival <ul style="list-style-type: none"> Explanation of the height and datum of the Northern Arrival being connected to the heritage datum. Cornices will be used to connect heritage elements and new additions. Green wall is now proposed on the North Courtyard elevation. Terracotta tile materials proposed to both the East Wing and Northern Arrival. Landscaped continued from John Hopkins Drive through to the main lobby. Landscaped areas designed to respond to various user groups. Proposed Northern Terrace Landscape (rooftop landscape on Level 6) <ul style="list-style-type: none"> Options considered, but the proposal under the current scope is no access provided and the terrace greened as a viewing roof garden. Future access could be obtained via patient rooms. Lobby Proposal <ul style="list-style-type: none"> Clarity provided on ceiling heights, with the proposal now comprising a 2 storey height adjacent to the Nurses Courtyard, and 3 storey height internally. 	Stephen Neille Rachel Neeson
4.	Internal public domain and courtyards <ul style="list-style-type: none"> Sun eye views presented demonstrating sun access to Level 3 and 4 courtyards, and the proposed Level 5 balcony. Impacts on the light voids at the equinox and winter solstice discussed in the existing and proposed situation. Corridor study and precedents presented. The existing RPA corridor is 2.9m wide. The proposal widens the corridor to 3.9m, which is well-benchmarked against Westmead Hospital. Further development of the landscaping resolution of the Level 4 courtyard presented, including design, deep soil planter depths, and shading. A green upstand wall is proposed on the perimeter of the courtyard. 	Stephen Neille Rachel Neeson
5.	East Wing <i>Helicopter Landing Site</i> <ul style="list-style-type: none"> Due to Aviation advice, exploration has been made into a new helicopter landing site (HLS). A new HLS is proposed on the East Wing, which has better access to ICU/NICU and to serve ambulance and emergency services. Consideration was given to retaining the existing HLS as the secondary HLS, which has good access to existing clinical departments in Building 89. There is a 9m height increase to accommodate the HLS. Two helipad design studies were completed: one to the north and one to the south of the East Wing. The design team is proceeding with Option 2 as it reduces the visual impact to the northern arrival experience and reduced overshadowing impact onto the University of Sydney Oval. Shadow diagrams presented at winter solstice, equinox, and summer solstice demonstrates the impacts of the East Wing and new HLS on Building 89 and the Susan Wakil Health Building (SWHB). <i>Amenity</i> <ul style="list-style-type: none"> Solar access cones presented to IPU rooms within the East Wing and additional levels on Building 89. <ul style="list-style-type: none"> Typical mid-level (East Wing and Building 89): 70% of patient rooms achieve a good level of solar amenity during mid-winter. Typical upper level (East Wing only): 88% of patient rooms achieve a good level of solar amenity during mid-winter. Privacy and views: Shading strategy for windows to orientate the angle hoods to 	Matthew Allen

Item	Issue	Person
	<p>direct and protect views between rooms or to provide additional sun shading.</p> <p><i>Façade composition</i></p> <ul style="list-style-type: none"> The window and façade design further developed to include: <ul style="list-style-type: none"> Lower sill height to 0.15m (from 0.6m) to improve angle of outlook from the bed and maximise glazing. Window types rationalised into four standard types. Sun hoods or integrated blinds used for sun shading and/or privacy as appropriate. Cladding patterned aligned to column or internal wall locations.  <p>PREVIOUS COMPOSITION WITH 0.6M SILL CURRENT COMPOSITION WITH 0.15M SILL AND UPDATED INTERNAL LAYOUTS</p> <ul style="list-style-type: none"> Lambie Dew Drive interface: Level 2 accommodation comprises plant and shell space. Lambie Dew Drive is treated as a 'services street' at the western edge of the East Wing. 	
6.	<p>East Extension</p> <ul style="list-style-type: none"> Program of the East Extension discussed: <ul style="list-style-type: none"> Level 2 loading dock. Encloses the existing loading dock. Level 3 and 4 operating theatres. Level 5 roof garden and services. The East Extension continues the datum of the masonry plinth of Building 89 and adjacent SWHB. Material selection: Polished precast concrete with dark cement and dark aggregate, dark charcoal louvers, dark metal screening with integrated planting. 	Matthew Allen
7.	<p>Heritage retention strategy</p> <p><i>Pathology Building</i></p> <ul style="list-style-type: none"> Range of options considered for the relocation and interpretation of the Pathology Building. Options: <ol style="list-style-type: none"> Integrate into the building façade, in three possible locations. This involved utilising the original portico as part of new building fabric. Due to the single-storey, it is likely to be overwhelmed by the new development. Integrated into landscape setting, in three possible locations – Rebuilding part of the original portico. Interpretation through material reuse and public art, in two possible locations – Utilise some of the original building materials. The design team noted the heritage consultant's preference is for Option 2, Site E within the East Wing landscape. <p><i>Chapel</i></p> <ul style="list-style-type: none"> Integration through material reuse and public art – utilise the stained glass windows in an existing space on the campus or off-site. <p><i>Missenden Arrival</i></p> <ul style="list-style-type: none"> Design proposal includes: <ul style="list-style-type: none"> 4 new ambulance drop-off bays (4 spaces existing, 9 spaces proposed). 1 new ambulance parking bay without unloading. 1 new emergency vehicle parking bay. 	

Item	Issue	Person
	<ul style="list-style-type: none"> 1 accessible drop-off bay for public access to ED. Dedicated ambulance entry driveway. A new public ED entrance involving a new opening on the Albert Pavilion. New lightweight canopy to cover all ambulance drop-off bays and both entrances. The canopy will be a 'light touch' on the existing façade. Dedicated public entry and shared exit. 	
PANEL COMMENTARY AND ADVICE		Q&A and Closed Panel Deliberations, moderated by Abbie Galvin (Panel Chair)
8.	<p>Item 1: East Wing</p> <p>The Panel commentary is:</p> <ul style="list-style-type: none"> The material selection and colour of the lift overrun of the East Wing did not resonate with the Panel. The balcony at the 'bend' of the East Wing is supported, providing a softness to the eastern elevation. Removal of internal venetian blinds to inpatient rooms is strongly supported by the Panel. The interplay of solar access, privacy and views is a concern and analysis needs to be driven from bed orientations. The HLS provides a finishing crown to the building and is supported, but requires further consideration <p>The Panel advice is:</p> <ul style="list-style-type: none"> The proportions, and composition of the façade was one of the most powerful aspects of the scheme and has been lost in the amendments, resulting in a more rigid eastern elevation. The Panel supports the former concertina façade design, the window to solid wall proportions and varying shadow patterns of the sun hood design, which provided a sense of delicacy to an otherwise large wall. The 150mm sill height of windows should be reviewed to provide opportunity and flexibility for informal seating and furniture location, eg 450mm-600mm The glazing of IPU rooms in the East Wing and Building 89 should align with the sun hood to ensure view lines are oriented to protect visual privacy. The materiality and colour of the lift overrun and the colour of the soffit of the HLS needs to be further considered, the proposed lighter colour tones should be reviewed. 	
9.	<p>Item 2: Heritage Retention Strategy</p> <p>The Panel commentary is:</p> <ul style="list-style-type: none"> It is understood that Option 2, Site E is preferable for the interpretation of the Pathology Building. However, there are spatial limitations between the East Wing and eastern boundary. The significance of the Chapel's stained glass windows is recognised, but the religious connotations must be considered in their reuse. <p>The Panel advice is:</p> <ul style="list-style-type: none"> Attaching the Pathology Building to the new East Wing or rebuilding the Portico in its entirety in the landscape is not supported. A number of alternatives for consideration for the interpretation of the Pathology Building are suggested, and multiple could be adopted in the proposal: <ul style="list-style-type: none"> Reuse of materials within the public domain through sculpted landscaping, paving, and seating. New lettering or figurative elements which identifies the removed building could be used. Engage an artist to consider a creative interpretation, such as partly submerging key elements of the Pathology Building (a former mortuary) at Site E and allowing for its interpretation in the landscape. The Panel suggested a number of alternatives for consideration: <ul style="list-style-type: none"> Display of the stained glass windows in an area such as the RPA Hospital museum; or Reuse some of the stained glass windows on-site, selecting panels with less obvious religious symbols. The remainder of the windows could be stored in a separate historic location. 	
10.	<p>Item 3: Northern Arrival</p> <p>The Panel commentary is:</p> <ul style="list-style-type: none"> Improvement has been made to this element. The lowered external soffit of the Northern Arrival is successful. The composition of the Northern Entry, landscaping, and the green wall on the North Courtyard 	

Item	Issue	Person
	<p>elevation are supported by the Panel.</p> <p>The Panel advice is:</p> <ul style="list-style-type: none"> • Opportunities for negotiation with the St John's through their redevelopment could occur to seek to widen the footpath on John Hopkins Drive. • Consideration should be given to the material and texture of the soffit of the Northern Arrival. • Careful treatment of the northern wall of Building 89 (adjacent to the ambulance bay) is required through material selection and landscaping. • Lighting design and reflected lighting opportunities should be considered in the future to complement the proposed design. • The landscape species selection needs to suit the internal and external conditions between the Northern Entry forecourt and the main lobby. • Reconsider the proposed Angophora species selection and its suitability within the forecourt. • The species of mature trees within the forecourt should be selected based on canopy spread within the context of surrounding built form and lighting. 	
11.	<p>Item 4: Level 3-5 Courtyards</p> <p>The Panel commentary is:</p> <ul style="list-style-type: none"> • The positioning of the Level 5 balcony has a high level of solar access and is supported. The presence of people within this space will assist with wayfinding from the Level 4 courtyard. • The green courtyard screen that defines the Level 4 courtyard is successful in unifying the courtyard. • The Panel understand that the architecture of the staircase from the Level 4 courtyard is unresolved. <p>The Panel advice is:</p> <ul style="list-style-type: none"> • To assist a greater presence of greenery when approaching the Level 4 courtyard from the entry, the concrete planters with integrated seating could be terraced to provide an improved transition. Consideration should also be given to the material used to clad the concrete planter between the top of the planter and the top of the integrated seat, eg a glazed green tile could be used to enhance the sense of the landscaped edge and connect with the façade cladding. • The courtyard should feel like a landscaped space. • The Level 4 clinical bridge across the entry could be made more porous while balancing the privacy of patients being transported through this clinical pathway. • The Level 3 courtyards should be rationalised where necessary to be logical and usable spaces, particularly the northwest corner. 	
12.	<p>Item 5: Value Management Review</p> <p>This item was not discussed.</p>	
13.	<p>Item 6: Northern Terrace</p> <p>The Panel commentary is:</p> <ul style="list-style-type: none"> • The simplified Northern Terrace with removed access, but provision for future access has enabled the space to be a simple and lush garden. <p>The Panel advice is:</p> <ul style="list-style-type: none"> • Further consideration should be given to the design resolution of the fire stair located in the Northern Terrace. • The openings of the façade on the Northern Terrace should be designed with consideration to safety. 	
14.	<p>Item 7: Nurses Courtyard</p> <p>The Panel commentary is:</p> <ul style="list-style-type: none"> • The courtyard is important for staff and a degree of privacy is needed for this to be a respite space. <p>The Panel advice is:</p> <ul style="list-style-type: none"> • The existing eastern wall of the Nurses Courtyard is capable of being reduced in scale, but consideration should be given to finding balance between privacy and openness. Landscape could be used to create definition and to respond to the geometry of the space. 	

Item	Issue	Person
15.	<p>Item 8: Eastern Extension</p> <p>The Panel advice is:</p> <ul style="list-style-type: none"> • The dark tones and unarticulated presence of the Eastern Extension is not supported. Lighter tones or reflections should be introduced for this element, particularly as the Gloucester House courtyard has a direct outlook onto the Eastern Extension. • Consideration should be given to the East Extension interface with its broader context, particularly at the junction of the East Wing and the Sydney Biomedical Accelerator Complex. • The pedestrian experience at the ground plane should be further contemplated to achieve a desirable and safe outcome. 	
16.	<p>Item 9: Clinical Considerations</p> <p>The Panel advice is:</p> <ul style="list-style-type: none"> • The linkage from the logistics zone on Level 2 would appear to require two lift transfers to get to Level 11 and above of the East Wing. A direct linkage from the logistics zone to the East Wing lifts would be preferable. • The east-west clinical link on Level 3, between the two new lift cores appears to be unnecessarily complex and elongated. A more direct route would be more efficient and would mitigate an undesirable operational legacy. The section of corridor running along the eastern façade is a lost opportunity for access to natural light in that section of the floorplate. A similarly complex link between lift cores is proposed at Level 5. More direct routes should be considered. • Access from the operating rooms on Level 3 to the ICU beds on Level 10 and Level 11 appears to require a substantial horizontal and vertical travel path. The travel time should be articulated to and endorsed by the SLHD. 	
17.	<p>Item 10: Missenden Road</p> <p>The Panel advice is:</p> <ul style="list-style-type: none"> • The proposed canopy on the Missenden Road frontage should be a modern and fine contemporary piece, that allows light to penetrate through to the ambulance bay and new pedestrian entry. • The canopy should not be glazed, but balance needs to be achieved between integrating structure, a lightweight presentation, and ease of maintenance. • The canopy should be sympathetic with the historic buildings and align with the openings of the existing Albert Pavilion. • The provision of 9 ambulance bays is making this entrance, already highly constrained, even more so, and impacting effective circulation of both people and vehicles. The design outcome should balance the number of bays for NSW Ambulance and public drop off. 	